

STAFF NURSES' ATTITUDES TOWARD NURSING STUDENTS

by

Sharon J. Staggs

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VERIFICATION OF THESIS DEFENSE

This is to verify that Sharon J. Stagg

successfully defended her Master's thesis entitled _____

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Members of Thesis Committee:

Karen K. Badros

Homer M. Austin

John T. Wolinski

ABSTRACT

The purpose of this study was to determine staff nurses' attitudes toward nursing students and to examine the differences in attitudes at different hospitals. Associations between age, nursing experience, and professional preparation, and attitudes toward nursing students were explored. A review of the literature was very limited on related topics of staff nurses' attitudes toward nursing students.

The study was related to Peplau's Interpersonal Relations in Nursing. The model devised by Peplau stresses the relationship between the client, who in this study is a nursing student, and the nurse. The relationship environment is based on trust, respect and empathy.

A descriptive exploratory design was chosen for the present study. A convenience sample of 54 staff nurses employed in two hospitals located on the Eastern Shore of Maryland was selected. Both hospitals offer a wide variety of services to the communities.

A self-administered questionnaire and a demographic tool designed by the researcher were used to collect data. Attitudes were measured using a five point Likert scale with no midpoint. A plan for data collection was developed with the assistance of the nurse managers on the medical-surgical units and approved by the Human Volunteers Committee of Salisbury State University, Salisbury, Maryland.

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Chapter 1

INTRODUCTION

The need to recruit new people to the field of nursing remains critical (Barnum, 1991). There have been slight decreases in registered nurse (RN) vacancy rates in certain geographic areas and health care settings ("Despite Gains," March, 1991). The national RN vacancy rate for hospitals averaged about 12.7% for 1989 ("Despite Gains," March, 1991). The U.S. Bureau of Standards estimates that an additional 350,000 new jobs will be created for registered nurses between the years 1986 and 2000 ("Despite Gains," March, 1991). The potential number of jobs available for nurses in the coming years may perpetuate the nursing shortage and may lead to higher RN vacancy rates in America's hospitals.

The nursing shortage resulted in part from a decrease in nursing school enrollments as well as new graduates leaving the profession. The initial decrease in nursing school enrollments was due to increased career opportunities for women (Fiesta, 1990), such as accounting, medicine, engineering, and architecture. Women in the 1990's, who in the past went into nursing, enroll in what used to be male dominated careers. Tremendous recruitment efforts put forth by the schools of nursing resulted in the enrollment of 230,000 students in nursing schools in the

fall of 1990 ("Nursing School," February, 1991). This figure is only 20,000 students less than the enrollment in 1983, which was the highest enrollment in 20 years ("Nursing School," February, 1991).

Though nursing school enrollments are on the increase, more than 2,290 prospective students were turned away in the 1990-91 academic year ("Nursing School," February, 1991). This happened because nursing programs were down-sized during the period of low enrollments. Now, nursing schools do not have sufficient faculty and money to accommodate the students who qualify for enrollment ("Nursing School," February, 1991).

Besides the enrollment changes, there is a definite problem retaining nursing students. Patience and understanding are needed to help nursing students through the stages of their training and career (Eschbach, 1983). Nursing students are very impressionable, sensitive, adaptable, and vulnerable to surrounding influences (Booth & Parker, 1987). Too often nurses forget students need patience and understanding to deal with insecurities concerning their new roles. This produces an environment that is not conducive to student learning. For adequate student learning to take place, nurses must encourage nursing students in the profession of nursing instead of driving potential nurses away. Is this an isolated situation, or are a number of hospitals experiencing the

same predicament? Nurses must control their negative attitudes because "the students of today are the future of professional nursing" (Jackson & Neighbors, 1988). Because of negative feelings communicated by nurses toward nursing students, Meissner (1986) feels that "nurses eat their young." Nurses can be valuable role models for nursing students in the clinical area. But often, nurses harbor attitudes that are detrimental to student learning.

Statement of the Problem

The problem of this study was to identify the attitudes of nurses toward nursing students. The research questions to be answered were: (1) Will staff nurses' attitudes correlate with the categories of time, motivation, knowledge, personal issues, professional issues, past and present issues, and program comparisons? (2) What are the attitudes of staff nurses toward nursing students? (3) What effect does age have on the staff nurses' attitudes toward nursing students? (4) What effect does years of nursing experience have on staff nurses' attitudes toward nursing students? (5) What effect does professional preparation have on staff nurses' attitudes toward nursing students? (6) Are there differences in staff nurses' attitudes toward nursing students between two similar hospitals?

This chapter presented the problem and purpose of the study, a brief discussion of the conceptual framework, the scope and limitations of the study, and the definition of

terms. The historical, conceptual, and research antecedents of the study will be examined in Chapter 2.

Chapter 2

REVIEW OF THE LITERATURE

In Chapter 1 the problem and the purpose of the study were introduced. This chapter will review the related literature and explain the conceptual framework for the study.

A review of the literature regarding staff nurses' attitudes toward nursing students revealed only 1 previous study. The nursing literature which related to the topic will be classified under two categories: nurses' attitudes toward nursing students and nursing students' perceptions of nurses attitudes. Studies of nursing students' perceptions of nurses' attitudes involves both staff nurses and faculty instructors. Related attitudes were also found in other disciplines, like education and business. A summary of the literature will be presented first, then the conceptual framework for the study will be discussed.

Nursing

Nurses' Attitudes Toward Nursing Students

In dealing with nursing students, Mahlmeister (1981) identified frequent criticisms staff nurses have regarding nursing students. Staff nurses felt nursing students (1) monopolized conference rooms and lounges, (2) created more work for the staff nurse, (3) criticized the care given by staff nurses, (4) monopolized charts and kardexes, (5) were

not taught to set realistic goals, (6) were unaware of the heavy patient assignments of staff nurses, and (7) were not given realistic patient care assignments. Because problems will inevitably occur with students on the floor, Mahlmeister (1981) suggested that staff nurses approach nursing students with the same empathetic manner used for patients.

Wondrak and Henden (1981) conducted a descriptive survey in England to determine whether there were differences in attitudes between ward sisters, the equivalent to a charge nurse, and nursing students. The purpose of the study was to look into the attitudinal differences that may exist between ward sisters and nursing students. A conceptual framework related to the research study was not communicated.

The two questionnaires used in the study were constructed by Wondrak and Henden (1981). Each questionnaire contained questions similar in context, but worded differently for the ward sisters and nursing students being surveyed. The three point scale questions dealt with the following topics: off-duty arrangements, ward training, education, formality/informality in nursing, discipline within the ward team, and exploitation, all of which are equally important to both the ward sisters and nursing students (Wondrak & Henden, 1981).

The sample consisted of ward sisters who worked in areas of general nurse training. There was no mention of the nursing student sample, the size of the sample, or how the sample was drawn.

The results of Wondrak and Henden's (1981) survey indicated that the ward sisters and nursing students as a whole have different attitudes toward topics of mutual concern except in the areas of education and training. The majority of both the ward sisters and nursing students felt ward sisters did not spend enough time with the students. In dealing with students' personal problems, the ward sisters would like to help the students, but only a small portion of the nursing students wanted help from the ward sisters. Nearly one half of the students indicated that they would not like help from the ward sister in dealing with personal problems (Wondrak & Henden, 1981).

Study limitations were not mentioned by Wondrak and Henden but, this researcher felt that not knowing the sample size would limit the generalizability of the study. Furthermore, generalizability of the study, conducted in England, may also need to be addressed when looking at practicing nurses in the United States.

