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Walden University

College of Health Sciences

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Ogechi Ethel Abalihi

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Walden University
2019

Abstract

Effect of Multiple Entry Levels Into Nursing Practice and Professionalism

by

Ogechi Ethel Abalihi

MSN, University of South Florida, 2012

BSN, City College of New York, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Walden University

November 2019

Abstract

Entry into professional nursing practice in the United States occurs at varied education levels including a diploma, an associate degree, and a baccalaureate degree. These multiple entry levels into practice create a situation where academic preparedness for nursing practice varies, which may influence the professional behavior of nurses and, consequently, patient care and outcomes. The purpose of this quantitative comparative study, guided by Miller's wheel of professionalism in nursing, was to determine if there is a difference in the professional behaviors of associate degree prepared registered nurses (RNs) compared to the professional behaviors of baccalaureate degree prepared RNs. The Behavior Inventory for Professionalism in nursing (BIPN) survey was emailed to RNs in Florida with a final sample size of 112 which yielded 56 in each group. Data were analyzed using the independent *t*-test. Results indicated a statistically significant difference in the means of total weighted scores of BIPN between the two groups of RNs in the state of Florida ($p = 0.002$; $d = 0.58$). These findings support studies that have addressed that the level of nursing education is an important factor of nursing professionalism. It would be worthwhile for the study to be replicated in other states. Such information can be used to support the rationale for a single-entry level into nursing practice at the baccalaureate degree level, which can lead to positive social change for the nursing profession.

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Dedication

This dissertation is dedicated to My husband, Alfred Chukwuemeka Abalihi and my children, Emmanuel C. Abalihi and Victor-Isaac C. Abalihi. Thank you for your support and love through my entire PhD program. I could not have achieved this milestone without your encouragement, and especially my husband who believed in me and never for once doubted my ability to succeed in this endeavor.

Acknowledgment

Firstly, I would like to acknowledge the supremacy of the Almighty God over my life. I give God all the glory for the opportunity to achieve this milestone, for he has been and continues to be my strength, and guide. Secondly, I would like to specially thank Dr. Leslie C. Hussey, my dissertation chairperson for her unwavering support, patience and guidance during my dissertation process. My sincere thanks also go to Dr. Mary M. Martin, my committee member for agreeing to be part of my committee and for her contributions which helped broaden my research from varied perspectives. I also extend my thanks to Dr Anna M. Valdez, the University Research Reviewer, whose feedback made me a better scholar. I will not forget my instructors during my course work, to you I say thank you for the opportunity to learn under your tutelage.

Last but not the least, I would like to thank my family: my husband Alfred, for his endearing support through the entire period of course work and dissertation process. He would always ask if I have completed my assignments and ensured that I have turned them in on time. I am also grateful to my boys who understood that mommy was doing homework and should not be disturbed. I missed a lot of family time but will make them up to you. To my parents and siblings, who constantly checked on my progress and morally supported me, I am very grateful. To my friends who stood by me and upheld me in prayers especially through challenging times, your labor of love is well appreciated.

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Chapter 1: Introduction to the Study

Introduction

Multiple entries into nursing practice have been a subject of debate over many decades. The rift and nonconsensus among nursing scholars on this subject may have compromised the ability to effectively provide quality nursing care to patients. Multiple levels of nursing education to enter nursing practice include diploma, associate degree in nursing (ADN), and baccalaureate of science degree in nursing (BSN). All these programs educate nurses in preparation for the national council licensure examination for registered nurses (NCLEX-RN). Upon passing the NCLEX RN, an individual can practice as a registered nurse. The entry-level into practice for nursing ranges from 2 years to 4 years of education and, in comparison to other health care professions such as physical therapy, pharmacy, and social work, the nursing profession is the least academically prepared. Physical therapy, pharmacy, and social work have entry-level requirements for clinical practice at graduate levels (Donaldson, Hill, Ferguson, Fogel, & Erickson, 2014; Harder, 2011; Mathews, Griffiths, Hunt, McIntyre, & Simpson, 2017).

Professionalism may be defined by the educational preparedness of a profession's members. The multiple levels of educational preparedness for nurses leaves other members of the health care profession and the public confused about the role of nurses in health care organizations, which further calls into question their professional identity. The recognition of a profession is tied to its knowledge base, which is seen as varied because of the multiple pathways to enter nursing practice (Makata, Ilo, & Agbapuonwu, 2016). The American Nurses Association (ANA; 2015) describes nursing as "the

protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and population" (p. vii). The wheel of professionalism nursing model addresses the attributes and behaviors that define nursing professionalism, and RN attributes and behaviors are expected to be consistent with this definition. According to Tanaka, Taketomi, Yonemitsu, and Kawamoto (2015), attitudes, knowledge, and behaviors demonstrates nursing professionalism. Studies related to nursing professionalism include the correlation of professional behavior of nurses and job satisfaction, nurses' professional identity, and the correlation between educational preparation and nursing professionalism (Adams & Miller, 2001; Fetzer, 2013; Fisher, 2014). Because nursing has multiple entry levels and varied levels of educational preparedness, it is not clear if all registered nurses in practice meet the requirements of professionalism as described in Miller's model or whether they meet the standards of nursing professionalism as stipulated by the ANA.

Other countries, such as the Philippines, Canada, and the United Kingdom, have one entry level into professional nursing practice at the baccalaureate level (Leaver, 2017; Nichols, Davis, & Richardson, 2010). The ANA has called for a baccalaureate degree as entry into practice, but the debate continues. A unified consensus for entry into nursing practice is necessary for attainment of full professional status in nursing. Standardization of entry-level requirements will help clarify the role of nurses from the perspective of the public; concluding the debate on entry-level requirements for nursing will help the profession move forward in the United States. In this chapter, I discuss the

background of my phenomenon of interest, problem statement, purpose of the study, and my research question and hypothesis. I discuss the conceptual model that will underpin my study, nature of the study, definitions of core concepts, scope and delimitations, limitations, challenges, and significance of the study.

Background

Nursing is an integral part of the health care system. With the advancement and changing dynamics of the health care industry, nurses need to be prepared to meet the demands of their clients' health care needs and take up leadership roles in health care decisions. Nursing is the largest discipline in the health care industry and extends its services to include inpatient and outpatient settings and the communities. In addition, the role of nursing influences health care costs through promotion of preventive care. To be effective in their role as leaders, nurses need to be academically prepared and to possess skills required to meet competencies at various levels of care. The issues of multiple entries into practice, lack of standardization of curriculum, and lack of defined terms of professionalism may pose a hindrance to this role.

Literature that address the relevance of nursing training to professionalism includes Hoeve et al. (2014), who discussed the status of the nursing image worldwide and analyzed the potential influence of this image on the development of nurses' self-concept and professional identity. They concluded that nurses can increase their visibility through ongoing education and a challenging work environment, which will help improve their public image. Keeling and Templeman (2014) conducted a qualitative study that identified nursing professionalism in terms of vulnerability, symbolic representation, role

modeling, discontent, and professional development. Rhodes, Schutt, Langham, and Bilotta (2012) showed that incorporating the Miller wheel framework of professional nursing and various education strategies not only gives faculty satisfaction but also creates a foundation for professional behavior development in nursing training. Tanaka, Taketomi, and Yonemitsu (2017) examined the professional behaviors and factors that contribute to nursing professionalism as perceived by nursing faculty. They found a significant effect of graduate education preparedness and years of experience on professionalism. Gulzar et al. (2015) explored nursing leaders' perceptions of empowerment among Pakistani nurses. Their findings revealed that nursing is deprived of professionalism in Pakistan due to several factors linked to lack of empowerment. They suggested that education, in particular an advanced degree in nursing, and a strong nursing organization are factors that empower nurses. Harder (2011) revealed that nurse leaders are not role models in disseminating the importance of attaining a higher degree in nursing because of the low level of education among nursing supervisors, bringing to awareness the need to have a culture that promotes nursing education so that nurses can find their position in a complex health care system. Makata et al. (2016) identified consequences of multiple entries into professional nursing practice with a recommendation of entry into practice at the bachelor-degree level. New nurses are unprepared for their roles due to short clinical orientation, increased patient acuity, and a high patient-to-nurse ratio (Mbewe & Jones, 2015).

The ability of nurses who have earned an associate degree to demonstrate professional values has raised concerns because higher levels of scientific knowledge

integrated with professional attitudes are critical to optimal delivery of care (Fisher, 2014). The Institute of Medicine's (IOM) goal for 2020 is to have 80% of BSN-prepared nurses in nursing practice, but this goal seems unattainable due to nursing shortages (Fisher, 2014). Alidina (2012) explored the impact of nursing behavior on professionalism with a focus on identifying factors that determine professionalism in post-licensure nurses. Scholars have explored education and professional nursing practice, but looking at the perspective of multiple entry-levels and their impact on nursing professionalism has not been examined. Understanding the difference between attitudes and perceptions of associate degree prepared registered nurses compared to baccalaureate degree prepared registered nurses about professional nursing practice and nursing professionalism will help determine the standard for entry-level into practice, improve nursing identity, and increase overall positive patient outcomes.

Problem Statement

The entry levels for professional nursing practice in the United States in terms of education are diploma, ADN, and BSN. There are other types of nursing programs, such as the bridge from licensed practical nurse (LPN) to registered nurse (RN) program or bridge from RN to BSN. Some programs also have a Master of Science in nursing (MSN) as entry into practice. Multiple entry levels imply that nurses enter clinical practice with varied levels of academic preparation. Graduates of all types of programs are eligible to write the same NCLEX-RN and can practice as RNs upon successful completion of the NCLEX-RN (Krugman & Goode, 2018). However, multiple entry levels in nursing place the profession as the least academically prepared for clinical practice (Krugman &

Goode, 2018). Physical therapy and pharmacy have entry-level requirements for clinical practice at a doctoral level (Harder, 2011; Krugman & Goode, 2018). In social work, entry into clinical practice is at a master's degree level (Donaldson et al., 2014). Master's degree level prepared social workers reportedly made successful starts as they transitioned into professional practice (Mathew et al., 2017).

Multiple entry levels into practice creates a situation where academic preparedness for nursing practice varies, which may influence the professional behavior of nurses. Education is linked to professionalism, and in nursing, education with a scientific basis is central to nursing professionalism (Tanaka et al., 2017). Professionalism refers to the expected role of individuals in a discipline toward their clients, and the attributes include knowledge, autonomy, and collegiality (Fantahun, Demessie, Gebrekirstos, Zemene, & Yatayeh, 2014). The nursing profession is yet to attain full status of professionalism, and one of the reasons for that is the entry level into practice (Fantahun et al., 2014).

Research has been conducted to examine factors influencing nursing professionalism in Pakistan. These factors include poor public image, lack of specialization, and lack of a regulatory body (Gulzar et al., 2015). The public has a varied and diverse image of nursing, and nurses derive personal identity from the public image, work value, education, and traditional social and cultural values; nurses need to clarify their roles as professionals (Hoeve, Jansen, & Roodbol, 2014). Multiple entry levels may result in poor public image and lack of recognition among other health care professionals (Makata et al., 2016). Consequences of multiple entry levels in nursing can include

fragmentation of the profession and lack of incentives for higher education (Makata et al., 2016). Yazdannik, Yousefy, and Mohammad (2017) concluded that professional identity in nursing remains elusive despite the progress made in nursing education. Kantek, Kaya, and Gezer (2017) explored the effect of nursing education on professional values. These studies individually focused on different issues, such as image of nursing, consequences of multiple entry levels, and professional identity, but none compared the attitudes and perceptions of nursing professionals from the perspectives of nurses who have entered nursing from different educational backgrounds. Surveying RNs who entered nursing with an associate degree or a baccalaureate degree and have been in practice for at least 5 years will help generate information that may reveal the attitudes and behaviors of these nurses who entered practice at two separate levels

Purpose of the Study

The purpose of this quantitative comparative analysis study was to determine if there is a difference between professional behaviors of associate degree prepared RNs and baccalaureate degree RNs.

Research Question and Hypothesis

RQ: Is there a difference in the professional behaviors of associate degree prepared registered nurses and the professional behaviors of baccalaureate degree prepared registered nurses?

H_0: There is no difference in the professional behaviors of associate degree prepared registered nurses and the professional behaviors of baccalaureate degree prepared registered nurses.

H_1: There is a difference in the professional behaviors of associate degree prepared registered nurses and the professional behaviors of baccalaureate degree prepared registered nurses.

The independent variable is the degree level of the RNs. The dependent variable is professional behaviors that was measured using the behavioral inventory of professionalism in nursing (BIPN).

Conceptual Framework for the Study

The conceptual model for my research is Miller's (1984) wheel of professionalism in nursing. Miller's wheel of professionalism in nursing is a model that describes attributes and behaviors necessary for the nursing profession (Alidina, 2013). The model appears as a wheel with the center representing university education and scientific background that serves as the basis for professionalism in nursing education and the spokes are supporting behaviors (Alidina, 2013). The attributes of these behaviors are inherent characteristics expected in the behavior of a professional RN, and they include (a) adherence to the code of nurses, (b) community service orientation, (c) autonomy and self-regulation, (d) publication and communication, (e) development and use of theory and research, and (f) continuing education and competence (Alidina, 2013; Rhodes et al., 2012; Tanaka et al., 2017; Tanaka et al., 2015). The wheel of professionalism in nursing model addresses the attributes and behaviors that define

nursing professionalism, and the RN attributes and behaviors are expected to be consistent with this definition of professionalism. According to Tanaka et al. (2015), attitudes, knowledge, and behaviors demonstrate nursing professionalism. Application of Miller's model will offer insights into the attributes and behaviors of RNs and will be used to assess their professionalism. More detail on Miller's wheel of professionalism will be provided in Chapter 2.

Nature of the Study

The nature of my study will be a quantitative methodology using a survey design. Quantitative research generates meaning through the in-depth description from participants, which is consistent with understanding RNs' perceptions of their skills, attitudes, behaviors, and values. I used a quantitative comparative design to determine if there is difference in professional behavior of ADN prepared nurses and BSN prepared nurses. A survey design provides a quantitative description of trends or opinions of a population by studying a sample of that population (Creswell, 2014). I used a sample of RNs from the state of Florida, by randomly pulling their information, which is public domain. How RNs evaluate professionalism aligns with Miller's model of nursing professionalism, and I used the BIPN tool as a means of measuring nursing professionalism or professional behaviors in both groups

Definitions

Associate degree nursing (ADN): A 2-year associate degree program that provides a quick and cost-effective path to qualifying for the NCLEX-RN exam and entering the nursing workforce (Nursing.org, 2018).

Attitude: The intrinsic attractiveness or aversiveness of something that could be a person, object, concept, event, or action (Wood & Fabrigar, 2015).

Bachelor of science in nursing (BSN): A 4-year college nursing program that delivers thorough professional nursing instructions, and candidates are eligible to sit for the NCLEX-RN examination after completion of their study. It is a gateway to graduate nursing education in the form of a MSN degree or a doctoral degree (Nursing.org, 2018).

Entry-level nurse: A graduate of a state-approved nursing program who has successfully passed the NCLEX-RN examination and has no more than 12 months of experience (Kappel, 2015).