In discussing the pros and cons of hospitals cooperating with schools of nursing by providing clinical experiences, Nail and Singleton (1983) addressed legal aspects, scheduling, educational goals, patient's rights,

teaching materials, staff nurse involvement, and evaluation issues. In determining nursing student assignments, the director of nursing needed to assure that staff and patients do not get a "student overdose." This would be especially important if more than one nursing school used the hospital setting at the same time.

Nail and Singleton (1983) also acknowledged that staff nurses must spend more time on certain activities when students are on the unit. Time consuming activities included: giving and taking reports, orienting students to the use of equipment and supplies, administering medications and intravenous fluids, executing treatments, and communicating patient requests to the appropriate nursing student.

McCann (1984) requested staff nurses to assist nursing students. Nursing students must acquire nursing skills through emulating those they see and respect - the staff nurse. McCann reiterated that there was a great deal the nursing students did not know and they were slow at many tasks. A reluctance to have nursing students on the unit because students are a nuisance, the area is too specialized, or the nurses feel threatened by the students was identified by McCann (1984). McCann concluded that nursing students give a great deal of themselves, youth, enthusiasm, interest, and ideals. Those qualities exhibited

by students could be perceived as threats by staff nurses (McCann, 1984).

Jackson and Neighbors (1988) used an exploratory descriptive design to examine the attitudes of staff nurses towards associate degree nursing students. The researchers related their study to Carl Rogers' Theory of Learning. Their investigation was based on the null hypothesis that there would be no significant differences between the attitudes of staff nurses toward Associate Degree nursing students and associated concepts of nurse, nursing education, patient, work, and physician.

The instrument employed in Jackson and Neighbors' (1988) research consisted of a semantic differential test to assess attitudes of staff nurses toward the associate degree nursing student, and attitudes toward related concepts of nurse, nursing education, patient, work, and physician. The following independent variables were also collected: age, professional preparation, years of experience in nursing, years of experience working with associate degree nursing students, and years employed in the institution.

A convenience sample of nurses who had worked with associate degree nursing students in three acute care hospitals was used (Jackson & Neighbors, 1988). The data analysis consisted of computations mean scores, analysis of variance, Duncan's multiple range test and the least

significant difference (LSD) procedure for the six concepts (Jackson & Neighbors, 1988).

The results of Jackson and Neighbors' (1988) study found no significant differences in participants' attitudes based upon any demographic variables. Another outcome indicated that staff nurses' attitudes toward associate degree nursing students are not as favorable as they were toward other nurses, nursing education, patients, physicians, or work.

Several limitations were recognized by the researchers. The first was that the instrument did not allow the researchers to answer two significant questions: (1) whether staff nurses mind having students on their units, or (2) how they feel about being used as a teacher for the nursing students. Secondly, it was recognized that a larger sample from a broader geographic area would make the findings more substantial. The authors use of a convenience sample of staff nurses decreased the generalizability of the study results. Complete representation of the population may not have been included in the convenience sample.

In another English study, Bircumshaw (1989) studied senior nurses' attitudes toward graduate nurses. Senior nurses are England's equivalent to nurse managers and directors of nursing in the United States. All subjects in this descriptive survey practiced in health care facilities where graduates of the University of Wales Bachelor of

Nursing degree program were employed. The purpose of the study was to obtain views of senior nurses, working in the same areas as Bachelor of Nursing graduates of the University of Wales, on the role and function of graduate nurses. Bircumshaw's (1989) study was not related to any particular conceptual framework.

The senior nurses' opinions were measured on a questionnaire comprised of both open and closed-ended questions. The dependent variables were the perceived opinions about the roles and functions of graduate nurses. Whereas, the independent variables included the positions of senior nurses similar to head nurses and directors of nursing services.

The findings indicated that there was no uniform perception of the way graduate nurses should function. Several senior nurses expected the graduate nurses to function differently from the traditionally trained nurses by utilizing distinctive clinical skills, while other senior nurses believe graduate nurses should not function differently; many participants felt that graduates do function differently from traditionally trained nurses. Senior nurses commented that graduate nurses are able to apply theory to practice and that they demonstrate an analytical approach to problem solving.

The limitation of a small convenience sample with resulting limited generalizability was recognized by

the author. Additionally, Bircumshaw found the response rate disappointing. No additional limitations are noted. This researcher felt that because of the study location, an investigation of cultural factors is warranted.

The above literature pertained to staff nurses' attitudes toward nursing students. Whereas, the following literature relates to nursing students' perceptions of nurses attitudes.

Nursing Students' Perceptions of Nurses Attitudes

Based on nursing students' perceptions of nurses attitudes, this area of the research will be organized according to nursing students' perceptions of staff nurses and faculty instructors. A search of the literature revealed studies by Ogier (1981), Neighbors ("Learning by"), Brewer (1982), Bradshaw (1985), Windsor (1987), and Hyland, Millard and Parker (1988) that dealt with staff nurses.

Staff Nurses. Ogier (1981) conducted qualitative research on the leadership style and verbal interaction of charge nurses and nursing students. The purpose of the study was to determine how one ward sister could deter so many nursing students from wanting to work on the unit.

A review of pertinent literature was not reported. The researcher set out to answer specific questions. The questions were: Do nurses learn all that they might on a unit? Why are some units regarded by nursing students as "good" for learning and others less so? Is the nursing

student's view of the unit linked to the attitudes of the charge nurse?

Questionnaires were administered to both charge nurses and nursing students. The charge nurses were given Fleishman's Leadership Opinion Questionnaire (LOQ). This measured the charge nurse's trust, respect, and consideration of subordinates feelings. The LOQ also evaluated the extent to which individuals define their role and those of their subordinates toward goal attainment. The Learners' Perception Of Ward Climate Questionnaire, which was developed by the researcher, was administered to the nursing students. In addition, charge nurses interactions with nursing students were recorded and analyzed (Ogier, 1981).

Ogier (1981) established that the sisters who were highly rated by the students spent less of their working time in verbal interactions. Of the time spent in verbal interactions, the highly rated sisters spent a greater proportion of their time at work interacting with nursing students. Also, the highly rated charge nurses' interactions with nursing students involved an equal amount of theory and practical information.

Ogier (1981) identified the limitation that those charge nurses who volunteered to participate in the study might be more directed to working with nursing student than those who did not volunteer. The extent of the objective

analysis of the data was a potential limitation perceived by this researcher. If another person were to analyze the data, would they get the same results?

An informal unpublished survey conducted by Neighbors ("Learning by") examined nursing students' impressions of their clinical settings. The study came about from a clinical post-conference where nursing students were discussing their learning in the clinical setting. Learning by humiliation was identified as the principal modality for clinical learning. Students felt that they "were often treated 'less than thou' in the clinical setting and that they often learn by their errors and by others berating them" (Neighbors, Learning by, p.1).

Through small group discussions, Neighbors' ("Learning by") goals were to examine students' feelings concerning their clinical experience, to identify their learning needs, and to devise solutions to enhance student learning in the clinical setting. Nursing students' comments evolved around three areas of concern: (1) student's lack of self-confidence, (2) staff/student relationships, and (3) faculty/student relationships.

Addressing their lack of self-confidence, Neighbors ("Learning by") explained that since the students rotate to several units or facilities during a semester it is not surprising that there is little self-confidence. For students, each clinical day is similar to the first day of

employment in a new position or institution. Students are constantly introduced to new people, new environments, and new routines. Under these circumstances, students inherently feel intimidated and less confident.

The second area of concern was staff/student relationships. Students perceived the staff nurses as impatient and frustrated with the students' skill level. In addition, students were reluctant to ask questions since they felt staff nurses were exhausted by students' continual questions and frequent requests for help. Non-verbal communication displayed by the staff nurses, such as rolling of the eyes and lack of acknowledgement of the students' presence, helped foster negative attitudes perceived by the students.

Faculty/student relationships were identified as the third area of concern by the nursing students in the Neighbors study. Students felt that faculty provided minimal positive reinforcement, but were quick to point out student limitations.

After further discussions with the nursing students, Neighbors found that a large part of the students' perceptions of staff nurses and faculty were due to their own inadequacies and lack of self-confidence. To alleviate this problem, Neighbors identified positive reinforcement from both staff nurses and faculty and increased clinical time as potential solutions.

Brewer (1982) investigated factors influencing retention of new nursing graduates in hospital settings. The purposes of Brewer's research were to (1) examine sources of new graduates' information about their first jobs as professional nurses in order to anticipate the accuracy of their expectations for the job, and (2) to examine the association of early job experiences with adjustment to hospital and professional practice.

Diploma, associate degree, and baccalaureate degree nursing graduates were included in the sample. The participants were surveyed prior to beginning work, 3 months, and 6 months following entry into the work force. Multiple regression, content analyses, and canonical correlation analysis were used to analyze the data.

The descriptive study found that awareness of sources of information about the job, as evaluated in Brewer's (1982) study, failed to estimate the accuracy of new graduates' anticipation for the job. In addition, many work experiences were associated with positive adjustment responses on the job and to nursing practice. Some positive responses to a job were related to small work groups, the presence of a friendship network in the job, adequate role information, and the presence of supportive relationships.

In an article describing how to lead the learner Bradshaw (1985) suggested that nursing students felt that discovering how to get along with the nursing staff was the

most challenging aspect of their rotation on a unit. Making oneself approachable is a difficult personal skill for anyone, including nurses. If nursing students cannot ask questions or obtain clarification when needed, the learning process will be impaired since new knowledge is most easily absorbed when there is eagerness to use it (Bradshaw, 1985).

Senior nursing students were interviewed by Windsor (1987) to better understand the clinical learning experience from the students' point of view. The question under study was, "How do nursing students perceive their clinical experiences" (Windsor, 1987, p. 150)? To answer this question, seven more specific questions were identified by the researcher.

The naturalistic inquiry study used a volunteer sample of nursing students in their final semester of nursing school. In order to limit the study, students over 30 years of age were not allowed to participate. Data collection consisted of two interviews with the students (Windsor, 1987). Internal validity was tested by using repeated interviews. To establish reliability, a second person verified the data categories.

From the interviews, many categorical findings surfaced from Windsor's (1987) data. Professional socialization, knowledge and skill acquisition, professional development, variety and type of assignment, and supervision structure

and lack of support from instructor were a few of the classifications.

The results showed that nursing students develop interpersonal relationships with instructors, staff nurses, and students. These people helped to provide a pleasant atmosphere in which to learn and work. The students reported that occasionally the staff nurses, instructors, and patients created a negative atmosphere. Negative experiences with staff nurses included nurses making belittling comments about students, looking at them in disparaging ways, and telling students to ask their instructor for help instead of asking staff nurses. The negative feelings were frequently communicated by the manner of the staff nurse rather than overt behavior (Windsor, 1987).

The negative environment created by the instructors occurred when nursing students were criticized in front of patients, other students or staff nurses. The students felt degraded, embarrassed, and angry. This left the nursing student with bad feelings about the clinical experience and the instructor (Windsor, 1987).

A survey of nursing students in England (Hyland, Millard and Parker, 1988) examined the effect of the charge nurse, other trained staff and other nursing students on the students' preference for a unit. The questionnaire was divided into two sections, the first correlating to the

experiences of the students' first rotation and the second correlating to the experiences of the students' second rotation. The independent variables were rudeness and "at home" feelings, whereas the dependant variables included preferred unit and non-preferred unit. Reliability and validity of the instrument were not discussed.

Hyland et al. (1988) found that charge nurses were the principal persons on the unit as far as unit preference was concerned. Often charge nurses treated nursing students rudely and in an unfriendly manner. A negative correlation between rudeness and "at home" feelings was identified. For example, rude charge nurses who either ignored or yelled at the nursing students, did not make students feel welcome on the unit.

Ethnographic research conducted by Horsburgh (1989), examined new graduate nurses' adjustment to their initial employment. Data were collected by observations, interviews, and questionnaires. Internal validity of the study was established by persistent observation, host verification, prolonged engagement, and peer debriefing.

The results showed that new graduates were often confused about their role as registered nurses because of inadequate feedback regarding their clinical and work performance. While learning to fit into their new work environment, new graduates received both clear and unclear

messages about their job performance from co-workers (Horsburgh, 1989).

Malone (1991) informally interviewed nursing students and staff nurses in a rural hospital concerning nursing students' clinical experience. Malone found that, in measuring clinical experience, nursing students did not mention quality of patient care provided in the hospital, nursing expertise, technology, or the physical environment. The nursing students correlated their clinical experience essentially on their interpersonal communication with staff nurses. Staff nurses were concerned about nursing students' "inadequate orientation to the area, confusion about student responsibilities, and feeling that students were asking questions of staff that they should be asking the instructor" (Malone, 1991, p. 1).

Thus far, the studies have been related to nursing students' perceptions of staff nurses. In addition, nursing students' perceptions of faculty instructors must also be examined.

Faculty Instructors. Mogan and Knox (1983) assessed nursing students' perceptions of clinical teaching in a baccalaureate nursing program. The evaluation form, which has been used for four years, was used to evaluate instructors after each clinical rotation. The independent variable encompassed the number of years the students had

been in the nursing program. Students' ratings of teachers from excellent to unacceptable was the dependent variable.

The retrospective qualitative study conducted by Mogan and Knox (1983) found that students rated most teachers above average and that most students were generous in their evaluation of the faculty instructors. The study participants saw the instructors' ability to evaluate students as being very important. Nursing students unanimously agreed that instructors who set high but clear standards were more helpful than instructors whose demands were inconsistent or unreasonable. The nursing students criticized teachers who gave negative feedback in front of others and those whose evaluation were considered unfair.

Nursing students at all four levels of the nursing program viewed supportive, helpful instructors who were approachable and nonthreatening as highly effective. Intimidating and unsupportive instructors were criticized most often (Mogan & Knox, 1983).

Mogan and Knox (1983) recognized two limitations to their study. The first weakness was that clarification or additional information was unobtainable because of the retrospective approach of the study. The second limitation was the inability to distinguish between ratings made by generic and registered nurse students.

Theis (1988) explored baccalaureate nursing students' perspectives of unethical teaching behaviors. The purpose

of the study was to design an instrument to identify nursing students' perceptions of unethical teaching behaviors. The investigation was based on Statement II of the American Association of University Professors' Statement on Professional Ethics. Unethical teaching behaviors, as described by the participants, were evaluated according to three major ethical principles that had been breached: respect for persons; justice; and beneficence.

The unethical behaviors related to respect for persons was divided into two sections: lack of respect for students and lack of respect for patients. Behaviors associated with lack of respect for students included rudeness toward learners, sarcasm, ridicule, dishonesty, failure to keep promises, "bad-mouthing" other students, and lack of confidentiality. Whereas, lack of consent, unnecessary exposure of patient, invasion of privacy, and lack of sensitivity to patient needs were identified as unethical behaviors affiliated with lack of respect for patients (Theis, 1988).

Theis' (1988) study identified unethical teaching behaviors related to justice. These behaviors involved favoritism, prejudice, unfair evaluations, and unfair testing and grading practices (Theis, 1988).