Multiple entry levels in nursing: A term used interchangeably with *multiple pathways in nursing* defined as various levels of nursing programs, and graduates of all these programs are qualified to take the national licensing examination (Spetz, 2018).

Professional behavior: Critical thinking and problem-solving skills, ethical and responsible actions, initiative, accountability, and appropriate demeanor individuals incorporate in their role as professionals (Kokemuller, 2019). Professionalism in nursing is often described as professional nursing behavior (Schwiriam, 1998). Professional behaviors are used interchangeably as professionalism in nursing in this study.

Professionalism: The level of competence expected of individuals in a discipline in terms of their obligations, attributes, interactions, attitudes, and role behavior in relation to their clients and the society (Fantahun et al., 2014).

Professionalism in nursing: The attitudes and behaviors that are inherent characteristics expected in the behavior of a professional RN, and they include (a)

adherence to the code of nurses, (b) community service orientation, (c) autonomy and self-regulation, (d) publication and communication, (e) development and use of theory and research, and (f) continuing education and competence (Alidina, 2013; Rhodes et al., 2012; Tanaka et al., 2017; Tanaka et al., 2015)

Professional nursing practice: “The protection, promotion, and optimization of health and abilities, prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individual, families, groups, communities, and population” (ANA, 2015, p. vii).

Assumptions

It is assumed that all nurses desire to be perceived as professional and want to portray the traits of professionalism. In making this comparison among ADN and BSN nurses, I assumed the nurses would be honest in their responses to questions on core professional nursing behavior as enumerated in the BIPN.

Scope and Delimitations

Entry level into nursing practice has been a subject of debate for decades, and there remains no consensus among nursing scholars on this topic (Hoeve et al., 2014). The specific focus of my study was to determine if there is a difference in professional behavior of associate degree prepared nurses compared to baccalaureate degree prepared nurses.

My population sample included RNs with either ADN and BSN education in the state of Florida who work in various settings, including but not limited to inpatient and outpatient hospital settings, nursing homes, and rehabilitation facilities. My focus was on

this population because these education levels are the two major sources of entry level in nursing, and they dominate the education paths of nursing staff in most health care facilities. Also, this population provided good representation of the RN workforce in the state of Florida. I chose not to use the master's degree prepared nurses because most nurses do not enter professional nursing practice at a master's level. RNs surveyed had at least 5 years of experience working in any of these settings. I did not recruit nurses with less than 5 years of experience because nurses in this category may not have enough experience to fully interpret the attributes and behaviors that constitute nursing professionalism (Davis, Maisano, & Benner, 2016; Tanaka, Taketomi, Yonemitsu, & Kawamoto, 2016). Years of experience as a nurse influences nursing professionalism (Tanaka et al., 2016). Two to 3 years of experience describes the competent stage of Benner's novice-to-expert model, where a nurse has limited experience but the expert nurse with more years of experience has extensive knowledge of nursing skills (Davis et al., 2016)

The method I used was quantitative comparative analysis because it helped establish an association between my independent and dependent variable. With regards to a framework, I considered the conceptual model of professionalism and professional values as put forth in the AACN (2008) but ultimately, I chose Miller's wheel of professionalism because it addressed the attributes and behaviors that define nursing professionalism. The conceptual model of professionalism and professional values focused on the essentials that address baccalaureate nursing education curriculum and expected outcome of graduates of BSN programs (AACN, 2008).

I recruited RNs working in various settings: hospitals, rehabilitation centers, nursing homes, school systems, physician offices, and correctional facilities. I obtained the e-mail addresses of nurses licensed in the state of Florida through the state's Department of Health website. The study may be generalizable in other states within the United States.

Limitations

The quantitative comparative analysis study design has a potential for bias due to lack of generalizability (Gray, Grove, & Sutherland, 2017). Generalizability is a critical component of quantitative research and implies generalizing findings to a population based on results from a sample of that population (Carminati, 2018). To address bias from lack of generalization, I randomly select my participants from the general population. My participants were randomly selected from the licensed RN population in the state of Florida, which is public domain. Probabilistic generalization is achieved through random sampling of participants from a general population of interest (Carminati, 2018). Random sampling also allowed my results to be more representative of the RN population in the state of Florida. I limited my research to entry-level practice at the associate degree and bachelor's degree level, even though some nurses enter professional nursing practice at a master's degree level. I chose hospitals, nursing homes, and rehabilitation facilities because graduates from ADN and BSN programs are often employed in these settings (National Council of States Board of Nursing [NCSBN], 2018). Also, nurses of different age ranges and diverse cultures are seen in these settings. Sample bias may occur as a limitation from convenience sampling, which may result in

lack of generalizability. Statistical bias may also occur in sample selections if I choose more of the BSN population. To address both sample and statistical bias, the sample was equal in size among ADN and BSN prepared nurses. I compared 56 ADN nurses with 56 BSN nurses.

Significance

My research fills a gap in knowledge by focusing on the impact of education on RNs' professional behavior. Despite various studies and discussions (Gulzar et al., 2015; Hoeve et al., 2014; Makata et al., 2016; Yazdannik et al., 2017) on multiple entry levels in nursing profession, focus has not been placed on how these varied educational levels influence nursing professionalism. The findings from my study may provide insight that can be used to support one unified level of entry into practice, which may bring the nursing profession to a closer level of academic preparation compared to other health professions.

As an implication for social change, the project findings may elicit information that will show relationships between multiple entries into practice and professionalism. Prenursing students may also use the information to make informed decisions on choice of entry into practice degree. The support of a single entry level may help clarify educational requirements for prospective nursing students. The results of my study may also help enlighten the public on nursing education and the qualifications nurses need to practice (Hoeve et al., 2014).

Summary

Multiple entry levels into nursing practice have been in place in U.S. nursing education and training for almost a century (Krugman & Goode, 2018). The debate for a single entry into practice has been ongoing and will most likely continue as the nursing profession evolves. Despite the evolution of the nursing profession, professionalism remains questioned. The lack of professionalism in nursing is mostly influenced by lack of a standard educational preparation for entry into practice (Hoeve et al., 2014). Adams and Miller (2001) developed a set of professional nursing behaviors that is expected of the professional nurse that include (a) adherence to a code for nurses; (b) development, use and evaluation of research; (c) self-regulated autonomous practice; (d) professional organization participation; (e) publication; and (f) communication and educational preparation.

Despite the debate on multiple entry levels into nursing and a push for a single entry, few studies have been conducted on the topic. Extensive studies have been conducted on professionalism in nursing and education and nursing professionalism. In Chapter 1, I gave background information on the topic, discussed studies relevant to nursing education and nursing professionalism, and covered factors influencing nursing professionalism. I discussed assumptions, limitations, scope, and delimitations of the study. I stated my research question and hypothesis, described the qualitative nature of my study, identified key variables and analytical strategies, and defined the major terms. I also articulated the relevance of the study to the discipline of nursing and the social implications of the study. Chapter 2 provides an in-depth literature review of my topic to

include literature on nursing professionalism, nursing education and multiple entry levels, and nursing professionalism.

Chapter 2: Literature Review

Introduction

The entry levels for professional nursing practice in the United States are diploma, ADN, and BSN. There are also programs that transition students from LPN to RN and ADN to MSN; they are referred to as bridge programs. Multiple entry levels in nursing make nurses the least academically prepared for clinical practice (Krugman & Goode, 2018). Multiple entry levels also imply that nurses enter clinical practice with varied levels of academic preparation. Graduates of all types of programs are eligible to write the same NCLEX-RN and can practice as RNs after successful completion of the NCLEX-RN (Krugman & Goode, 2018). Other health care professions, such as physical therapy, pharmacy, and social work, enter professional practice at graduate levels (Donaldson et al., 2014; Harder, 2011; Krugman & Goode, 2018; Mathews et al., 2017).

Multiple entry levels into practice creates a situation where academic preparedness for nursing practice varies, which may influence the professional behavior of nurses. Education is linked to professionalism, and education with a scientific basis is central to nursing professionalism (Tanaka et al., 2017). Professionalism refers to the expected role of individuals in a discipline toward their clients and the attributes include knowledge, autonomy, and collegiality (Fantahun et al., 2014). The nursing profession is yet to attain full status of professionalism and one of the reasons for this is the various entry levels into practice (Fantahun et al., 2014).

Research studies have been conducted on factors influencing nursing professionalism, image of nursing, consequences of multiple entry pathways to nursing,

and professional identity in nursing (Gulzar et al., 2015; Kantek, Kaya, & Gezer, 2017; Makata et al., 2016; Yazdannik, Yousefy, & Mohammad, 2017), but none have compared the attitudes and perceptions of nursing professionals who have entered nursing from different educational backgrounds. Surveying RNs who entered nursing with an associate degree or a baccalaureate degree and have been in practice for at least 5 years will help generate information that may reveal professional behavior among these two categories of RNs.

The purpose of this quantitative descriptive study was to determine if there is a difference in professional behavior of associate degree prepared RNs compared to baccalaureate degree prepared RNs. In Chapter 2, I described my literature search strategy, conceptual framework, and literature review related to key variables in my study.

Literature Search Strategy

I conducted a comprehensive literature review using electronic databases that included Thoreau multiple database, MEDLINE with full text, Academic complete, ProQuest Nursing, Allied health Resources, CINAHL, EBSCO, Cochrane, and Academic digest. In my search of the literature, I made inquiries to Walden librarians to assist in locating articles that I could not access through Walden Library. Two such articles were part of the pioneering work of B. K. Miller, who developed my conceptual framework of choice. Key search terms were *entry level*, *entry into practice, nursing, nursing practice, professionalism, nursing professionalism, professional behavior, attitudes,* and *nurse attitudes.* The term *nursing* was combined with *entry level* to obtain literature on entry

levels into practice. I also combined the term *nursing* with *professionalism* to obtain articles on nursing professionalism. To obtain articles on multiple entry levels into professional nursing practice, I combined the terms *entry level* and *nursing professionalism*. Articles on attitudes were obtained by combining the term *attitude* and *professionalism*.

To narrow my search, inclusion criteria were articles in English, full-text articles, and peer-reviewed articles published 2013–2018. I included some resources that were published over 10 years ago because of their relevance to my study. I used Boolean operators *or* and *and* to broaden and narrow my searches. I used Google Scholar to locate some articles and ProQuest to review dissertations. Professional nursing websites were also searched for relevant literature including Nursing.org, AACN.org, and the website of the NCSBN.

Conceptual Framework

The conceptual model for my research is Miller's (1984) wheel of professionalism in nursing, which was derived from the previous work of Hall and Friedson whose philosophical views were from a socialist perspective (Revell, 2013). Miller also borrowed from the American Nurses Association policy statement and the code of nurses (Revell, 2013). Miller's wheel of professionalism in nursing is a model that describes attributes and behaviors necessary for the nursing profession (Alidina, 2013). The model, shown in Figure 1, appears as a wheel with the center representing university education and scientific background as basis for professionalism in nursing education and the spokes as supporting behaviors (Alidina, 2013). The attributes of these

behaviors are inherent characteristics expected in the behavior of a professional RN, and they include (a) adherence to the code of nurses, (b) community service orientation, (c) autonomy and self-regulation, (d) publication and communication, (e) development and use of theory and research, and (f) continuing education and competence (Alidina, 2013; Rhodes et al., 2012; Tanaka et al., 2017; Tanaka et al., 2015).

Adherence to the Code of Nurses

The code of ethics of nursing defines the values and beliefs of the nursing profession (Alidina, 2013). The newest revision of the ANA code of ethics focuses on the relationship between nurses and clients and their interactions with the other members of the health care team and the public (Tinon et al., 2018). Information on ethical issues in nursing can be obtained from the code of nurses, and when nurses face ethical dilemmas, the code of nurses serves as a resourceful tool (Alidina, 2013).

Theory and Research

Theory gives structure to define nursing domains, evaluate current knowledge, offer opportunities for inquiry, and design research to obtain new data that may produce further knowledge (Jairath et al., 2018). Development, use, and evaluation of theory and research are functional elements of research. Nurses need to use the knowledge of theory and research to integrate and implement best practices that enable them to sustain an evidence-based practice environment by maintaining competence through training and education opportunities, such as a unit or hospital-based journal clubs.

Community Service Orientation

Nurses play a prominent role in providing services that promote, restore, and maintain health for the public. Preventive services, such as immunization programs, are an example of a community service rendered to the public. The code of ethics posits public service as fundamental to all professions and demands that nurses play this critical role as part of their duties (Alidina, 2013). The concept of altruism motivates nurses to commit to assisting the public by providing services that promote and maintain health.

Autonomy and Self-Regulation

Among the attributes of professionalism is autonomy. The role of the advanced practice nurse as a provider speaks to nursing autonomy (Alidina, 2013). Also, development and incorporation of professional practice models in health care facilities, and designing, implementing, and evaluating plans for patient care are elements that gear toward nursing autonomy (Alidina, 2013). The nursing profession is expected to function as a self-regulatory entity, and most procedures and policies that affect nursing need to be guided by nursing organizations.

Continuing Education and Competence

Continuing education (CE) provides the basis to maintain professional competence (Wheeler & Chisholm-Burns, 2018). Nurses are expected to attend CE classes to maintain and enhance their skills. CE courses are offered by facilities to their nurses to keep them updated on current issues and evidence-based practice in the profession. The state board of nursing requires some amount of CE credit for renewal of

licenses. Several CE brokers are available for nurses through the AACN for nurses to provide access to journals and webinars to obtain CE credits.

Professional Organization Participation

Nurses are expected to be members of a professional organization. Membership of a professional organization speaks to commitment and dedication. Nursing organizations perform the role of a regulatory body that helps nurses' practice in a safe and ethical manner. The ANA regulates practice for all RNs in the United States. Nurses must practice according to the professional standards and code of ethics as stipulated by the ANA.

Publication and Communication

Publications contribute significantly to the advancement of effective quality patient care through reflection on current trends and changes in the delivery of health care (McNett, Keiser, Douglas, & McNair, 2018). Nurses demonstrate this attitude by being involved in supporting the interdisciplinary team to achieve better patient outcomes. Nurses are expected to collaborate with physicians, pharmacists, social workers, physical therapists, occupational therapists, and other members of the health care team to deliver safe and quality care to patients. Nurses demonstrate the attribute of publication and communication through in-service training, advocacy, article publication, and mentorship.

Education in University Setting and Scientific Background in Nursing

Professionalism has been linked to education. At the center of Miller's wheel of professionalism in nursing is education that brings about knowledge with a scientific

background. Nurses are expected to have professional attitudes that stem from education that has a scientific base. Professionalism is described as possessing characteristics to include extensive academic preparation (Alidina, 2013). Socialization is an attribute of professionalism that moves the individual from a lay to a professional culture. Faculty in nursing education programs instruct students to understand the skills, knowledge, and values that resonate with professional nursing roles (Kantek, Kaya, & Gezer, 2017).

Figure 1. Miller’s wheel of professionalism in nursing.