Beneficence, as an ethical principle, dealt with the instructor preventing harm and promoting the good. Conduct associated with lack of beneficence included ineffective

teaching, negligence of academic duties, improper use of student time, incompetence as a teacher, incompetence as a nurse, and inadequate clinical guidance (Theis, 1988).

Research limitations were not recognized by Theis. This researcher perceived objective analysis of the data as a potential limitation. Would another researcher come to the same conclusions?

Quantitative and qualitative research conducted by Anderson, Nichol, Shrestha, and Singh (1988) examined teachers' and students' perceptions of clinical supervision. The instrument consisted of both structured and unstructured questions. Validity and reliability of the questionnaire and a conceptual framework for the study were not included.

In the study, teachers viewed the nursing students as adequately supervised and that they, as teachers, were conducting the expected tasks of a clinical supervisor. In contrast, nursing students indicated the need for improved knowledge, attitudes, and skills of the clinical supervisors. Being reprimanded in front of patients by clinical supervisors and lack of cooperation on the unit were the most frustrating experiences for nursing students (Anderson, et al., 1988).

As with other qualitative studies, subjective analysis of the data by Anderson et al. may limit this study. Also, the use of a convenience sample of teachers decreases the generalizability of the study results.

In Pagana's (1988) study, the purpose was to describe the aspects of clinical experiences that were challenging or threatening to the students. The study based on the theory of cognitive appraisal of stress used the Clinical Stress Questionnaire to collect data. The large sample consisted of nursing students in their first clinical rotation.

Even though Pagana (1988) tried to collect information on the challenging and threatening aspects of the initial clinical experience, the data reflected predominately threatening experiences. The main themes of threat as perceived by baccalaureate nursing students were the clinical instructor, personal inadequacies, fear of making errors, uncertainty, being scared or frightened, and fear of failure. The students described the instructor "as being intimidating, threatening, demeaning, impatient, strict, and demanding" (Pagana, 1988, p. 422). Pagana concluded that this not only affects learning, but also potential student recruitment.

Several limitations were cited by the researcher. Relying on self-report questionnaires was identified as a study limitation. Additionally, the external validity of the study must be questioned because of the sample size.

Other Disciplines

The nursing literature was limited in studies that dealt with staff nurses' attitudes toward nursing students. As in the nursing profession, other disciplines, like

education and business, foster attitudes that create environments where students or newcomers to the profession find learning demeaning.

According to Pataniczek and Isaacson (1981), beginning teachers usually get the most unpleasant tasks, the largest or most difficult classes, or the least desirable extracurricular assignments. When veteran teachers were asked if new teachers should be given special assistance, or whether assuming full responsibilities from the beginning is the most effective way to learn how to teach, almost two-thirds of the teachers felt that immediate assumption of duties was a necessary step in the induction into education (Pataniczek & Isaacson, 1981).

Applegate and Lasley (1982) explored the problems perceived by cooperating teachers when working with preservice teachers. The research questions investigated in this study were: (1) What problems do cooperating teachers describe as they work with student teachers? and (2) What underlying constructs can be concluded from teachers' perceptions of their problems in working with student teachers (Applegate & Lasley, 1982)? The study employed "My Biggest Problem Today" inventory and the "Cooperating Teacher Checklist."

The descriptive exploratory investigation identified six problems in working with preservice field experience students. First, cooperating teachers had problems when

field experience students were inadequately prepared for their orientation to teaching. Problems arose when preservice students did not display basic knowledge of student behavior, few skills in lesson preparation or little curiosity about the process of becoming a teacher (Applegate & Lasley, 1982).

Second, cooperating teachers had difficulty when they perceived themselves exclusively responsible for students' field work. Increased involvement was needed on the part of the college or university instructors.

Third, lack of interest in both the preservice student and the university supervisor about school norms and professional responsibilities created concern in cooperating teachers. Cooperating teachers expected preservice students to exhibit the ability to deal with the unexpected and to make decisions necessary for assuring student-teacher interactions (Applegate & Lasley, 1982).

Fourth, teachers were concerned about students who did not display a commitment to teaching. Preservice students did not always take their instructional responsibilities and classroom tasks with the appropriate professional seriousness (Applegate & Lasley, 1982).

Fifth, lack of an enthusiasm for teaching produced concern in cooperating teacher. From Applegate and Lasley's (1982) investigation, cooperating teachers presumed student

teachers would show initiative regardless of the assigned task.

Finally, teachers were troubled about preservice students' deficiency in organizational and managerial skills. Cooperating teachers wanted student teachers to be able to serve as instructional aides from the onset of the field experience (Applegate & Lasley, 1982).

Limitations to the study were not indicated by Applegate and Lasley. This researcher questions the external validity of the investigation because of the size of the sample.

In an article by Josefowitz and Gadon (1989), hazing in the workplace discourages the best employees. Hazing ranged from "practical jokes, intentionally meaningless or humiliating tasks, and unnecessary assignments" (Josefowitz & Gadon, 1989, p. 22). For established groups, hazing achieved numerous goals. Those goals were: (1) to give senior members a means of establishing their seniority and dominance; (2) to assure that formal and informal work rules will be honored; (3) to force new employees into letting go of old identities and loyalties to former groups and organizations and taking on new identities; (4) to assure permanence of the enduring ways of communicating and working; and (5) to make membership in new organizations something to be valued (Josefowitz & Gadon, 1989).

Josefowitz and Gadon (1989) observed that responses to hazing ranged from embarrassment, feeling hurt, frustration, and outrage to hiding distress, pretending not to notice, and thinking the whole thing funny. The new employee's response to the hazing determined their acceptance into the group.