The wheel of professionalism in nursing model addresses the attributes and behaviors that define nursing professionalism, and the RN’s attributes and behaviors are expected to be consistent with this definition of professionalism. According to Tanaka et al. (2015), attitudes, knowledge and behaviors demonstrate nursing professionalism.

Using the professionalism subscale from Miller's wheel of professionalism in nursing, comparison was made of professional behaviors among nurse leaders in the United States and Japan (Tanaka et al., 2015). The behavioral inventory of professional nursing (BIPN) was used as a tool for measurement, and findings showed that the mean scores of professionalisms were significantly high in the United States and the mean scores of professionalism subscales were significantly high in the categories of education preparation, community service self-regulation and autonomy, whereas publication and communication and research development were significantly higher in Japan.

Using research development, use, and evaluation and community services as attributes in investigating the status of nursing professionalism among nursing faculty in Japan, the authors concluded that higher level of education preparation and more years of experience are associated with higher levels of professionalism (Tanaka et al., 2017). Positive association was made between graduate degree and higher scores for professionalism (Tanaka et al., 2017). Professionalism was also linked to educational preparation and years of experience (Tanaka et al., 2017). The results of the study support Miller's model because the intent was to understand the perspectives of nursing faculty on behaviors related to professionalism that can be elicited by scoring the professionalism subscale that make up the wheel's and center of the model. In a survey using the BIPN as a measuring tool to quantify professionalism among Japanese Nurses, findings showed low levels of professionalism, and relevance of higher education, years of nursing experience and current position as administrator or faculty to professionalism (Tanaka, Yonemitsu & Kawamoto, 2014),

Miller's wheel of professionalism model was used as a learning tool in a discussion seminar for students that addressed professionalism with focus on students learning the tenets of professionalism in nursing (Rhodes, Schutt, Langham, & Bilotta, 2012). Miller's model provided a framework for effective learning on professional nursing practice, which was evidenced by students 'enthusiasm and engagement as elements of the wheel was discussed (Rhodes et al., 2012). Miller's model takes a learner centered approach using case scenarios to engage in discussions on professionalism with students. Miller's model has also been associated with increased faculty satisfaction in classroom discussions on professional behaviors (Rhodes et al., 2012).

The concept of nursing professionalism was explored and analyzed using Miller's Model (Alidina, 2013). The author identified gaps in literature on nursing professionalism in the underuse of quantitative and qualitative designs to explore the effectiveness of specific strategies that promote professionalism and the effect of workplace environment on nursing professionalism (Alidina, 2013). The use of Millers model is in alignment with the study because the factors influencing professionalism, such as ethics and values, autonomy, spirit of inquiry and advocacy were investigated and described. These factors are also in alignment with the professional subscale that comprise Miller's wheel.

In examining the perception of professional behaviors and factors contributing to nursing professionalism among nurse managers, results showed that higher levels of nursing professionalism are related to years of experience, higher education and position as an administrator (Tanaka et al., 2016). Professionalism among the nurse managers was

scored using the professionalism subscale derived from Miller's model with the highest category score obtained in competence and continuing education (Tanaka et al., 2016). The study aligns with Millers model because the instrument of measurement used in the study was derived from the model. The BIPN tool was evaluated using Miller's model in a study by Miller, Adams, and Beck (1993). The inventory was administered to nurses in various settings and at different geographical areas and there was consensus to the clarity of the questions and the relevance to nursing professionalism (Miller et al., 1993). The BIPN could be used as a positive method to assist nurses attain higher degree of professionalism (Adams et al., 1993).

The professional behaviors of hospital nurse executives were investigated using BIPN inventory tool. The findings showed that nurse executives performed at higher levels except in the areas of autonomy and knowledge of the code of nurses. Furthermore, nurse executives held more non-nursing than nursing degree but demonstrated more professionalism than nurse managers (Adams et al., 1996). The findings also showed low degree of research involvement in both groups. The study's use of Miller's model is obviously in alignment because the inventory tool addressed the elements contained in Miller's wheel.

Application of Miller's model to my study offered insights to the attributes of RNs that reflected their professional behaviors towards practice, and these were used to assess their professionalism. The instrument I used for measurement, the BIPN, was also derived from Miller's model. The BIPN measures the degree of nursing professionalism within the past 2 years through contrasting responses to 48 items representing the eight

categories of the Miller's wheel of professionalism in nursing with an additional category representing educational preparation (Tanaka et al., 2017).

Literature Review Related to Key Variables and/or Concepts

In this literature review, I analyzed and synthesized studies that relate to educational preparedness of RNs and the impact on nursing professionalism. I focused on literatures that relate to nursing education, entry levels into professional nursing practice, and nursing professionalism. I also address studies that have utilized the BIPN inventory as a measuring tool.

Nursing education is regulated by the NCSBN in alliance with State Boards of Nursing (NCSBN, 2018). The state governments are also involved with the regulation of nursing education with the assistance of the NCSBN in ensuring proper development and administration of the NCLEX-RN. Professional nursing organizations involved in the accreditation and provision of guidelines for nursing education are the national league for nursing (NLN), the American Association of Colleges of Nursing (AACN) and the Commission on Collegiate Nursing Education (CCNE). The professional organizations stipulate guidelines of minimal expectations for undergraduate nursing programs, but individual nursing schools can develop their curriculum as determined by the faculty (NCSBN, 2018).

Nursing education is seen as a key strategy to enhance nursing workforce and improve quality health care and positive health outcome (White, 2017). Nursing curriculum according to the institute of medicine (IOM) report does not meet the changing needs of the health care system, hence the need to update in science and

technology (IOM, 2010). The report calls for competencies in decision making, quality improvement, systems thinking, and team leadership that are necessary for nursing professionalism (IOM, 2010). In consideration of the challenges facing nursing education, it was determined that nurses achieve higher levels of education and training through an improved education system that promotes seamless academic progression (IOM, 2010). Based on the recommendation by the IOM, health care systems in the United States are striving to ensure more efficient care and for the entry level into nursing practice to be at a baccalaureate level (IOM, 2010).

The code of ethics for nurses with interpretative statement establishes standards of professional nursing practice and is non-negotiable (ANA, 2015). Provision 4 of the code of ethics points to the need for nursing autonomy in practice, hence the nurse needs to show accountability and responsibility for their practice (ANA, 2015). Nurses in practice are also expected to contribute to the advancement of the profession through research, scholarly work, and development of nursing and health policies (ANA, 2015). Interdisciplinary collaboration and public service commitment are critical elements expected to be portrayed in the practice of professional nursing (ANA, 2015). Nurses are obligated to abide by the code of ethics for decision making and safe effective practice. The sole professional responsibility of the RN is to prevent illness, alleviate suffering, protect, promote and restore health of the individual, family, community and the public (ANA, 2015).

Literatures on entry levels into professional nursing practice have addressed issues such as consequences of multi-pathways to nursing practice. The consequences of

multi-entry levels in nursing include (a) fragmentation of the profession, non-existence of nursing in national education policy, (b) shortage of bachelor degree prepared nurses and faculty, (c) ageing nurse educators, poor public image, lack of recognition among other health care professions, (d) restricted career pattern, and (e) lack of incentives for higher education (Makata, Ilo, & Agbapuonwu, 2016). The AACN drafted a proposal that advocates for minimum requirement for licensure at a bachelor's level, but NLN opposed this idea, supporting the need for multiple levels of entry into nursing practice (Potera, 2018). The nonconsensus of leading nursing organizations on the issue of entry level requirement has become apparent due to opposing ideas as demonstrated by the AACN and NLN.

The level of nurses' education may be vital to how they incorporate professional values to practice (Sibandze & Scafide, 2017). In advocating for BSN as entry level into professional nursing practice, Knowlton and Angel (2017) examined the accomplishments, and lessons learned from the regionally increasing baccalaureate nursing (RIBN) program that was implemented to provide a seamless and economically sound pathway for attainment of a Baccalaureate degree. The need for a creative RN-to-BSN completion pathway was identified, and its relevance to raising the educational preparation of the nursing workforce with the goal of improving patient outcomes was acknowledged (Knowlton & Angel, 2017). Despite the relevance of higher educational preparedness for positive patient outcomes, other factors, such as a diverse workforce, culture, race, technology, and effective leadership are critical to improve patient health outcome (Knowlton & Angel, 2017).

In an editorial by Krugman and Goode (2018), nurse executives and nurse faculty are called to the role of professional change agents to help associate degree programs transit to BSN programs. The author's recommendations include partnership with community college nursing faculty to convert associate degree curriculum to BSN, partnership with diploma hospital executives to set a timeline for closure, and for national professional nursing organizations to agree on a consensus timeline for conversion to a minimum BSN entry for all nursing education programs (Krugman & Goode, 2018). Also, health care organizations are implementing plans to meet the IOM's recommendation that 80% of all RNs have a BSN degree or higher by 2020 (Krugman & Goode, 2018). Colleges of nursing are also committed to helping meet the IOM goal. To support the IOM goal, Grand Canyon University College of nursing created a model of recruitment, enrollment and graduation success that transits RN students to BSN (McNamara, 2014).

Ingram (2017) examined the entry level into practice from an international perspective and investigated the perceptions of nursing staff, university staff and students from Canada, America, and Australia in relation to the graduate nursing workforce. The findings revealed that in all three countries the graduate workforce portrayed skills such as clinical decision making, critical thinking, divergent integrative thinking, research skills, evidence-informed practice and patient advocacy and the associate degree nurse portrayed technical skills and more tasks oriented (Ingram, 2017). Skill mix that stems from varied academic preparation was correlated to inadequate quality of care, which led

to a proposal that every nurse registering for the first time in the United Kingdom will be a college graduate (Glasper, 2013).

In determining a nursing educational regulation model, Oskouie, Parvizy, Mohammed, Rezasheikhi, and Ghafouri (2016), argued that factors influencing regulation of education includes culture, economics, politics, governmental and legislative roles and social dynamics of the specific country. Factors influencing professional regulations include market needs, economics, culture, nursing skills and competencies, emergence of diseases, globalization, and immigration (Oskouie et al., 2016). These factors bring about changes in how nursing services are provided, and nurses need to be trained in the context of this changes to effectively provide care to their patients (Oskouie et al., 2016). Factors such as shortage of nurses has been on going in the United States, causing the need of nurses to escalate, and this has led to recruitment of nurses from other countries such as India, Philippines and Nigeria (Pittman, 2013). Though the foreign trained nurses must be successful in the NCLEX-RN licensing exam to practice, their training may not be enough to address the health care needs of the United States population (Pittman, 2013).

Other factors such as high cost of nursing education, students' financial constraints, and enrollment of inefficient students, has led to reduction in quality of nursing education (Oskouie et al., 2016). The authors summarized the duties of an education regulatory body as education planning and education monitoring. Educational planning addresses the training of students to enter the nursing profession and education monitoring focuses on effective training, gaining skills required to enter practice, and

clinical skills needed to provide effective quality care (Oskouie et al., 2016). Emphasis was placed on education that will develop and maintain staffs' skill and competence based on the conditions and needs of society and that ensures safe and quality care to the public (Oskouie et al., 2016). In discussing nursing education and higher learning, the opinion of nurse leaders in the United States and Canada on nursing education shows that nurse leaders are not role models in disseminating the importance of attaining higher degree in nursing because of the low level of education among nursing supervisors (Harder, 2011). On the contrary, Czplinski, Gerard, and Mclaughlia (2014) argue that one of the strategies leaders utilize to support nursing professionalism is to encourage nurses in the community to pursue scholarly projects. This move supports the report of the IOM on the future of nursing, calling on nurses to be more educated, and ensure that they posses' skills that will enable them to function within their scope of practice and be partners in leading change within the health care arena (Czplinski et al., 2014).

Current literature on professionalism contains perspectives on nursing professional identity (Maranon & Pera 2015; Willets & Clarke, 2014) educational readiness and professionalism (Fischer, 2014; Tanaka et al., 2017). Nurses derive personal identity from the public image, work environment and work value, education and traditional social and cultural values argues (Hoeve, Jansen, & Roodbol, 2014). Furthermore, the public image of nursing is diverse and unharmonious because the role of nurses is confusing to the public (Hoeve et al., 2014). In exploring final year students' perception of professionalism, Keeling and Templeman (2013) concluded that vulnerability; symbolic representation, role modeling, discontent and professional

development defined nursing professionalism. Student nurses are usually paired with RNs as their preceptors during clinical experience and students look up to the RN and faculty as role models of nursing professionalism. Further findings from Keeling and Templeman (2013) study revealed that observing the behavior of RNs by students was significant to the development of their own sense of professional identity. Incorporating the Miller wheel framework of professional nursing and various education strategies gives faculty satisfaction and creates a foundation for professional behavior development throughout their nursing training posits (Rhodes, Schutt, Langham & Bilotta, 2012).

The statuses of the nursing professionalism in various countries have been discussed in some studies. In a study conducted in Japan, findings show a significant effect for educational preparedness and years of experience on professionalism (Tanaka et al., 2017). In a study conducted in Pakistan, findings described nurses as low status, and professionalism as held back due to poor image of the profession, lack of specialization and lack of a regulatory body (Gulzar et al., 2015). The authors suggested that nurses need to pursue a higher level of education, create an awareness of the need to be empowered, and be a voice in the political and public arena will enhance nursing professionalism (Gulzar et al., 2015). The perception of first-year college students in a University in Libya showed that they are unfamiliar with the profession and those that know about nursing have a negative view (Kiblasan, Eltayef, Garcia, & Elwahaishi, 2016). In a study conducted in Iran, findings showed that nursing faculty socializes students by addressing the scientific /theoretical basis of nursing and research with the dominance of biomedical discourse (Yazdannik, Yousefy, & Mohammadi, 2017). They

further argued that despite the progress of nursing education in Iran, professional identity is still an illusion (Yazdannik et al., 2017). This argument raises a further need to question if educational preparedness is the key element to attainment of professional identity in nursing. Dikmen, Karatas, Arslan, and Ak (2016) concluded that the professional behavior of nurses in Turkey is low based on the BIPN inventory survey that showed the lowest score in the areas of autonomy, publication, and research. Higher nursing education was seen to be the most crucial factor affecting the level of professionalism (Konukbay et al., 2014).

Nursing is the only health care profession that does not require a minimum entry at a baccalaureate level, and confusion among other health care professionals and the public as to the specific role of nurses continue (Krugman & Goode, 2018). Furthermore, Krugman and Goode (2018) recommended the BSN degree to be the minimum entry into professional nursing practice. Professional experiences of Canadian self-employed nurses were explored, and findings showed that despite the challenges faced by these nurses, the concept of professionalism can be seen from the perspective of a sense commitment and contribution to society (Wall, 2013). A nurse acquires professional nursing values through academic preparation and socialization to the professional values (Gallegos & Sortedahl, 2015).