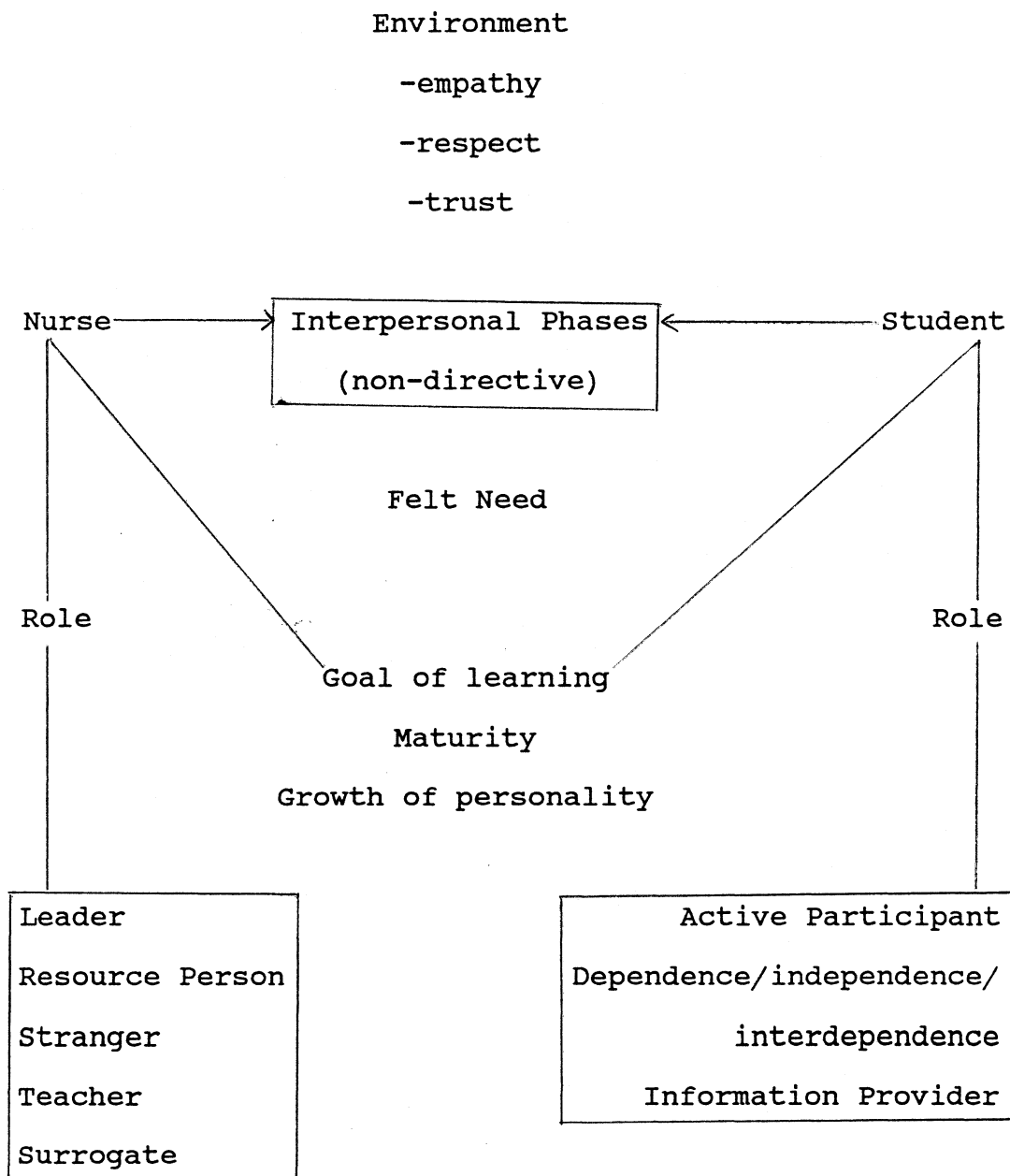
From the review of the literature, limited information was available relating to staff nurses' attitudes toward nursing students. Research dealing with nurses' attitudes about time, motivation, professional issues, personal issues, knowledge and school comparisons of students in any type of nursing program was not found.

CONCEPTUAL FRAMEWORK

The conceptual framework for this study is interpersonal relation in nursing, developed by Hildegard Peplau. The focus of Peplau's model is the relationship between the client and the nurse. Figure I illustrates Torres' impression of the Peplau model. In this study, the student, having a need for knowledge, will be considered the client. This student/nurse relationship progresses through four interpersonal phases: orientation, identification, exploitation and resolution. Each phase requires the student and the nurse to perform specific tasks and roles (Torres, 1986). When a student possesses a need and seeks help from a nurse, the orientation phase is initiated. In this phase, the nurse helps the students to

Figure I: Interpersonal Relations Model

(Torres, 1986)



identify and understand their problems and to see a need for help (Carey, Rasmussen, Searcy, & Stark, 1986). The second stage of identification occurs when the students relate to the nurse, who offers them help. Throughout this phase, the student and nurse clarify their expectations and perceptions of the relationship (Belcher & Fish, 1985). Exploitation, the third stage, focuses on utilization of problem-solving alternatives caused by the collaborative student/nurse relationship. Finally, resolution takes place when new goals are accepted by the students and they terminate the relationship (Belch & Fish, 1985). Throughout these phases, the nurses act on what they feel the student needs at certain periods of the relationship, be it information, support or guidance.

In order to meet the student's needs, the nurse portrays many roles, such as: stranger, resource person, teacher, leader, and surrogate. Initially, the nurses adopt the stranger role when they accept the student for what they are without prejudging. The nurse in the resource person role provides answers to questions the students may have (Carey et al., 1986). The teaching nurse, a combination of all the roles, develops information around the students' previous knowledge and their ability to process the information (Peplau, 1952). The leadership role requires the nurse to help the student achieve goals through a cooperative and active participant relationship. In the

surrogate role, the nurse's attitudes and behaviors create feeling that reactivate feelings produced in a prior relationship (Carey et al., 1986).

The nurse's roles play a major part in the progression of the interpersonal relationship of the student and nurse. This interpersonal relationship, which is affected by environmental factors, will be explored in this research. When a positive environment exists, the interpersonal relationship is filled with respect, trust and empathy. This leads to the goal of learning, maturity and personality growth by both the student and the nurse. On the other hand, a negative environment, which involves distrust and disrespect, hinders learning and personal growth.

To summarize, Chapter 1 presented the problem and the intention of the study. Chapter 2 reviewed the nursing and literature from other disciplines regarding students in prospective professional fields. The design of the research study will be explained in Chapter 3.

Chapter 3

METHODOLOGY

Chapter 1 introduced the problem faced by nursing students and explored the background of the problem. Chapter 2 was a review of related literature. In this Chapter, the methodology of the research study will be described.

A descriptive, exploratory approach was used to examine nurses' attitudes regarding nursing students. This chapter will discuss the research questions and the methodology of the study. The dependent and independent variables of the study will be identified and operationally defined. Instrumentation used in the study will be fully described. The method of data collection and the procedures that were used for data analysis will be discussed. The chapter will conclude with a description of the recognized limitations of the study.

Purpose of the Study

The purpose of this study was to determine the staff nurses' attitudes toward nursing students and to determine what the staff nurses' attitudes are in two different hospitals.

Research Questions

The research was designed to answer the following questions:

1. What are the attitudes of staff nurses toward nursing students?
2. What effect does age have on the staff nurses' attitudes toward nursing students?
3. What effect does years of nursing experience have on staff nurses' attitudes toward nursing students?
4. What effect does professional preparation have on staff nurses' attitudes toward nursing students?
5. Are there differences in staff nurses' attitudes toward nursing students between two hospitals?
6. Are staff nurses' attitudes toward nursing students grouped according to the following factors: time, motivation, knowledge, personal issues, professional issues, instructor/student relationship, and background comparisons.

Study Variables

The major dependent variable is the nurses' attitudes pertaining to nursing students. The major independent variables are the nurses' age, sex, professional preparation, highest degree obtained, years of nursing experience as an RN, length of employment at the

institution, extent of student contact, and the capacity in which nurses worked with nursing students.

Definition of Variables

The following variables are operationally defined for the purpose of the study:

Major Dependent Variable

Nurses' Attitudes Regarding Nursing Students. These are the feelings about nursing students held by those educated and licensed as registered nurses who are involved in preparing nursing students to provide patient care. The feelings were described by factors such as time, motivation, knowledge, personal issues, professional issues, instructor/student relationship, and background comparisons. These factors were identified in the literature and through an informal survey of graduate school and nursing colleagues. The factors identified were measured on a five point Likert scale questionnaire developed by the researcher. Content validity for the questionnaire was obtained when four nursing instructors reviewed the questionnaire for ambiguity and omissions.

Major Independent Variables

Age. The length of time during which a person has lived. This variable was measured by self-report of stated number of years on the demographic data sheet.

Nursing Experience. The length of time used to gain enhanced understanding and efficiency in the field of nursing. This variable was measured by a self-report statement as to the number of years on the demographic tool.

Professional Preparation. The process of acquiring particular knowledge and skills for an occupation. Three levels of preparation are identified: (1) an Associate degree, (2) a Diploma, and (3) a Baccalaureate or higher degree. This variable was measured by a self-report statement of preparation by participants on the demographic sheet.