Attitude is a factor that determines behavior and incorporates a pattern of thinking, feeling and conduct towards individuals or groups and or events that occur in the person’s environment (Shohani & Zamanzadeh, 2017). Attitude also influences nursing professionalism and involves a cognitive and emotional element and a desire to

act (Shohani & Zamanzadeh, 2017). In addressing nurses' attitude towards professionalization, Shohani and Zamanzadeh (2017) used the Hall professional attitude questionnaire that measures five dimensions of attitude that included: Membership in professional organization, providing public service, self-regulation in a group, acceptance towards one's field of study and a sense of autonomy. Results showed that nurses were at an average level in all aspects of professional attitude with the highest score in the dimensions of membership in a professional organization and sense of acceptance towards one's specialty and lowest score in the dimensions of belief in public service and a sense of autonomy (Shohani & Zamanzadeh, 2017). Results also showed that there was a significant statistical relationship between "attitude towards professionalization" and "length of service" and in "training courses for self-empowerment" (Shohani & Zamanzadeh, 2017). To support the result that professionalism is related to years of experience, Tanaka et al. (2017) asserted that years of experience are associated with high levels of professionalism.

Professional attitudes are predictors of professional behaviors and nurses and physicians are expected to care for patients and the community with a commitment to the fundamentals and principles that guide professionalism (Lombarts, Plochg, Thompson, & Arah, 2014). A commitment to professional competence and improvement of quality care are hallmarks of professionalism. To measure professionalism in nurses and physicians, a professionalism scale encompassing professional attitude and behavior in both professions was designed using components from the physician's charter professional responsibility and code of ethics of nursing statement (Lombarts et al., 2014). The

attitudinal scale contains 4 elements and multiple subscales. The scales include improving quality of care, maintaining professional competence, fulfilling professional responsibilities and inter-professional collaboration (Lombarts et al., 2014). The purpose of Lombarts et al. (2014) study was to investigate the reliability and validity of the instrument, outline levels of professionalism shown, determine the degree to which professional attitude will predict professional behaviors. Results showed that the instrument has a high internal consistency and revealed five subscales of professional attitude and one scale for professional behavior. Sum scores for professional attitude for nurses and physicians were high with the highest level in “quality improvement action” expressed in their inclination to report errors, hence showing that professional attitude predicts professional behavior (Lombarts et al., 2014). Attitudes or behaviors towards mandatory reporting were also seen to correlate with professionalism in the study by (Lee & Kim, 2018).

Further assertions from Lombarts et al. (2014) suggested that professional attitudes and behaviors may be shaped by economics, politics, legal issues, and organizational factors. Variations in practice in different countries also influence the individual’s professionalism (Lombarts et al., 2014). In discussing regulation of nursing education and relevance to professional practice, Oskouie et al. (2016) also showed that economics, politics, culture, globalization and immigration may influence professional attitude and professional practice depending on the country being discussed.

Perceptions of professionalism and professional practice by individuals within the profession may be affected by numerous variables such as age, experiences, and personal

belief (Akhtar-Danesh et al., 2013). Investigating employees' perceptions can provide an understanding of the specific behaviors associated with their professionalism (Mason & Mathieson, 2018). In exploring professional experiences of home care nurses, three categories with 12 subcategories were used to identify occupational therapists' perception of professionalism (Mason & Mathieson, 2018). The three categories explored were, attention to basics, social capital, and maintaining quality and standard (Mason & Mathieson, 2018).

A study by Wall (2013) was conducted to investigate the meaning of professionalism from the perception of self-employed nurses in private practice. Findings revealed several categories that included seeking autonomy in nursing practice, a nursing identity, and nursing knowledge (Wall, 2013). Furthermore, perception of professionalism according to the participants is centered on holistic, patient centered care, and the opportunity for nurses to practice constraints of organizational dynamics and physician dominance (Wall, 2013). Nurses perceived that the essential part of their professional role includes caring, nurturing, trust, communication, patient empowerment and quality of the services provided (Wall, 2013).

Using a Q methodology approach, Akhtar-Danesh et al. (2013) identified perceptions held about professionalism by nursing faculty and students. Viewpoints that emerged included: Humanistic (respect of human dignity, protection, and privacy), portrayers (image, attire, and expression), facilitators (standards, policies, personal beliefs, and values) and regulators (ensuring that suitable beliefs and standards communicated). In analyzing the concept of perception, one can deduce that perception

speaks to character traits expected of professionals in their specific professions. Also, attitudes or behaviors and perceptions are concepts that are seen to have been addressed in the context of professionalism (Akhtar-Danesh et al., 2013; Lee & Kim, 2018; Lombarts et al., 2014; Mason & Mathieson, 2018; Shohani & Zamanzadeh, 2017).

In the literature analysis conducted, educational preparedness and entry level into professional nursing practice was discussed in the perspective of multiple entry levels and the consequences that ensues. Articles addressed the transitioning from Associate degree nursing to bachelor's degree with most of the articles pointing to the need for a BSN as entry level into practice (IOM, 2010; Knowlton & Angel, 2017; Krugman & Goode, 2018; Sibandze & Scafide, 2017). Comparison was made between associate degree and BSN programs with emphasis on entry into practice and the need to have a uniform skill set in nursing practice (Ingram, 2016). Regulation of nursing education, professional regulation, and nursing education and the relevance of higher learning has also been discussed (Oskouie et al., 2016).

Professionalism has been discussed in various contexts. One context is the need for an advanced education as entry to practice and influence on professionalism and transitioning from an associate degree program to a baccalaureate degree program as a step to professionalization (Shohani & Zamanzadeh, 2017). Several authors pointed to the relevance of education to professionalism (Fisher, 2014; Gulzar et al., 2015; Harder, 2011; Tanaka et al., 2017; Konukbay et al., 2014; Krugman & Goode, 2018). Consequences of multiple entries into practice and the need for a single entry into practice have been discussed (IOM, 2010; Makata et al., 2016). Some nursing scholars

are of the opinion that education is a critical element in professionalism (Fisher, 2014; Tanaka et al., 2017) and entry into nursing practice at a baccalaureate level enhances nursing identity (Hoeve, Jansen, & Roodbol, 2014; Maranon & Pera, 2015). With relevance to identity regardless of the level of education, the nursing profession is viewed negatively (Kiblasan, Eltayef, Garcia, & Elwahaishi, 2016). In addition, according to Dikmen et al. (2016), nurses in Turkey lack autonomy and are not vast in publishing and research, hence an impediment to professionalism.

Other nurse scholars agree that a baccalaureate level nursing preparedness speaks to nursing professionalism but believe it is necessary to transition nurses from an associate degree preparedness to a BSN to prevent issues such as severe nursing shortage (Knowlton & Angel, 2017; Krugman & Goode, 2018; Sibandze & Scafide, 2017). Higher education was the most crucial factor influencing the level of professionalism (Konukbay et al., 2014). However, one study asserted that higher education has not helped with professionalization (Yazdannik, Yousefy, & Mohammadi, 2017). In addition to education, years of experience was seen to influence professionalism (Oskouie et al., 2016; Tanaka et al., 2017). Factors influencing nursing professionalism have been discussed, and professionalism has been viewed from an international perspective and comparisons have been made of professional nursing status among nations (Ingram, 2016; Keeling & Templeman, 2013). Strategies to support nursing professionalism and the process of professionalization has also been discussed (Czplinski et al., 2014; Keeling & Templeman, 2013; Rhodes et al., 2012). In exploring final year nursing student's perception on professionalism, Keeling and Templeman (2013), concluded that

professionalism in nursing may be considered an evolving concept. Czplinski et al. (2014) asserted that the profession of nursing has emerged from simple skills acquisition and development to a level of accountability and leadership at the staff nurse level through participation in scholarly projects. Using Miller's wheel of professionalism in nursing as a framework to teach student nurses the tenets of professionalism in nurses, results showed increased students' interaction and participation, deeper professional behavior development and increased faculty satisfaction (Rhodes et al., 2012). Studies that compared nursing and other health care professions such as medicine, social work and pharmacy in terms of entry into practice, identified advanced degree at a master's and doctoral level as entry into practice and a factor that influences their professionalism (Lombarts et al., 2014).

Despite studies reviewed relating to nursing education and professionalism, none has compared different entry levels and their impact on professionalism and professional nursing practice. My study examined two groups of nurses prepared from two nursing programs (associate degree and baccalaureate degree prepared nurses) and determined if there is a difference in their professional behavior on professional nursing practice.

Summary and Conclusion

Multiple entries into professional nursing practice have been discussed in the scope of entry level requirements, consequences of multiple entry pathways, standardization of care, nursing shortage, and advocating for an advanced single-entry level requirement. Discussions on training and education of nurses, nurses' identity, public image, curriculum advancement and improvement have been conducted. Entry

level requirements in other countries in comparison to the United States have also been made. Literature also exists that discussed transition programs from associate degree to BSN and preceptor -ship at entry level (Knowlton & Angel, 2017; McNamara, 2014).

In discussing professionalism in nursing, themes that emerge include educational preparation, skills, theory, research, years of experience, public image and nursing identity. In discussing entry into practice, the literature suggests that single entry and advanced education will be of benefit to the profession, but some studies argue that this might lead to nursing shortage, considering the factors inhibiting associate degree nurses from going back to school (Keeling & Templeman, 2013). Lack of nursing instructors is a factor that has been associated with educating nurses especially in professional role. Nursing professionalism has faced great scrutiny and remained questioned, and this is associated with non-standardization of practice (Hoeve et al., 2014). Multiple entry levels place the nursing profession in a situation where there is questioned standard of practice, despite the ANA recommendations. The curriculum of an associate degree program differs from that of the BSN program; hence non-standardization of practice may occur. A crucial point elicited in my literature review is that education is relevant to professionalism (Gulzar et al., 2015; Konukbay et al., 2014; Krugman & Goode, 2018)

My study compared the professional behaviors among associate degree prepared nurses and bachelor’s degree prepared nurses. Entry levels into practice has been discussed in terms of nursing shortage, transitioning from associate degree nursing to BSN, advanced education and patient outcomes. However, a gap exists relating to entry levels to nursing and professionalism. The findings of this study may show if there is a

difference in professional behavior among associate degree prepared nurses and BSN prepared nurses. It may also generate information that may lead to a single-entry level into professional nursing practice

In Chapter 2, I identified the problem of interest and stated the purpose of my study. I went further to conduct an extensive literature review on entry level into nursing practice, professionalism in nursing and in-depth information on my theoretical framework. I have identified gaps in literature relating to entry into practice and professionalism and the potential of my study to extend knowledge in the discipline of nursing. In Chapter 3, I continued by describing the method used to address my phenomenon of interest.

Chapter 3: Research Method

Introduction

The purpose of this quantitative comparative analysis study was to determine if there is a difference in the professional behaviors of associate degree prepared RNs and the professional behaviors of baccalaureate degree prepared RNs about professional nursing practice and nursing professionalism. In Chapter 3, I discuss research design and rationale. I also describe my methodology that addressed my population of interest, sampling and sampling procedures, and procedure for recruitment and data collection. I further address issues of trustworthiness, ethics, and threats to validity.

Research Design and Rationale

In this study, I used a quantitative comparative analysis design. Quantitative research is implemented for the purpose of isolating an independent variable and observing the impact on a dependent variable (Rudestam & Newton, 2015). A quantitative comparative analysis design is appropriate for studies that aim at determining differences between two groups (Creswell, 2014). I attempted to identify differences in professional behavior between two groups of RNs (those with associate degrees and BSN degrees). The independent variable of the study was the education level of the RNs. The outcome variable or dependent variable was professional behavior, which is derived from the attitudes portrayed by RNs about professional nursing practice and nursing professionalism. Professional behaviors are the attitudes of nurses toward their patients and are characterized by adherence to the code of nurses, community service orientation,

autonomy and self-regulation, publication and communication, development and use of theory and research, and continuing education and competence (Alidina, 2013).

The main research question for my quantitative comparative analysis design was: What is the difference between professional behaviors of associate degree prepared RNs compared to baccalaureate degree RNs? I used a survey design to identify professional behavior portrayed by associate degree nurses and BSN nurses. My research question aligned with the concepts being addressed in my phenomenon of interest, which centered on multiple entry levels and professionalism. I used survey questions from the BIPN tool that was used to develop Miller's wheel of professionalism (see Appendix B).

I used a quantitative comparative analysis design for my study. The aim of a quantitative study is prediction, explanation, and theory testing (Rudestam & Newton, 2015). The purpose of a comparative quantitative research is to define a set of variables operationally and isolate them for observation and is consistent with determining if there is a difference in professional behavior among associate degree prepared nurses and BSN prepared nurses. Quantitative comparative design provides data to compare attitudes or behaviors and aims at understanding similarities or differences within two groups (Creswell, 2014). In quantitative research, emphasis is placed on prediction and explanation, which aligned with my alternate hypothesis that posited that there is a difference between professional behavior of associate degree nurses and BSN nurses. The use of a quantitative comparative design helps to determine the relationships between variables or the significance of group differences (Creswell, 2014; Rudestam & Newton, 2015). This aligned with my study, which determined if there is a difference in

professional behavior among two groups of RNs. I chose a quantitative approach because my study identified differences in professional behavior among associate degree prepared nurses and BSN prepared nurses.

There are no time or resource constraints consistent with this quantitative comparative study. I recruited a pool of nurses from the Florida State Board of Nursing. Because the list of RNs in the state of Florida is available to the public online, I obtained this information from the internet. I sent out more surveys as reminders when I did not get the number of participants I needed the first time. According to the Walden Institutional Review Board, I was allowed to send out three survey reminders.

This quantitative comparative study is consistent with the research design needed to advance knowledge in the discipline of nursing. Quantitative comparative studies are designed to gain more information about a phenomenon in a specific discipline (Gray et al., 2017). To advance knowledge on the issue of multiple entry levels in nursing and the impact on professionalism, a quantitative comparative design is relevant because it provides the true picture of the situations as they occur, the phenomenon is clearly delineated, and prediction or causality would be examined (Gray et al., 2017). A comparative design advances knowledge by offering information on current practice, making judgments, or determining what others in similar situations are doing (Gray et al., 2017).

A survey design provides a quantitative description of trends or opinions of a population by studying a sample of that population (Creswell, 2014). A survey method was selected because it was cost effective, allowed for rapid collection of data, and

provided a means of obtaining data from a large population (Creswell, 2014; Gray et al., 2017). Also, data were collected one time (cross-sectional) and the survey was self-administered via the internet, giving participants privacy and the comfort of filling out the survey at their own convenience and in their own environment. A web survey also afforded the large number of participants I needed for my study.

Methodology

Target Population

My target population was associate degree and baccalaureate degree prepared RNs who have been in practice for at least 5 years. The participants for my study need to have the experience to work in their various units and appreciate the relevance of theory and research to their practice (ANA, 2015). They also need to understand the concept of evidence-based practice, ethical issues, and ethical dilemmas that may arise in the course of practice and to identify ways to handle these issues as stipulated by their institutions' policy. Nurses with 5 years of experience or more are expected to understand hospital policies and procedures and incorporate the code of ethics of nursing that focus on relationships with patients, other professionals, and the community (ANA, 2015). Nurses with 5 years of experience are expected to appreciate the importance of national safety goals, accreditation requirements, and initiatives to improve quality care because they all factor into professional behavior (ANA, 2015). According to Brenner's "from novice to expert" theory, expert nurses have over 3 years of experience or much more background experience and are highly proficient (Nursing Theories, 2011). My target population size was about 2,000 RNs.

Sampling and Sampling Procedures

I used convenience sampling to recruit participants. Convenience sampling was appropriate because the participants were readily available and met the study criteria. I went online and obtained a list of RNs in the state of Florida, which is public domain information. I sent out surveys via e-mail to RNs in the Florida database. Although convenience sampling may provide little opportunity for bias control, I identified the biases and addressed them accordingly (Creswell, 2014). Carefully choosing the criteria used to determine the target population, such as 5 years of experience or more, and taking steps to improve the representation of my sample, such as ensuring that I recruited an equal number of participants of each group, helped address potential biases and strengthened my sampling. To obtain an equal number of participants for each group, I used the responses from the screening questions to compute my numbers. My screening question elicited if the RNs were associate degree prepared or BSN prepared. Inclusion criteria were nurses with an ADN or BSN with a minimum of 5 years' experience. Exclusion criteria were nurses with advanced degree in nursing and less than 5 years' experience,

Three factors considered in determining sample size of a study include power of the test, effect size, and level of significance (Balasubramanian, Shetty, Sathyanarayana, & Mani, 2017). A power is a deciding factor in determining an adequate sample size because of its adequacy to reject a null hypothesis correctly and the capacity to detect differences or relationships that exist in a population (Balasubramanian et al., 2017). It was relevant to my study because the purpose of my study was to determine if there is a

difference in the professional behavior of associate degree prepared nurses and baccalaureate degree prepared nurses.

In determining sample size, I conducted a power analysis using G*Power. Power analysis determines sample size accuracy to prevent Type 11 error, which means falsely retaining the null hypothesis (Balasubramanian et al., 2017). A power analysis advises the researcher regarding how many subjects are necessary to detect any effects that result from the independent variables given (Balasubramanian et al., 2017). I used a power of 0.80, which is standard, implying that the study has an 80% statistical significance. This means that if repeated over time, it is likely to produce a statistically significant result 8 times out of 10 (Balasubramanian et al., 2017).

Test size or significance level alfa, α, is level is 0.05, implying that if the null hypothesis is true, it will be rejected in five out of 100 trials (Balasubramanian et al., 2017). Level of significance or the probability of rejecting a true null hypothesis is usually defined as being equal to 5% (Creswell, 2014) and this is selected because it is mostly used in studies and a conventionally accepted level of significance (Balasubramanian et al., 2017).

Effect size is how large the effect of one variable is on another. It is a simple measure for quantifying the differences between two groups. Effect size measures the strength of the relationship between the variables in the study could be small, moderate or large. It is the degree to which a null hypothesis is false (Balasubramanian et al., 2017). It is also a quantitative reflection of the magnitude of some phenomenon that is used to address a research question (Balasubramanian et al., 2017). The moderate or medium

effect was selected for my study because it provides evidence of a relationship between the independent and dependent variable (Creswell, 2014). In my study, it may provide evidence of a relationship between educational level of the RNs and their professionalism.

Sample size is the number of participants required to successfully achieve the objective of your study and it is determined by significance level, power and effect size. Sample size is the critical element of interest in power analysis (Balasubramanian et al., 2017). Using G*Power, I calculated my sample size to be 128 (64 in each group) with an effect of .0625 (medium), power of 0.8, and an alpha of .05. This indicates that a minimum sample size of 128 was needed to achieve a power of .80. Increasing the sample size to 150, would increase the power to about .84, hence I targeted number of participants between 130 and 150.

I used an independent t-test, because it will evaluate the difference between the means of two independent groups (Green & Salkind, 2014). My independent groups are associate degree and BSN prepared RN's. Independent t test is applied when a study has 1 independent variable, and it is used to make comparison of two groups on the same continuous dependent variable (Laerd Statistics, 2019). My dependent variable is professional behavior of RNs. Independent t-test is an inferential statistical test that determines whether there is a statistically significant difference between the means of two unrelated groups (Green & Salkind, 2014; Laerd Statistics, 2019). For independent t-test, the null hypothesis is that the population means from the two unrelated groups are equal and it looks to reject the null hypothesis and accept the alternative hypothesis, implying

that the population means are not equal (Laerd Statistics, 2019). Significance value will be set at the value of 0.05 to allow rejection or acceptance of the alternative hypothesis.

To ensure that my data can be analyzed using an independent t-test, the following assumptions need to be met. Assumption 1: My dependent variable should be measured on a continuous scale at the interval or ratio level (Laerd Statistics, 2019). My dependent variable, professional behavior of the nurses was measured at interval or ratio level. Behaviors and attitudes are variables that are measured at an interval or ratio level (Creswell, 2014). Assumption 2: Independent variables must be two groups, and this aligned with my study participants comprising two groups of RNs, the associate degree prepared, and the BSN prepared. Assumption 3: There was an independent observation, implying that each group was independent of each other. The participants remained in their individual groups, associate degree RNs in one group and BSN RNs in another group. A BSN RN that also has an associate degree was kept in the BSN group, not both groups. This was achieved by filling out the screening question that identified the degree the RNs is practicing with. Assumption 4: I ensured that there were no significant outliers, which are data points that do not fall within normal pattern (Laerd statistics, 2019). The maximum score on the BIPN scale is 46 points, If the mean score among a group is 35 and I have one score that is way off at 42, this is an outlier and may negatively affect my result. Using SPSS statistic easily detect outliers and addressed them accordingly. Assumption 5: My dependent variable was approximately distributed for each group of the independent variable. Violations of normality may occur, but a valid result may still be produced. To address this, I conducted a normality test using the

Shapiro -Wilk test of normality, which was conducted using the SPSS statistics. Homogeneity of variances is also an assumption that need to be met and this was addressed using the Levene's test for homogeneity of variances (Laerd Statistics, 2019). The assumptions of an independent t-test enumerated above are seen to align with the variables of my study.

Procedure for Recruitment, Participation, and Data Collection

I recruited nurses with a minimum of 5 years' experience and working in the state of Florida at various health care facilities to include but not limited to hospitals, rehabilitation facilities, and nursing homes. Nurses with a minimum of 5 years' experience are expected to engage in continuing education not only as requirement but ways to enhance their skills to ensure provision of quality care. I recruited my population from various settings to include hospitals, rehabilitation facilities, and nursing homes. My selection included only nurses in the state of Florida, and I recruited nurses through the Department of Health website. Information on RNs in the state of Florida is open to the public and can be retrieved from the internet. I screened for degree type and years of experience to determine if the RN is qualified for my study prior to their enrollment.

I gathered my sample population following these steps: First, I contacted the Florida State Board of Nursing and the Department of health by going to their website. Next, I obtained a list of all RNs in the State of Florida, which is public domain. Third, I obtained the e-mail list of RNs from the State of Florida. Then, I set up a Survey Monkey site to send out the invitations. Finally, I sent out invitations that included the BIPN tool, consent form, demographic data and a screening questions sheet to RNs in Florida. The

screening questions were: Do you have 5 or more years of experience? Do you practice as an associate degree prepared nurse? Do you practice as a BSN prepared nurse? If they answered no, they were excluded from the study. If yes, the screen advanced to the consent form and they could continue with the survey. This was sent out as bulk mail to the e-mail address of the nurses.

Informed consent was approved by the Walden's institutional review board (IRB). Informed consent was part of the e-mail sent to each RN and was obtained from each participant before they can enter in the study. Study participants were made aware that they can exit the study at will and at any point they no longer wish to continue.

Instrumentation and Operationalization of Constructs

I used the BIPN (see Appendix B) based on Miller's model to identify professional behaviors and values among nurses. The instrument aligns with ANA's standards of practice, the definition of nursing from the social policy statement, and the code for nurses with interpretative statements (Miller, Adams, & Beck, 1993). The BIPN is used to score nursing professionalism (Alidina, 2013; Rhodes, Schutt et al., 2012; Tanaka et al., 2015; Tanaka et al., 2016; Tanaka et al., 2017). The instrument was developed in 1984 by Miller and contains nine categories of professional behaviors in nursing as determined by 46 items as subscales. The categories are educational preparation, publication, research, participation in professional organization, community service, competence and continuing education, code of nurses, theory and autonomy (Dikmen et al., 2016). The maximum score for each category is three, allowing a combined score of 27 points. The BIPN contains 46 subscale questions, questions 1-7

addressed demographics, questions 8 to 46, relates to behaviors on professionalism. Questions 36 through 46 focus on activities of the RN in the past two years, which is part of the BIPN instrument (see Appendix B). The questions from the BIPN inventory on professional behaviors have a yes or no response with (1) implying “yes” and (2) denoting “no” except for questions on education, familiar nursing theories and number of journals read that have options of more than 2 items. Participants were scored based on their responses to the subscale questions that relate to behaviors on professionalism. The scores were described in terms of the nine categories of professional behaviors and comparison was made of the scores among both groups. Questions addressed in the BIPN tool offers a guide to nurses on what constitutes nursing professional behavior (Miller, Adam & Beck, 1993).

The BIPN aligns with my study because the content of the inventory addresses professional behavior of nurses as they relate to professionalism and professional practice. The following are examples of questions asked in the inventory: Are you involved in any research project now? Do you have a copy of the code of nurses with interpretive statement? Do you subscribe to a nursing journal or a journal in related field? The instrument’s scale measured a total score for professionalism and the nine attributes of professionalism in Miller’s model. I received approval to use the BIPN (see Appendix A). The inventory has been used by researchers in over 30 studies and available in many languages (Tanaka et al., 2017).

Reliability and validity are critical elements in the research process. Reliability of measuring instruments symbolize the consistency of the measurements obtained, and the

greater the reliability, the less chance of random error. Internal consistency is one way of testing reliability and it addresses the correlation of various items contained in the instrument (Gray et al., 2017). The Cronbach's alpha coefficient is used to calculate internal consistency for interval and ratio level data (Gray et al., 2017). Validity is the authenticity, strength and value of a study, and the ability of the instrument to measure the variables being examined (Gray et al., 2017). In my study, I examined professional is more professional behaviors (dependent variable) and entry levels into nursing practice (independent variable).

Reliability and validity of the BIPN has been established by the developers and in previous studies (Adams & Miller, 2001; Miller et al., 1993; Tanaka et al., 2015; Tanaka et al., 2016). In a study to examine the degrees of professionalism among nursing faculty, RNs, and nursing students, internal consistency as measured using Cronbach's alpha was .87 (87%). This implies that the instrument is 87% reliable with a random error of 13% (Miller et al., 1993). The instrument has also been used in studies to assess professionalism in nurse executives, middle managers, and nurse managers (Tanaka et al., 2015; Tanaka et al., 2016). The BIPN was used to investigate behaviors indicative of professionalism in nurse practitioners and for this study, Cronbach's alpha was .74, Adams and Miller (2001), implying that the instrument is 74% reliable with 26% random error (Gray et al., 2017). Other studies that used the BIPN include: A study that examined the perception of professional behavior and factors contributing to nursing professionalism among nurse managers (Tanaka et al., 2016). The current status of nursing professionalism among nursing faculty in Japan (Tanaka et al., 2017). A

comparison study of professional behaviors among leaders in the USA and Japan (Tanaka et al., 2015).

Threats to Validity

Threats to validity in a research study needs to be focused on because it affords scholars the opportunity to be reflective at every stage of the research process and help ensure that a study is authentic. Information about score of validity allows the readers to place the researcher's findings in a proper context. External validity is the extent to which results from a study can be generalized across population, settings and time (Gray et al., 2017). Threats to external validity in my study included the extent to which one can generalize from my sample to the general RN population that are ADN and BSN prepared (Gray et al., 2017). Randomly selecting my participants by recruiting from the Florida Licensed Registered Nurses database reduced the issue of selection bias that limits threat to external validity. Also, operationally defining the constructs measured helped address external validity (Laerd Statistic, 2019). Professionalism is the variable measured in my study and it was defined in terms of adherence to the code of nurses, community service orientation, autonomy and self-regulation, publication and communication, development and use of theory and research, and continuing education and competence (Alidina, 2013). Another threat to external validity was the Hawthorne effect. Individuals may alter their behavior in a research study by giving responses that make them feel good (Cherry, 2018). There could be potential of error in measuring the dependent variable due to participant's untruthfulness or responding in a socially desirable manner (Cherry, 2018). Participants may skew their responses knowing they are

participating in a research. This was addressed by letting the participants know that the information remains anonymous in the consent form.

Threats to internal validity that was relevant to my study are in instrumentation. The threat to internal validity through instrumentation occurs when there is a level of inconsistency in the scores derived from the study, which is referred to as low reliability (Gray et al., 2017). The other threat from instrumentation is when there is inadequate content criterion or construct leading to generation of less valued scores (Gray et al., 2017). The instrument of survey for my study is the BIPN, a tool that has been validated in previous studies (Miller et al., 1993). Another threat to internal validity may be researcher's bias. Personal bias may set in since am looking at two groups of RNs' attitudes and perception of professionalism and professional nursing practice. As a doctoral student and an RN, I may be leaning more towards the graduate level BSN RN to score higher on the professionalism scale on attitudes and perception. History did not pose a threat to internal validity because I conducted a onetime survey of participants.

Ethical Issues

In conducting this research, I ensured that the rights of my participants are protected with the overall intent to ensure that my participants are not harmed in any way. I ensured that the human rights of the participants are protected by first obtaining approval to conduct this research from Walden's (IRB) before contacting participants. Walden University's approval number to conduct the study is 05-28-19-0564349. I included documents such as informed consent in my IRB application. Since the data on RN in the state of Florida is public information, the only document to gain access to

participants will be informed consent form to participate in the study. I also abided by the ethics as stipulated by the code of nurses in relation to conducting research (ANA, 2015). Abiding by the code of ethics of nursing is a primary obligation of every nurse as stipulated by the ANA.

Informed consent was approved by the IRB. Informed consent was part of the email sent to each RN and consent was obtained from each participant before they could participate in the study. The purpose of informed consent is to acknowledge the participants rights and protection, ensures that the participants understand the purpose of the study, procedures involved, any risks involved, benefits, right to ask questions, right to withdraw at any time, assurance of confidentiality, and right to request for the results of the study (Gray et al., 2017). According to Creswell (2014), informed consent protects the rights of research participants and should contain clear and simple information that will enable participants make informed decision. Participants were made aware that they can exit from the study any time they feel they no longer want to be part of the study.

To ensure confidentiality, all information collected was kept in my custody and I am the only individual that has access to the documents. I also used codes on data documents instead of identifying information. Confidentiality ensures that participants identities are concealed, and their rights to privacy and protection of personal information. I did not anticipate any ethical issues in this study and as incorporated in my consent form, participants are welcome to withdraw if at any time they become uncomfortable with the study. Information obtained from the data will be stored in a safe

place for 5 years according to Walden IRB policy. Data are stored in my laptop with a password that I alone possess.