Study Design

To study nurses' attitudes, an exploratory, cross-sectional study was conducted. The design of the study sought to identify staff nurses' attitudes about nursing students as well as factors that may influence or relate to the nurses' attitudes. Two acute-care hospitals were the setting for data collection. Data were collected utilizing a demographic data sheet and a questionnaire constructed by the researcher.

Instrumentation

The instrument utilized in the study was constructed by the researcher. The instrument included a disclosure statement, a demographic data sheet and a questionnaire. The disclosure statement communicated the purpose of the

study, length of time needed to complete the questionnaire, participants' contribution to the study, and method of returning the questionnaire. A copy of the disclosure statement can be found in Appendix A.

The demographic data sheet elicited personal data from the registered nurses. The personal data consisted of age, sex, basic professional preparation, highest degree obtained, years of nursing experience, extent of student contact, and capacity in which nurses worked with students. Appendix B contains the demographic data sheet.

Along with the demographic data sheet, the questionnaire collected information about attitudes that nurses have toward nursing students. The questionnaire consisted of 41 questions to be answered on a five point Likert scale. The responses provided ranged from strongly agree to strongly disagree with undecided as the midpoint. The questionnaire can be found in Appendix C. Each question related to attitudinal factors including: time, motivation, knowledge, personal issues, professional issues, instructor/student relationship, and background comparisons. Arbitrary numbers were assigned to the questions so that all questions for the dependent variables did not cluster in the same area of the questionnaire. The randomly assigned questions were selected from the literature review and an informal survey of graduate school and nursing colleagues.

Validity. To determine the validity of the questionnaire, four nursing instructors, responsible for the clinical supervision of nursing students at the surveyed hospitals, reviewed the questionnaire for duplicate or unclear questions and important areas not addressed. This provided the questionnaire with content validity. For construct validity, each question related to factors for which people have attitudes. These factors were: time, motivation, knowledge, personal issues and professional issues, past and present issues, and program comparisons.

Reliability. Since the questionnaire collected ordinal data, the reliability score would not be as sensitive as that derived from higher level data. Therefore, the interpretation of the reliability score could be questionable.

A pilot study was conducted to assess the thoroughness and clarity of the instrument for data collection. A small public hospital in a rural community in Delaware was the site for the pilot study. This hospital had a capacity of 119 beds. Services provided by the hospital consist of general medicine, surgery, obstetrics, pediatrics, and outpatient services.

The subjects in the pilot sample included 41 registered nurses from the hospital. Of those 41 participants, 4 questionnaires were excluded from the pilot study because the participants had been out of school for less than one

year or had not had contact with nursing students. A final number of 37 participants made up the sample subjects for the pilot study. As a result of the pilot study, several typographical errors were identified and two questions on the questionnaire were deleted. The first deleted question dealt with having to check behind nursing students was omitted because staff nurses must legally check that care was properly carried out. When the questionnaire was previewed by hospital representatives, the second question was eliminated as a result of objections from one of the hospitals.

Study Population and Sample

The population for the study consisted of 565 registered nurses employed at General Hospital located on the southern portion of Maryland's Eastern Shore and 226 registered nurses employed at Memorial Hospital situated centrally on the Eastern Shore of Maryland. General Hospital is a 383 bed acute-care general hospital with treatment capabilities in general medicine, surgery, pediatrics, obstetrics and gynecology, emergency and trauma services, cardiac rehabilitation, and a full range of outpatient services. General Hospital provided clinical experience for different programs and skill levels of students. Altogether, the four schools trained students to perform nursing assistant, licensed practical nurse, registered nurse and respiratory therapist duties.

Memorial Hospital is a general hospital with 183 acute and 33 skilled beds. Services offered by the hospital include general medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, emergency services, skilled nursing and a wide array of outpatient services. Memorial Hospital furnished clinical experience to the hospital's affiliated nursing school and a vocational technology school. The vocational students observed different occupations, while the nursing students performed nursing duties.

A convenience sample of 54 nurses was drawn from the populations of the two hospitals. The medical-surgical nurse managers distributed the questionnaires to nurses on their individual units. The sample was also selected based on the criteria that the registered nurse must work or rotate to daytime hours on a medical-surgical floor. Specialty areas, such as the operating room, post anesthesia recovery unit and the intensive care unit, were excluded because students do not receive as much clinical exposure in these areas. The sample is fully described in the following chapter.

Data Collection

After constructing the study instrument, the researcher received approval for the study from the Salisbury State University Committee on Human Volunteers. The Statement of Approval is found in Appendix D. The Senior Vice President,

Patient Care Services at Memorial Hospital and the Vice President of Nursing at General Hospital were contacted to determine whether the study could be conducted at the respective facilities. After supplying both institutional representatives with a summary of the study and agreeing to share the study results, the study was approved by both hospitals.

The research project and plan for data collection were presented to hospital nurse managers at management meetings at both hospitals. After examining the number of staff nurses employed on each medical-surgical unit, each nurse manager received an envelope containing 8 instruments. The instruments contained a demographic data sheet, a questionnaire and a disclosure statement explaining the study, the participants' voluntary involvement, and the importance of their participation. A total of 10 envelopes each containing 8 study questionnaires was distributed at the management meetings. The nurse managers disseminated the tools to the registered nurses on their units. An additional 5 tools were distributed at a preceptor workshop held at General Hospital. A total of seventy-nine (79) instruments was disseminated between the two hospitals. Upon completion, the instruments were returned to the researcher through envelopes provided to the nurses' managers marked "Study Return", which were placed on unit bulletin boards.

Fifty-four (54) questionnaires were returned and included in the sample. Only one (1) response completed by an Licensed Practical Nurse (LPN) was excluded from the sample as not meeting the sampling criteria. Thus, the final study sample consisted of a total of fifty-three (53) subjects.

Limitations of the Study

There are acknowledged limitations in the study. The first limitation is that a convenience sample was used. The study, therefore, has the limitation of any study using such a sample, such as the question of generalizability. Findings of such a study are generalizable only to the population from which subjects were chosen.

The nurses' response rate may significantly limit the ability to generalize from this study. A total of 79 questionnaires were distributed at the study sites. Fifty-four completed questionnaires were returned, giving a response rate of 68%. The nurses who returned their questionnaires may not provide a representative sample of the total population.

As in any other study, consideration be given to a Hawthorne effect. The responses of persons in the study may have been partly a result of their knowing they were participating in a study. Participants' responses may reflect attitudes which the participants perceived the researchers to expect.

In summary, Chapter 1 introduced the problem faced by nursing students. A review of the literature was accomplished in Chapter 2. A description of the research study was performed in Chapter 3. In Chapter 4, analysis of the collected data will be conducted.

Chapter 4

RESULTS

In Chapter 1 the problem which led to the research study was presented. A review of related literature was summarized in Chapter 2. In Chapter 3 the methodology of the study was described. Chapter 4 will analyze the data obtained by the study questionnaires.

The purpose of the study was to determine the attitudes of nurses toward nursing students. A self-report questionnaire and a demographic tool, both of which were developed by the researcher, were used to collect social data and data regarding nurses' attitudes toward nursing students. This chapter will introduce the sample using demographic data, present factors which describe the nurses' attitudes and describe associations between variables used in the research.