Summary

A quantitative comparative approach was used to determine if there is a difference between professional behavior of associate degree prepared RNs compared to baccalaureate degree RNs. Miller’s wheel of professionalism in nursing was chosen as the conceptual framework to underpin the study. The nine professional behaviors defined in the wheel of professionalism in nursing and the content of the BIPN inventory was used to guide the content of the survey interview that elicited information on professional behaviors of the ADN and BSN prepared nurses. A sample of 300 RNs was pulled using convenience sampling from the published list of current licensed RNs in the state of Florida. Ethical considerations were addressed by abiding with policies set by Walden’s IRB and ethical codes stipulated by the ANA. Threats to internal validity were addressed by using a valid measurement tool, the BIPN. Threats to external validity was addressed by ensuring that there was limited room for selection bias by randomly selecting participants that represented the two groups (associate degree prepared, and BSN prepared) of RNs in the state of Florida and operationally defining the construct of professionalism. Chapter 3 focused on research design and rationale, methodology, sampling and sampling procedure, instrumentation and Operationalization of constructs, threats to validity and ethical considerations. In Chapter 4, I present how I collected the data, on data collection, data analysis and presentation of results of the study.

Chapter 4: Results

Introduction

The purpose of this quantitative comparative study was to determine if there is a difference in the professional behaviors of associate degree prepared RNs and the professional behaviors of baccalaureate degree prepared RNs. The research question and hypothesis for my study were:

RQ: What is the difference between the professional behaviors of associate degree prepared RNs and the professional behaviors of baccalaureate degree prepared RNs?

$H_0$1: There is no difference in the professional behaviors of associate degree prepared RNs compared to baccalaureate degree prepared RNs.

H_A1: There is a difference in the professional behaviors of associate degree prepared RNs compared to baccalaureate degree prepared RNs.

In Chapter 4, I provide a description of my data collection to include time frame, recruitment and response rates, discrepancies, descriptive and demographic characteristics, and strategies employed to address external validity. I report on the descriptive statistics that characterized my sample, evaluate statistical assumptions, and report statistical analysis of my findings. I will further outline my results in tables and figures to illustrate my results and summarize answers to my research question.

Data Collection

I began sending out surveys to prospective participants on June 3, 2019. I received few responses, so I decided to contact the Florida Nurses Association (FNA) via e-mail. As a member of FNA, my survey was sent out to the group via e-mail through an

administrator. I also sent out surveys to nurses with cards via Facebook. By July 13, I received a total of 279 responses. I received Walden University IRB approval.

The discrepancies I had in my data collection from the plan presented in Chapter 3 were that I included the FNA, student nurses' group, and nurses with cards via webmail and Facebook in addition to nurses accessed through the Department of Health website. I also sent text messages using telephone information for RNs, which is also public domain from the Department of Health website. Walden IRB was made aware of these recruitment procedure changes.

Baseline Descriptive and Demographic Characteristics of the Sample

For associate degree prepared nurses, nearly one fourth had been practicing as an RN for 11–15 years (23.2%); nearly one third were in critical care nursing (28.6%); over 40% read 1–3 articles from nursing journals (41.1%); about half were over 51 years old (50.0%) and had been in the current position for 1–5 years (51.8%); the majority were female (83.9%) and staff nurses (73.2%) had worked at hospitals (69.6%), had associate degrees in nursing as the highest level of education (85.7%), did not manage evaluation (67.9%), and were familiar with nursing theories (76.8%) (Table 1).

For BSN prepared nurses, nearly one third had been practicing as an RN for 6–10 years (23.2%); over one third were 41–50 years old (36.4%); nearly 40% had been in their present position for 1–5 years (39.3%). Over 40% of the participants held a position in critical care nursing (41.1%) and over half read 1–3 articles from nursing journals (58.9%). The majority of the participants were female (87.5%) and staff nurses (85.7%) and had worked at hospitals (85.7%). Most of the participants held a baccalaureate in

nursing as their highest level of education (89.3%). Most did not manage evaluation (66.1%) and were familiar with nursing theories (75.0%) (Table 1).

Table 1

Summary of Frequency Count (%) for BIPN Survey Responses, Part I

	Associate degree (*N* = 56)	Baccalaureate (*N* = 56)
Q1: Years practicing as an RN		
1–5	11 (19.6)	6 (10.7)
6–10	10 (17.9)	17 (30.4)
11–15	13 (23.2)	9 (16.1)
16–20	6 (10.7)	4 (7.1)
21–25	8 (14.3)	6 (10.7)
26+	8 (14.3)	14 (25.0)
Q2: Age range		
26–30	4 (7.1)	2(3.6)
31–40	9 (16.1)	17 (30.9)
41–50	15 (26.8)	20 (36.4)
51+	28 (50.0)	16 (29.1)
Q3: Gender		
Female	47 (83.9)	49 (87.5)
Male	9 (16.1)	7 (12.5)
Q4: Major clinical practice area		
Community health/public health	3 (5.4)	3 (5.4)
Medical surgical	9 (16.1)	11 (19.6)
Operating room	2 (3.6)	0
Psychiatric	5 (8.9)	1 (1.8)
Pediatrics	1 (1.8)	0
Critical care nursing	16 (28.6)	23 (41.1)
Obstetric	0	3 (5.4)
Other	20 (35.7)	15 (26.8)
Q5: Present position		
Administrator	1 (1.8)	0
Supervisor/manager	7 (12.5)	4 (7.1)
Staff nurse	41 (73.2)	48 (85.7)
Clinical specialist	3 (5.4)	0
Instructor/faculty	0	1 (1.8)
Other	4 (7.1)	3 (5.4)
Q6: Years in present position		
1–5	29 (51.8)	22 (39.3)
6–10	15 (26.8)	16 (28.6)
11–15	4 (7.1)	8 (14.3)
16–20	3 (5.4)	6 (10.7)
21–25	2 (3.6)	1 (1.8)
26+	3 (5.4)	3 (5.4)

Q7: Place of employment		
Hospital	39 (69.6)	48 (85.7)
Community hospital	3 (5.4)	0
Nursing home	2 (3.6)	0
Physician’s office/clinic	2 (3.6)	1 (1.8)
Self-employed	3 (5.4)	0
Other	7 (12.5)	7 (12.5)
Q8: Highest level of education		
Diploma in nursing	3 (5.4)	0
Associate degree in nursing	48 (85.7)	0
Baccalaureate in nursing	0	50 (89.3)
Baccalaureate in another field	3 (5.4)	0
Master’s in nursing	1 (1.8)	4 (7.1)
Master’s in another field	1 (1.8)	2 (3.6)
Doctorate in nursing	0	0
Doctorate in another field	0	0
Q9: Years with highest degree held		
0–5	11 (19.6)	18 (32.1)
6–10	12 (21.4)	14 (25.0)
11–15	10 (17.9)	9 (16.1)
16–20	7 (12.5)	0
21–25	8 (14.3)	5 (8.9)
26+	8 (14.3)	10 (17.9)
Q19: Write performance evaluation		
Yes	8 (14.3)	8 (14.3)
No	10 (17.9)	11 (19.6)
Do not manage	38 (67.9)	37 (66.1)
Q26: Numbers of articles from nursing journals read		
1–3	23 (41.1)	33 (58.9)
4–6	8 (14.3)	8 (14.3)
7–10	3 (5.4)	4 (7.1)
10+	7 (12.5)	1 (1.8)
None	15 (26.8)	10 (17.9)
Q31: Nursing or management theories familiar with/studied		
Nursing theories or models	43 (76.8)	42 (75.0)
Educational theories	3 (5.4)	1 (1.8)
Management theories	0	2 (3.6)
Business theories	0	1 (1.8)
None	10 (17.9)	10 (17.9)

Note. One response is missing for Q2 for BSN prepared nurses.

Over 10% more BSN prepared nurses than associate degree prepared nurses held certifications from the ANA, were a member of Sigma Theta Tau, subscribed to a nursing journal, and had a copy of the code for nurses with interpretive statements. More BSN prepared nurses also applied nursing theories (82.1% vs. 73.2%) and applied theories

other than nursing (51.8% vs. 42.9%) in comparison to associate degree nurses. Nearly or over 10% more associate degree prepared nurses than BSN prepared nurses participated in peer reviews, participated with ethics committee, and participated on organizational committees. Similar amounts of associate degree and BSN prepared nurses held certification from a certification group other than ANA, participated with patient/nursing audits, participated with quality assurance, participated with self-evaluations, were responsible for hiring/firing personnel, planned the budget, were a member of ANA, were a member of NLN, served as a consultant (8.9% vs. 8.9%), were involved in research projects, were principal investigators, and used nursing process to solve problems (Table 2).

Table 2

Summary of Frequency Count (%) for BIPN Survey Responses, Part II

	Associate degree (N = 56)	BSN (N = 56)
Q10: Held certifications from the ANA	30.4%	39.3%
Q11: Held certification from another certification group	26.8%	25.0%
Q12: Participated with peer review	65.5%	55.4%
Q13: Participated with patient/nursing audits	57.1%	57.1%
Q14: Participated with quality assurance	67.9%	62.5%
Q15: Participated with self-evaluation	94.6%	89.3%
Q16: Participated with ethics committee	34.5%	25.0%
Q17: Responsible for hiring/firing personnel	14.3%	10.7%
Q18: Planned the budget	12.5%	12.5%
Q20: Member of ANA	32.1%	37.5%
Q21: Member of NLN	5.4%	1.8%
Q22: Member of Sigma Theta Tau	3.6%	12.5%
Q23: Member of other nursing organizations	14.3%	26.8%
Q24: Participated on organizational committees	33.9%	16.1%
Q25: Subscribed to a nursing journal	37.5%	58.9%
Q27: Served as a consultant	8.9%	8.9%
Q28: Involved in research projects	10.7%	7.1%
Q29: Principal investigator	1.8%	3.6%
Q30: Has a copy of the code for nurses with interpretive statements	17.9%	33.9%
Q32: Applied nursing theories	73.2%	82.1%
Q33: Applied theories other than nursing	42.9%	51.8%
Q34: Used nursing process to solve problems	89.3%	94.6%

Note. For Q29, only nurses answered “yes” for Q28 were included. One missing value for Q12 and Q16 for associate degree prepared nurses.

In the past two years, nearly or over 10% more BSN prepared nurses than associate degree prepared nurses attended workshops/seminars/courses (32.1% vs. 42.9%), attended workshops/seminars concerning nursing (60.7% vs. 69.6%), published books on nursing (41.1% vs. 50.0%), and purchased books on management/business (10.7% vs. 25.0%). Nearly or over 10% more associate degree prepared nurses than BSN

prepared nurses wrote proposals/participated in research studies (16.1% vs. 8.9%) and enrolled in college courses for credits. A similar amount of associate degree and BSN prepared nurses published in nursing journals (1.8% vs. 1.8%), published in journals other than nursing (1.8% vs. 1.8%), participated in community services, served on a community advisory board/committee, and attended workshops/seminars concerning management. Associate degree prepared nurses did not submit manuscripts for publication compared to BSN prepared nurses (0% vs. 3.6%) (Table 3).

Table 3

Summary of Frequency Count (%) for BIPN Survey Responses, Part III

	Associate degree ($N = 56$)	BSN ($N = 56$)
Q35: Attended workshops/seminars/courses	32.1%	42.9%
Q36: Wrote proposals/participated in research studies	16.1%	8.9%
Q37: Published in nursing journals	1.8%	1.8%
Q38: Published in journals other than nursing	1.8%	1.8%
Q39: Submitted manuscripts for publication	0	3.6%
Q40: Participated in community services	55.4%	58.9%
Q41: Served on a community advisory board/committee	5.4%	10.7%
Q42: Enrolled in college courses for credits	51.8%	41.1%
Q43: Attended workshops/seminars concerning nursing	60.7%	69.6%
Q44: Attended workshops/seminars concerning management	30.4%	23.2%
Q45: Published books in nursing	41.1%	50.0%
Q46: Purchased books on management/business	10.7%	25.0%

External Validity

The sample represented a population of licensed RNs in the state of Florida. The survey was sent to licensed RNs in the state of Florida, with a recruitment flyer that called on Florida licensed RNs to participate. I received 297 responses, and this number was filtered and narrowed down to 112 completed responses, equally distributed to

comprise responses from 56 associate degree nurses and 56 BSN nurses. The 297 nurses were recruited by convenience sampling through the survey method. The survey tool was configured in such a way that participants were deidentified, and the survey was sent out through e-mails, text messages, and social media to nurses licensed in the state of Florida. Nurses' contact information was obtained through the Florida Department of Health website, the Florida Nurses Association, and Facebook (Walden Nurses Group and Nurses with Cards).

Results

Descriptive Statistics That Appropriately Characterize the Sample

The final sample size for the study was 112 (56 associate degree prepared RNs nurses and 56 BSN prepared nurses). Tables 1–3 summarize the survey responses for the 46 BIPN items for the two groups of nurses (56 associate degree prepared nurses and 56 BSN prepared nurses).

For associate's degree prepared nurses, nearly one-fourth had been practicing as an RN for 11-15 years (23.2%); nearly one-third were in critical care nursing (28.6%); over 40% read 1-3 articles from nursing journals (41.1%); had been in the current position for 1-5 years (51.8%); majority work as staff nurses (73.2%),and t (69.6%) practice in the hospital setting, 12.5 % are in management position, 1.8% are in administrative position and 76.8% were familiar with nursing theories (Table 1).

For BSN prepared nurses, nearly one-third had been practicing as an RN for 6-10 years (23.2%); nearly 40% had been in present position for 1-5 years (39.3%); over 40% were in critical care nursing (41.1%); over half read 1-3 articles from nursing journals

(58.9%); majority were staff nurses (85.7%), had worked at hospitals (85.7%), did not manage evaluation (66.1%), and were familiar with nursing theories (75.0%) (Table 1).

The Total weighted score of BIPN was computed according to the weighted value guidelines for BIPN. Table 4 shows the descriptive statistics of the total weighted score of BIPN for the two groups of nurses. The mean total weighted score of BIPN was 8.54 (SD = 3.35) and 10.58 (SD = 3.64) for associate degree prepared nurses and BSN prepared nurses, respectively. Normality of the data were examined using Shapiro-Wilk tests. The results of the Shapiro-Wilk tests suggested that the data (total weighted scores of BIPN) were normally distributed for both associate degree prepared nurses ($p = 0.235$) and BSN prepared nurses ($p = 0.741$).

Figures 2 and 3 show the histogram plots of total weighted score of BIPN for associate degree prepared nurses and BSN prepared nurses, respectively. There were no outliers for the data of total weighted score of BIPN for both associated degree prepared nurses and BSN prepared nurses as (1) the data were within the theoretical range (0-46) (scores ranged from 2 to 17 for associate degree prepared nurses; scores ranged from 3.5 to 19.5 for BSN prepared nurses), and (2) the bins for the weighted scores of BIPN presented in the histograms were close to each other.

Table 4

Descriptive Statistics of Total Weighted Score of BIPN

					Shapiro-Wilk test	
	M	*SD*	*Min*	*Max*	*Statistic*	*p*
Associate degree prepared	8.54	3.35	2	17	0.973	0.235
BSN prepared	10.58	3.64	3.5	19.5	0.986	0.741

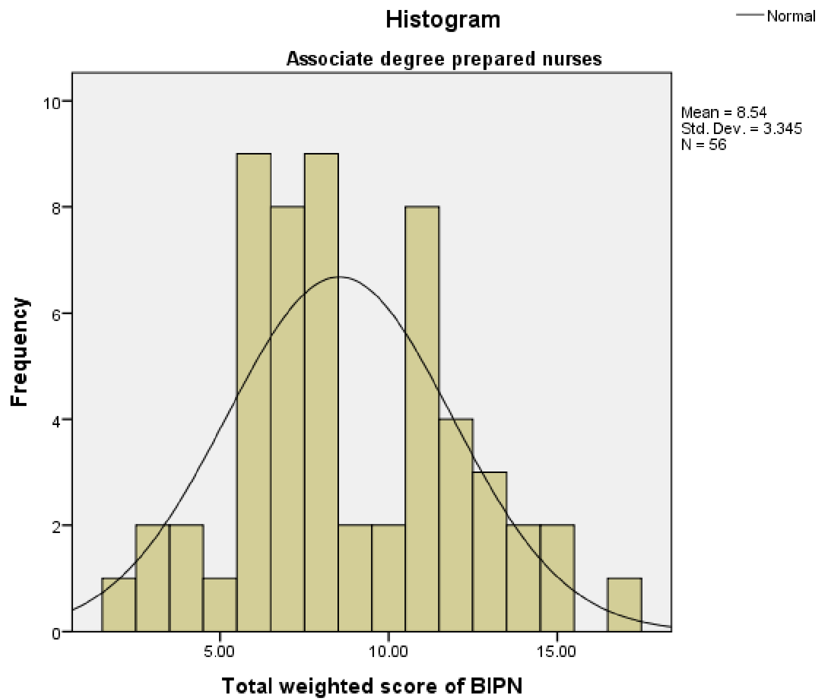

Figure 2. Histogram plot of total weighted score of BIPN for associate degree prepared nurses.

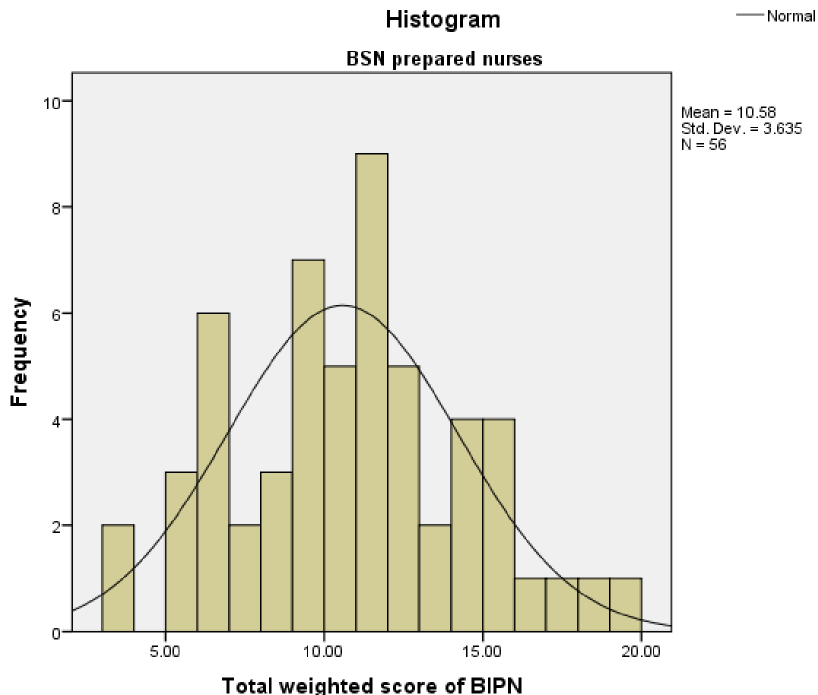

Figure 3. Histogram plot of total weighted score of BIPN for BSN prepared nurses.

Statistical Assumptions as Appropriate to the Study

I used an independent *t*-test to determine if there was a statistically significant difference in the total weighted score of BIPN between the two groups of nurses (associate degree prepared nurses and BSN prepared nurses). My data met the following assumptions for an independent t-test: Assumption 1: My dependent variable, professional behavior of nurses was measured on a continuous scale. The second assumption was simple random sampling where data collected represents a sample of a total population. My data were collected through convenience sample of potential participants from RNs' domain on Florida DOH website, FNA, and two nurses Groups on Face Book, which is a representative of the total population of Florida Licensed RNs. The third assumption is that the data, when plotted results in a normal distribution

produced a bell-shaped distribution curve. The fourth assumption is a reasonably large sample size used. My total sample size used was 112, which were equally distributed at 56 for each group. My sample size met the power analysis. Post hoc power of the study was 0.86, exceeding the required 80% power level. Other assumptions of an independent t test met were that Independent variables must be 2 groups (Laerd Statistics, 2019), and this aligned with my study participants comprising two groups of RNs, the associate degree prepared, and the BSN prepared. There was also an independent observation, implying that each group was independent of each other (Laerd, Statistics, 2019). The participants remained in their individual groups, associate degree RNs in one group and BSN RNs in another group. This was achieved by filling out the screening question that identified the degree with which the RN is practicing.

Another assumption of an independent t-test met was that there were no significant outliers, which are data points that do not fall within normal pattern (Laerd statistics, 2019). The maximum score on the BIPN scale was 46 points. There was no mean score that was way off in my analysis, all data points fell within normal pattern. I used SPSS statistic to detect possible outliers. My dependent variable was approximately distributed for each group of the independent variable. I conducted a normality test using the Shapiro -Wilk test of normality, using SPSS. The final assumption is that of homogeneity of variance. Homogeneous or equal variance exists when the standard deviations of samples are approximately equal. According to Levene’s test (Table 5) the assumption for the homogeneity of variances of the two-sample t-test was satisfied F (1, 110) = 0.021, p = 0.884).

Statistical Analysis Findings

Data were analyzed using SPSS version 23 for windows. Total weighted score of BIPN was computed according to the weighted value guidelines for BIPN. Outliers were examined using descriptive statistics and histogram plots. Normality of the data were examined using Shapiro-Wilk tests. I performed an independent *t*-test to determine if there was a statistically significant difference in the total weighted score of BIPN between the two groups of nurses (associate degree prepared nurses and BSN prepared nurses). The mean total weighted score of BIPN for BSN prepared nurses (M = 10.58, SD = 3.64) was statistically significantly higher than the mean total weighted score of BIPN for associate degree prepared nurses (M = 8.54, SD = 3.35). The results of the independent *t*-test indicated that there was a statistically significant difference in the means of total weighted score of BIPN between the two groups of nurses (associate degree prepared nurses and BSN prepared nurses) ($t\ (110) = -3.097$, $p = 0.002$, $d = 0.58$). The effect size, Cohen $d = 0.58$, implied a medium effect size. All p-values were two-tailed. The result showed a p-value of 0.002, which is less than 0.05 indicating significance. Therefore, the null hypothesis was rejected, and my result supports the alternative hypothesis which states that there is a difference in the professional behaviors of associate degree prepared RNs and the professional behaviors of baccalaureate degree prepared RNs.

Table 5

Results of the Independent t-Test

Levene's test		Independent *t*-test for equality of means						
					Mean	*SE*	95% *CI* of the Difference	
F	*p*	*t*	*df*	*p*	Difference	Difference	Lower	Upper
0.021	0.884	–3.097	110	0.002	–2.04	0.66	–3.35	–0.74

Summary

In Chapter 4, I described my data collection process, narrated a report of my base line descriptive and demographic characteristics using SPSS version 23 for windows for data analysis. I also discussed my analysis and results that included table showing a summary of frequency count in percentage for BIPN survey responses part I, summary of frequency count for BIPN survey responses part II, a summary of frequency count in percentage for BIPN survey responses part II with reference to activities in the last 2 years, a descriptive statistic of total weighted score of BIPN, histogram plots of total weighted score for both groups and a result of my independent *t*-test. Total weighted scores were also computed showing statistically significant increase in total weighted score for the BSN group compared to the associate degree group. This answers my research question, which seeks to determine if there is a difference between professional behaviors of associate degree prepared RNs compared to baccalaureate degree RNs. In Chapter 5, I will interpret my findings, discuss limitations of the study, give recommendations and implications for positive social change in the nursing profession

Chapter 5

Introduction

The purpose of this quantitative comparative analysis was to determine if there is a difference in the professional behaviors of associate degree prepared RNs compared to the professional behaviors of baccalaureate degree prepared RNs. Quantitative research generates meaning through in-depth description from participants, which is consistent with understanding RNs' perceptions of their skills, attitudes, behaviors, and values. A survey design provides a quantitative description of trends or opinions of a population by studying a sample of that population (Creswell, 2014).

I surveyed a sample of RNs recruited from the Florida State Board of Nursing, through the Department of Health website. My survey questions came from the BIPN measuring tool. Nursing professionalism or professional behavior of nurses was examined in terms of (a) adherence to code of nurses, (b) theory development and use evaluation, (c) community service orientation, (d) continuing education and competence, (e) research development use and evaluation, (f) self-regulatory autonomy, (f) professional organizational participation, (g) publication communication, and (i) education at a university setting(Adams & Miller, 2001). How RNs evaluate professionalism aligns with Miller's model of nursing professionalism derived from the BIPN (Adam & Miller, 2001).

The findings of my study showed a significantly statistical difference with a moderate effect size in the means of total weighted score of BIPN between associate degree prepared nurses and BSN prepared nurses (p = 0.002; Cohen d = 0.58). This

implies that BSN prepared nurses portray higher levels of professional behavior or professionalism compared to associate degree prepared nurses.

In Chapter 5, I interpret my findings by describing the ways my findings confirm, disconfirm, or extend knowledge in the nursing discipline. I interpret my findings in the context of my theoretical framework and describe the limitations of the study by addressing limitations to generalizability, trustworthiness, validity, and reliability. I offer recommendations for further research and conclude the chapter by suggesting implications for social change.

Interpretation of the Findings

I compared professional behaviors between ADN and BSN RNs in practice. The study showed that BSN prepared nurses portrayed a higher level of professional behavior and attitude compared to associate degree nurses. Nurses enter professional practice in the United States prepared by either a diploma, an associate degree, a BSN degree, and sometimes, an MSN degree. The various groups have different levels of academic preparedness, and in comparing two groups (ADN and BSN), findings reveal varied levels of professional behavior, with the higher level among BSN prepared nurses, using the BIPN tool. This denotes varied levels of professional behavior among nurses, which may imply nonstandardized nursing care (Hoeve et al., 2014) and may adversely impact overall patient care outcomes.

My findings support studies that have addressed the transition from associate degree nursing to bachelor’s degree nursing, pointing to the need for a BSN as entry level into nursing practice (IOM, 2010; Knowlton & Angel, 2017; Krugman & Goode, 2018;

Sibandze & Scafide, 2017). The level of nursing education is critical to how nurses incorporate professional values into practice (Sibandze & Scafide, 2017). The results of my study support Ingram (2017), who posited that baccalaureate prepared nurses portray advanced skills such as critical thinking, clinical decision making, divergent integrative thinking, research skills, evidence informed practice, and patient advocacy compared to ADN nurses, and that RNs practicing at varied skills levels can lead to inadequate quality care, which supports the need for standardization of education. Oskouie et al. (2016) emphasized the need for higher learning and for nurses to possess skills and competencies that ensure safe and quality patient care. My study extends knowledge in nursing and builds on Makata et al. (2016) who identified different levels of professionalism as a consequence of multiple entry into practice.

My study highlights the relevance of a degree level in higher professional conduct and supports the study of Lombarts et al. (2014) concluding that the hallmark of professionalism is a commitment to professional competence and improvement of quality. Also, nursing education is key to ensuring improved quality health care and positive health outcome (White, 2017). Several authors have pointed to the relevance and relationship of education to professionalism (Fisher, 2014; Gulzar et al., 2015; Harder, 2011; Konukbay et al., 2014; Krugman & Goode, 2018; Tanaka et al., 2017), and these studies confirm and support my findings that show increased professional behavior among BSN prepared nurses compared to associate degree prepared nurses. My findings also support Gulzar et al. (2015) that emphasized on the professional relevance of nursing

in the health care industry, and that education is a key tool that empowers nurses to have a voice in health care regulations.

I used Miller's wheel of professionalism in nursing as my theoretical framework that posits that a university education is central to professionalism and professional behavior stems from education with a scientific base (Adam & Miller, 2001). My result showed higher levels of professional behavior among BSN nurses, such as subscription of nursing journals, reading of nursing journals, membership with Sigma Theta Tau. and application of nursing theory into practice compared to ADNs, which aligned with education as a critical component of Millers' wheel of professionalism in nursing.

Limitations of the Study

The study design was quantitative comparative analysis, which has a potential for bias due to lack of generalizability (Gray et al., 2017). Generalizability is a critical component of quantitative research and implies generalizing findings to a population based on results from a sample of that population (Carminati, 2018). Probabilistic generalization is achieved through random sampling of participants from a general population of interest (Carminati, 2018). I obtained my sample from the Florida DOH, FNA and two nurses' group on Facebook. The original intent was to obtain my sample from the DOH website. I used convenience sampling method to recruit participants which may limit the generalizability of my findings.

I limited my research to entry level practice at the associate degree and bachelor's level, though some nurses enter professional nursing practice at a master's level. I chose my population to include but not limited to the hospitals, nursing homes, nurses in home

health and rehabilitation facilities because graduates from ADN and BSN programs are employed in these settings (NCSBN, 2018). Also, nurses of different age range, and diverse cultures are seen in these settings, but did not factor these demographics in my study.

Recommendations

My study focused on nurses with a minimum of 5 years' experience, further studies need to focus on nurses with a minimum of 2 years' experience especially for the associate degree prepared group. Further research may also be necessary to compare Professional behavior of BSN and MSN prepared nurses practicing as RNs. A qualitative study that seeks the perception of ADN prepared nurses on professional nurses' behavior or the perception of BSN prepared nurses on professionalism could extend literature on nursing professionalism because perceptions of RNs that have both associate and baccalaureate degree may vary and a survey does not capture perceptions. Relevant research can also be conducted to examine ADN or BSN nurse's professional behavior and patient outcome. Further studies can also be conducted in specific nursing specialty such as critical care. The study can also be replicated in other states in the United States, since my study focused on the State of Florida.

Implications

My findings have showed levels of professional behavior between two groups of RNs. This may reflect the impact of multiple entries into professional nursing practice on professionalism or how nurses demonstrate professional behavior. My results showed

that bachelor degree prepared nurses portrayed more professional nursing behaviors in comparison to associate prepared nurses.

Prenursing students can use the information obtained from my findings to make informed decisions on choice of entry into nursing program. The result can be used to support the rationale for a single-entry level into practice at a baccalaureate level, which will help clarify educational requirement into practice and a set standard for entry level professional nursing practice (Hoeve et al., 2017). My results also provide information for a need to improve or incorporate courses into the ADN program that focused more on nursing professionalism. My study findings may also help nursing curriculum designers in decision on structuring the ADN program.