Sample Characteristics

The convenience sample consisted of 53 registered nurses working in acute-care hospitals. These nurses worked or rotated to daytime hours on medical-surgical units. The study sample was drawn from a total population of 791 registered nurses employed at the two facilities. Table 1 describes the characteristics of the sample. The study participants ranged from 25 to 60 years of age. Thirty-two (32) participants (60.4%) were diploma graduates from

Table 1

Characteristics of the Sample

Variable	Number of Staff Nurses (<u>N</u> = 53)	Percentage of Sample
<hr/>		
Age (in years)		
25 - 30	10	18.9
31 - 35	13	24.5
36 - 40	14	26.4
41 - 60	16	30.2
Sex		
Female	52	98.1
Male	1	1.9
Basic Nursing Education		
Diploma	32	60.4
Associate Degree	11	20.8
Baccalaureate	10	18.9

table continues

Variable	Number of Staff Nurses (<u>N</u> = 53)	Percentage of Sample
<hr/>		
Highest Degree Obtained		
Diploma	29	54.7
Associate Degree	9	17
Baccalaureate or Higher	15	28.3
Nursing Experience		
(in years)		
1 - 6 years	12	22.6
7 - 10 years	10	18.9
11 - 15 years	11	20.8
16 - 20 years	10	18.9
Over 20 years	10	18.9
Number of Nursing Students Worked With Over the Last Year		
1 - 5	16	30.2
6 - 10	15	28.3
More than 10	21	39.6

table continues

Variable	Number of Staff Nurses (<u>N</u> = 53)	Percentage of Sample
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Length of Employment		
(in years)		
1 - 3 years	9	17
4 - 6 years	10	18.9
7 - 10 years	12	22.6
Over 10 years	21	39.6
No Answer	1	1.9
Length of Time Worked With Nursing Students		
(in years)		
1 -6	14	26.4
7 -10	13	24.5
11 -15	12	22.6
More than 15	14	26.4
Nurses' Involvement With Students		
Directly	52	98.1
Team Leader Only	0	0.0
No Answer	1	1.9

table continues

Variable	Number of Staff Nurses (<u>N</u> = 53)	Percentage of Sample
<hr/>		
Institution		
Memorial Hospital	25	47.2
General Hospital	28	52.8

hospital-based schools of nursing; 11 (20.8%) held Associate degrees from community or junior colleges; and 10 (18.9%) possessed baccalaureate degrees from four year colleges or universities. Five (5) (9.4%) held degrees higher than their basic nursing education. Nursing experience varied from 1 year to over 20 years.

To further describe the sample, the length of employment in the hospital extended from 1 to over 10 years. The number of nursing students with whom the participants worked ranged from one to more than 10 over a period of one year. The length of time the subjects had worked with nursing students varied from 1 to over 15 years. The majority of the participants were female (98.1%) and worked directly with nursing students (98.1%). Twenty-five (25) nurses worked at Memorial Hospital, while 28 worked at General Hospital.

Nurses' Attitudes Toward Nursing Students

The first research question asked, what are the attitudes of staff nurses toward nursing students? In order to examine staff nurses' attitudes, frequency distributions were done on factors related to time, motivation, knowledge, professional issues, personal issues, instructor/student relationship, and background comparisons. As a result of minimal variance in the frequency distributions, the responses to the questions were collapsed into three categories: agree, disagree and undecided. In addition, in

order to determine the association, cross tabulations were utilized to identify relationships between the summated attitude scores and the variables of age, highest degree obtained, years of nursing experience, length of employment, number of years worked with nursing students and the number of nursing students the nurses worked with over the past year (1990-1991).

Attitude Distributions

Time. Item numbers 4, 6, 13, 31, 32, and 34 on the questionnaire were constructed to look at factors related to time. Approximately sixty-nine percent (69.2%) of the study participants experienced little time to do other things when there were new nursing students on the unit; nearly thirteen percent (13.2%) were undecided. However, 64.1% of the nurses felt that students who were familiar with the unit allowed time for the nurses to do other things; only 11.3% were undecided.

Moreover, the majority of the nurses (98.1%) did not think the nursing students were more trouble than they were worth. Nearly eighty-one percent (81.2%) did not feel as though they had too much to do to have to worry about students, while 11.3% were undecided. Most of the nurses (71.7%) disagreed and 15.1% were undecided regarding the statement that "nurses would not have to spend extra time with students, if the instructors would supervise the nursing students." For another time oriented question, the

majority of the nurses (86.8%) agreed that nursing students have time to attend to patients' needs, while 13.2% were undecided. These factors can clearly be seen in Table 2.

Motivation. Nursing student motivation was the area of focus for questions 10, 18, 35, and 36. Approximately ninety-four percent (94.3%) of the study participants believed nursing students are eager to learn. The nurses were almost evenly divided with respect to nursing students doing only what they are assigned. Almost forty-five percent (45.2%) agreed with the statement, whereas 51% disagreed. In comparison, 71.7% agreed and 15.1% were undecided as to whether nursing students helped fellow students with their work tasks. Nearly sixty percent (60.4%) of the nurses perceived the students as willing to assist staff nurses, while 13.2% are undecided. Table 3 illustrates the distribution of motivational factors.

Knowledge. The staff nurses' impression of nursing student knowledge was the emphasis of items 8, 14, 23, 26, 28, 30, 37, and 41. The majority of the participants believed nurses learn new information from students (73.6%) and nursing students ask good questions (83%). Most of the nurses (88.7%) disagreed when asked if nursing students ask too many questions and (88.6%) disagreed with the statement that nursing students cannot be told anything because they think they know everything. For the statement, "today's nursing schools provide quality education," 26.4%

Table 2

Time Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
4. With nursing students who are new on the unit, nurses have time to do other things.	17.0	13.2	69.2
6. With nursing students who are familiar with the unit, nurses have time to do other things.	64.1	11.3	23.1
13. There is too much to do to have to worry about nursing students.	5.8	11.3	81.2
31. Nursing students are more trouble than they are worth.	0.0	1.9	98.1

table continues

Factors	Percentage of Responses		
	Agree	Undecided	Disagree

32. I would not have to spend extra time with nursing students, if the instructor would supervise the nursing students.	13.2	15.1	71.7
34. Nursing students have time to attend to patients needs.	86.8	13.2	0.0

Table 3

Motivation Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
10. Nursing students willingly help staff nurses to get things done.	60.4	13.2	26.5
18. Nursing students help other students to get things done.	71.7	15.1	11.3
35. Nursing students are eager to learn.	94.3	3.8	1.9
36. Nursing students do only what they are assigned.	45.2	3.8	51.0

of the nurses were undecided and 66% agreed. Approximately sixty percent (60.4%) disagree and 34% were undecided on the question that students make hasty decisions. Almost twenty-one percent (20.8%) were undecided and 75.5% disagreed with the statement that, "nursing students seem to have no common sense." As for clinical experience, 64.1% of the participants believed that students are not experienced enough, while 17% are undecided. The attitude distribution regarding knowledge factors is illustrated in Table 4.

Professional Issues. Questions 1, 2, 11, 17, 25, and 33 on the questionnaire were designed to look at nursing student's professionalism as perceived by staff nurses. The results show that 98.1% of the nurses felt the nursing students respected them as practitioners. Over ninety-two percent (92.4%) of the nurses considered the nursing students as part of the nursing team. Most of the participants disagreed (50.9%) and 11.3% were undecided about whether the nurse should have to teach the nursing students when the clinical instructors are being paid for supervision. Nearly eighty-five percent (84.9%) felt that the nursing students were not too friendly with the doctors. The majority of nurses (75.4%) believed student questions stimulated new ways of doing things. Another 13.2% were undecided. Nursing students were perceived to look professional by 58.5%, while 17% were undecided

Table 4

Knowledge Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
8. You cannot tell nursing students anything because they know everything.	1.9	9.4	88.6
14. Nursing students ask too many questions.	5.7	3.8	88.7
23. Nurses learn new information from nursing students.	73.6	9.4	7.5
26. Today's nursing schools provide quality education.	66.0	26.4	5.7
28. Decisions are made too hastily by nursing students.	5.7	34.0	60.4
30. Nursing students ask good questions.	83.0	9.4	7.5
37. Nursing students seem to have no common sense.	3.8	20.8	75.5

table continues

Factors	Percentage of Responses		
	Agree	Undecided	Disagree

41. Nursing students do not get enough clinical experience.	64.1	17.0	18.9
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about student appearances. The attitude distribution regarding professional issues factors is in Table 5.