The need to create an RN-BSN completion program that will produce a nursing workforce that aims at improving patient outcomes was addressed by Knowlton and Angel (2017). Recommendations were made by Krugman and Goode (2018); IOM (2010) for BSN to be entry level into professional nursing practice. Konukbay et al. (2014) proposed that nursing education is a crucial factor in professional nursing behavior. Professionalism includes the skills, attitudes, and behaviors the individual needs to effectively carry out their duties. Nursing professionalism encompasses a set of values that are essential to achieve high quality patient care (Bang et al., 2011), while embarking on quality improvement strategies, maintaining standards and making decisions that guide nursing practice (Alidina, 2013; Rhodes et al., 2012; Tanaka et al., 2017; Tanaka et al., 2015)

There is not a consensus by leading nursing organizations such as NLN and ACCN, on the issue of single entry into practice. My study may be relevant in addressing these issues of fragmentation and lack of consensus. My study also builds and supports the need to update nursing curriculum in areas of science, to meet the changing needs in the health care industry (IOM, 2010)

The implications of my findings with relevance to nursing professionalism summarily, implies that there may be questionable standardized care in nursing practice due to multiple entry levels into practice (Hoeve et al., 2014). There is the possibility of inefficient and low-quality patient care, and possible poor patient health outcomes due to varied levels of professional behavior arising from multiple entry into practice.
The results of my study may also show the relevance of a nurse's behavior and attitude which influence their individual professional values that impact patient outcomes which can effect significant positive change in the profession. The results of my study will add to the literature to strengthen the argument for a single entry into practice at a BSN level, which may further clarify the qualification nurses need to practice (Hoeve et al., 2014). Researchers can also use the results of my study to develop another tool to measure nursing professionalism, considering that ADN nurses scored high scores in some categories.

Conclusion

In the United States, several levels of entry into practice exits to include associate degree prepared, baccalaureate prepared, and master's level nurses. My study compared

associate degree prepared nurses and baccalaureate degree prepared nurses and how their educational preparation impacts their professional behavior.

Professionalism in a discipline encompasses the behavior and attitude of individuals in the discipline that expresses their skills (Fantahun et al., 2014). In nursing, professionalism includes the characteristics expected of the RN that reflects in their attitude and behavior. My comparison study of these two groups provided information about the professional behavior of each group and using the BIPN, the BSN group attained a higher level of professional behavior when compared with the associate degree prepared nurses. The results of the independent t-test showed a statistically significant difference in the means of total weighted score of BIPN between the two groups with a moderate effect. In my study, the results indicated that baccalaureate prepared nurses portrayed a higher level of professional behavior compared to associate degree nurses.

My study findings showed that professional behaviors of BSN prepared nurses are higher than ADN prepared nurses and has added some information to the body of literature that addressed the relevance of education to nursing professionalism. Attributes of professional nursing practice include treating patients with dignity and providing quality patient centered care. The professional nurse demonstrates confidence, integrity, optimism, passion, and empathy in accordance with professional standards, guidelines and code of ethic (ANA, 2015). Professional values are defined as important professional nursing principles of human dignity, integrity, altruism and justice that serves as a framework for standard, professional practice and evaluation (ANA, 2015). The health care industry is constantly changing, and nurses play a critical role in the changing

dynamics of health care. To be equipped for this role, nurses at entry into practice should be prepared at a BSN level, with training in competencies and skills needed for effective, quality patient care that results in positive patient outcome and portray professionalism.

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Appendix A: Permission to use BIPN Inventory Tool

Dear Ms. Abalihi:

We are delighted you are interested in utilizing our research. You are joining nurse researchers and educators from 15 different countries who have found a use for the Behavioral Inventory for Professionalism in Nursing.

You have our permission to copy the documents as much as you wish. There is no fee associated with using this instrument. We would like the results of your research sent to me, however. It would be most helpful if you could email me your final reference list. I keep those to determine how the knowledge base of nursing professionalism is being maintained and increased.

I hope these documents are helpful to you. Please let me know if I or Dr. Barbara K. Miller can be of further service in your research on nursing professionalism. Dr. Miller created the Wheel of Professionalism on which the Inventory and all our research is based.

Dr. Miller and I wish you the best good fortune in obtaining your doctorate and engaging in nursing research.

Sincerely,

Dr. Donna Adams, DNSc., RN
landd82@yahoo.com

Appendix B: BIPN Professionalism Tool

BEHAVIORAL INVENTORY FOR PROFESSIONALISM IN NURSING
Copyright, 1989: Barbara K. Miller, RN, PhD, Donna Adams, RN, DNSc,
& Lasca Beck, RN, MS

Note: For permission to use this inventory, contact Dr. Donna Adams, 2033 W. Steed Ridge,
Phoenix, Arizona, 85085, Phone: (602-686-2309), donna.adams@asu.edu

Instructions: Please complete demographic information and questions concerning professional behaviors by marking your appropriate response to the item with an X, or completing the specific information asked. This instrument was developed from Miller's Model: Professionalism in Nursing.

1. Number of years practicing as an RN:

1-5 .... 01[ ]
6-10 .... 02[ ]
11-15 .... 03[ ]
16-20 .... 04[ ]
05[ ]
26+ .... 06[ ]

2. In what age range are you?

20-25 .... 01[ ]
26-30 .... 02[ ]
31-40 .... 03[ ]
41-50 .... 04[ ]
51+ .... 05[ ]

3. Your gender?

Female .... 01[ ]
Male .... 02[ ]

4. What is your major clinical practice area?

Community Health / Public Health .... 01[ ]
Medical - Surgical .... 02[ ]
Obstetrics / Gynecology .... 03[ ]
Operating Room .... 04[ ]

Psychiatric / Mental Health...05[ ]
Pediatrics ....06[ ]
Critical Care Nursing ....07[ ]
Other...08[ ]
Please specify____

5. What is your present position?

Administrator...01[ ]
Supervisor / Manager ....02[ ]
Instructor / Faculty ....03[ ]
Staff Nurse...04[ ]
Clinical Specialist / Practitioner ....05[ ]
Other ....06[ ]
Please Specify____
____

6. Number of years in present position:

1-5 Years ....01[ ]
6-10 ....02[ ]
11-15 ....03[ ]
16-20 ....04[ ]
21-25 ....05[ ]
26..06[ ]

7. Place of employment:

Hospital ....01[ ]
Community Hospital ....02[ ]
Nursing Home ....03[ ]
Occupational Health / Industry ....04[ ]
Physician’s Office / Clinic ....05[ ]
School of Nursing ....06[ ]
Self-employed ....07[ ]
Other..08[ ]
Please Specify

8. Which of the following degrees do you hold?

Diploma in Nursing..01 [ ]
Associate Degree in Nursing..02 [ ]
Baccalaureate in Nursing ....03 [ ]
Baccalaureate in another field..04 [ ]

Masters with Major in Nursing ....05 [ ]
Masters in another field..06 [ ]
Doctorate in Nursing..07 [ ]
Doctorate in another field..08 [ ]
Please specify field
if other than nursing___________________________________
9. Number of years with highest degree held:

0-5 ....01[ ]
6-10 ....02[ ]
11-15 ....03[ ]
16-20 ....04[ ]
21-25 ....05[ ]
26+ ....06[ ]

10. Do you hold any certifications from the American Nurses Association for your area of practice?

Yes ....01[ ]

No..02[ ]

11. Do you hold certification from another Certification group?
Yes ....01[ ]

No..02[ ]

If yes, please specify____

12-16.Do you participate with:

12. Peer review

Yes ....[ ]
No..[]

13. Patient/Nursing audits

Yes ....[ ]

No..[ ]

14. Quality assurance

Yes ....[ ]

No... [ ]

15. Self- evaluation

Yes ....[ ]

No...[ ]

16. Ethics committee

Yes[ ] ....

No...[ ]

17. Are you responsible for hiring and firing personnel?

Yes ....01[ ]

No...02[ ]

18. Do you plan the budget for your area or provide input for the budget?

Yes ....01[ ]

No...02[ ]

19. Do you write a performance evaluation for each of the people that you manage?

Yes ....01[ ]

No...02[ ]

Do not manage ....03[ ]

20-23.

Are you currently a member of:

20. ANA

Yes ....[ ]

No .... [ ]

21. NLN

Yes .... [ ]

No .... [ ]

22. Sigma Theta Tau

....

[ ] .... [ ]

23. Other nursing organizations (e.g., nurse practitioner)

....

[ ] .... [ ]

If yes, please specify

---

24. Do you hold an office or participate on any organizational committees?

Yes .... 01[ ]

No .... 02[ ]

25. Do you subscribe to a nursing journal or a journal in a related field?

Yes .... 01[ ]

No .... 02[ ]

26. Approximately how many articles from nursing journals do you read per month?

1-3 .... 01[ ]
4-6 .... 02[ ]
7-10 .... 03[ ]
Over 10 .... 04[ ]
None .... 05[ ]

27. In addition to your position, do you serve as a consultant to another agency or organization?

Yes ....01[ ]

No...02[ ]

28. Are you involved in any research project at the present time?

Yes ....01[ ]

No...02[ ]

29. If yes, are you the principal investigator?

Yes ....01[ ]

No...02[ ]

30. Do you have a copy of the **Code for Nurses with Interpretive Statements?**

Yes ....01[ ]

No...02[ ]

31. With which nursing or management theories are you familiar or have you studied?

Nursing theories or models...01 [ ]
Educational theories..02 [ ]
Management theories...03 [ ]
Business theories ....04 [ ]
None..05[ ]

32. In your practice, do you apply nursing theories?

Yes ....01[ ]

No...02[ ]

33. In your practice, do you apply theories other than nursing?

Yes ....01[ ]

No...02[ ]

34. Do you use the nursing process to solve problems in the work setting?

Yes ....01[ ]

No..02[ ]

Question 35 through 46 concern your activities in the past two (2) years

35. In the past 2 years, have you attended a workshop or seminar or taken a course concerning Research?

Yes ....01[ ]

No..02[ ]

36. In the past 2 years, have you written a proposal or participated in a research study?

Yes ....01[ ]

No..02[ ]

37. In the past 2 years, have you published in a nursing journal?

Yes ....01[ ]

No..02[ ]

38. In the past 2 years, have you published in any journal other than nursing?

Yes ....01[ ]

No..02[ ]

39. In the past 2 years, have you submitted a manuscript for publication?

Yes ....01[ ]

No..02[ ]

40. In the past 2 years, have you participated in any community service?

Yes ....01[ ]

No..02[ ]

41. In the past 2 years, have you served on a Community Advisory Board or Community Committee?

Yes ....01[ ]

No..02[ ]

42. Have you enrolled in any college course(s) for credit in the past 2 years?

Yes ....01[ ]

No..02[ ]

43. Have you attended any seminars or workshops concerning Nursing in the past 2 years?

Yes ....01[ ]

No..02[ ]

44. Have you attended any seminars or workshops concerning Management in the past 2 years?

Yes ....01[ ]

No..02[ ]

45. In the past 2 years, have you purchased a book on Nursing?

Yes ....01[ ]

No..02[ ]

46. In the past 2 years, have you purchased a book on Management or business?

Yes ....01[ ]

No..02[ ]

Comments

____

____

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____

Regular Form 1998 - DA & BKM.doc

z:/…/faculty/adams/
Behavioral Inventory For Professionalism in Nursing.doc
DA 4/5/01

Appendix C: Weighed Value Document for BIPN

WEIGHTED VALUE GUIDELINES

PROFESSIONALISM INVENTORY WEIGHTED POINTS
QUESTIONNAIRE VERSION: GENERAL NURSE

Behavioral Category	Survey Q #	Item & Code Number		Weighted Points	Weighted Variable name
W1 Educational Preparation		Diploma in nursing	1	0	
		or Assoc. Deg Nursing	2	0	
		or BSN	3	1	
		or BS other field	4	.5	
	8	or Masters, nursing	5	3	Degrees
		or Masters-other field	6	2	
		or PhD in Nursing	7	3	
		or PhD in other field	8	3	
W2 Publication	37	Pub.nurse.journal	1	1.5	Pubnrse
	38	Pub.other.journal	1	1	Puboth
	39	Subm manus	1	.5	Wrtmnscp
W3 Research	28	Involved	1	1	Reschin
	36	Proposal	1	.5	Resprop
	29	P.I.	1	1	Rininv
	35	Research course	1	.5	Attedce
W4 Professional Organizational	20	ANA	1	1	Memana
	21	NLN	1	1	Memnln
	22	Sigma Theta or	1	.5	Sttother *
	Or 23	Other organization	1		
					Offcomm
	24	Participation org comm	1	.5	
W5 Community Service	40	Service	1	2.5	Commserv
	41	On Adv. Bd.	1	.5	Serve
W6 Competence C.E.	25	Subscription	1	.5	Subjour
	45	Nursing book OR	1	.5	Purbook *
	Or 46	Mgt. Book	1		
	26	Articles Read	1,2,3		
	Or	Or	Or 4	.5	Readcour *
	42	Course Work	1		
	43	Nurs. Seminar att. OR	1	.5	Seminars *
	Or 44	Mgt. seminar attended	1		
	10	ANA certification OR	1	1	Certify *
	Or 11	Other certification	1		
W7 Code for Nurses	30	Use ethical framework	1	3	Codecopy

May 5, 2010

Behavioral Category	Survey Q #	Item & Code Number		Weighted Points	Weighted Variable name
W8 **Theory**	31	Studied theories	1,2,3 Or 4	.5	Theories
	32 Or 33	Apply nsg. Theories OR Apply other theories	1 1	1.5	Apptheor *
	34	Use nsg. process	1	1	Nrsgproc
W9 **Autonomy**	13 Or 14	Audit exper OR Quality Assur.	1 1	.5	Auditqa *
	15 Or 16	Self eval OR Ethics comm.	1 1	.5	Evalethc *
	17	Hiring/firing	1	.5	Hirfirst
	18	Budgeting	1	.5	Bugt
	12 Or 19	Peer review OR Writing perf.	1 1	.5	Peerperf *
	27	Consultant	1	.5	Consult
WTOT	**Total Possible Weighted Score (∑) =**			**27**	

May 5, 2010

Appendix D: Recruitment Flyer

Dear Registered Nurses,
You are invited to participate in a study to compare professional behaviors of associate degree and Baccalaureate degree prepared nurses. My name is Ogechi Abalihi and a PhD candidate in Nursing Education at Walden University.
The survey gives you the opportunity to respond to questions that address nursing professionalism. It will take between 20-25minutes to complete the survey. Your responses are anonymous and will be part of a pool of information from other registered nurses.
This email includes, a screening question page, consent form and survey document.

The results of this study will be used to increase nurses' understanding of professionalism and may yield information on the impact of the registered nurses' level of training and education on their professionalism. The findings from my study may also provide insight that can be used to support one unified level of entry into practice and may help enlighten the public on nursing education and the qualification nurses need to practice.

Thank you for helping me towards obtaining my Doctorate degree and most importantly in being a part of effecting positive change in nursing education.
Sincerely,
Ogechi Abalihi, MSN, RN, CCRN, CMC
PhD candidate
Walden University

Appendix E: Screening Questions

Do you have 5 or more years of experience?

Yes or No

Do you practice as an associate degree prepared Nurse?

Yes or No

Do you practice as a BSN prepared nurse?

Yes or No