Background Comparisons. In this section of the survey instrument, staff nurses compared their nursing school experiences with that of the nursing students of today in questions 7, 9, 20, 21, 24, and 29. The majority of the study participants (98.1%) agreed that because they were students once, nurses should be nice to nursing students. When asked if diploma and associate degree students are better prepared clinically than baccalaureate nursing students, 69.8% felt diploma students and 43.4% felt associate degree students were better prepared clinically. Many nurses were undecided about this issue. Seventeen percent (17%) were undecided whether baccalaureate students were as well prepared as diploma students; a larger number (35.8%) were undecided as to whether baccalaureate degree nursing students were as well prepared as associate students.

In looking at student experiences in comparison to the participants', 56.6% felt they had more clinical exposure than students today. Approximately thirteen percent (13.2%) were unsettled about the issue. Most of the nurses (85%) felt the nursing students of today should not have it tough just because they did. Nearly seventy-four percent (73.6%) of the participants expressed that they would never have called their nursing instructor by their first name.

Table 5

Professional Issues Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
1. I believe nursing students respect nurses as practitioners.	98.1	0.0	1.9
2. Nurses consider nursing students as part of the nursing team.	92.4	1.9	5.7
11. Nurses should not have to do the teaching that clinical instructors are paid to do.	35.8	11.3	50.9
17. Nursing students are too chummy with the doctors.	3.8	9.4	84.9
25. Nursing student's questions stimulate new ways of doing things.	75.4	13.2	9.4
33. Nursing students look professional.	58.5	17.0	24.6

The attitude distribution concerning background comparisons is depicted in Table 6.

Instructor/Student relationship. The relationship between instructors and students as perceived by staff nurses are examined by the items 3, 15, and 39. The majority of the nurses (75.4%) did not feel nursing students were overly friendly with their instructors and 15.1% were undecided. Almost fifty-one percent (50.9%) felt the students relied more on the staff nurses than the nursing instructors; 11.3% were undecided. Many of the nurses (66%) think the instructors should not ease up on nursing students. An additional 28.3% were uncommitted. Table 7 portrays the attitudinal distribution regarding instructor/student relationship.

Personal Issues. This category dealt with the nurse's perception of nursing student attributes. Questions 5, 12, 16, 19, 22, 27, 38, and 40 on the questionnaire looked at personal issues. Many nurses (71.7%) agreed that nursing students accept constructive criticism, but 22.6% were undecided. About sixty-two percent (62.2%) of the study participants agreed with the statement that "nursing students become overwhelmed if they have to care for more than 1 or 2 patients." Another 17% were uncommitted for or against the statement. Approximately seventy-two percent (71.7%) of the sample disagreed that nursing students are too dependant on the nursing staff while 90.5% of the

Table 6

Background Comparison Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
7. We were all students once, so we should be nice to nursing students.	98.0	1.9	0.0
9. Baccalaureate nursing students are not as well prepared clinically as diploma students.	69.8	17.0	13.2
20. Baccalaureate nursing students are not as well prepared clinically as AD students.	43.4	35.8	20.3
21. When I was in nursing school, we had more clinical experience than the nursing students do now.	56.6	13.2	28.3

table continues

Percentage of Responses			
Factors	Agree	Undecided	Disagree
<hr/>			
24. I had it tough in nursing school, so nursing students of today should too.	9.4	1.9	85.0
29. I would never have dreamed of calling my instructors by their first name.	73.6	3.8	22.7

Table 7

Instructor/Student Relationship Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
3. Nursing students are too friendly with their instructor.	9.4	15.1	75.4
15. Nursing students rely on their instructors more than staff nurses.	32.1	11.3	50.9
39. It is about time instructors eased up on nursing students.	5.7	28.3	66.0

nurses enjoy working with nursing students. Almost forty-nine percent (49.1%) of the participants perceived a lack of self confidence in student nurses, while another 24.5% were undecided. Over seventy-nine percent (79.2%) of the sample felt nursing students provide good patient care.

In examining personal issues further, the majority of the participants (71.7%) agreed nursing students would admit when they did not know something, but 20.8% were unsure on this issue. It was surprising to find 45.3% of the study participants ambivalent when asked to assess whether nursing students practice assertiveness. Another 26.4% felt that nursing students did practice assertiveness, while 28.3% felt they did not. Attitude distribution pertaining to personal issues can be found in Table 8.

Association Between Length of Employment and Attitude Scores

In order to further explore the attitudes of staff nurses towards nursing students, cross tabulations were conducted on a summed attitude score for each participant and these were tested with a Chi-square. The summed attitude scores, ranging from 90 to 174, had a mean score of 140.132 and a median score of 141. The median score was used to split the questionnaire scores into low and high scores. Attitude scores of 141 and below were considered low, while above 141 was considered high.

Length of employment was separated into 4 groups. The groups were: (1) 1 to 3 years ($n=9$), (2) 4 to 6 years

Table 8

Personal Issues Factors (N=53)

Factors	Percentage of Responses		
	Agree	Undecided	Disagree
5. Nursing students accept constructive criticism.	71.7	22.6	5.7
12. Nursing students become overwhelmed if they have to care for more than 1 or 2 patients.	62.2	17.0	18.9
16. Nursing students are too dependant on the nursing staff.	13.2	9.4	71.7
19. Nursing students do not have enough confidence in themselves.	49.1	24.5	24.5
22. I enjoy working with nursing students.	90.5	5.7	1.9
27. Nursing students provide good patient care.	79.2	7.5	9.4

table continues

Percentage of Responses			
Factors	Agree	Undecided	Disagree
<hr/>			
38. Nursing students admit when they do not know something.	71.7	20.8	7.5
40. Nursing students practice assertiveness.	28.3	45.3	26.4

($\underline{n}=10$), (3) 7 to 10 years ($\underline{n}=12$), and (4) above 10 years ($\underline{n}=21$). A large number of the participants ($\underline{n}=21$) had over ten years of employment at the institution. This group had the largest difference in attitude scores. There were exactly 2 times more lower scores than higher scores. This would indicate that nurses with over 10 years of employment have lower attitudes toward nursing students than nurses employed 10 or fewer years. The Chi-square was 3.66183 and the associated P-value was .31137. This was not a significant finding. Table 9 portrays the association between length of employment and attitudes.

Association Between Nursing Students Nurses Worked With and Attitude Scores

The association between the number of nursing students nurses worked with over a year and attitude scores were examined using a Chi-square test for independence. Table 10 depicts this relationship. Number of nursing students nurses worked with over a year was arranged according to: (1) 0 to 5 per year ($\underline{n}=16$), (2) 6 to 10 per year ($\underline{n}=15$), and (3) over 10 per year ($\underline{n}=21$). A Chi-square of .03742 along with a P-value of .98146 resulted from the analysis. Results of this test indicated no relationship between nurses' attitudes and the number of nursing students with which nurses worked. These variables are therefore, believed to be independent.

Table 9

Association Between Length of Employment and Attitude Scores
(N=52)

Years of Employment		Attitude Scores	
		Low	High
1-3	(17.3%)	3	6
4-6	(19.2%)	4	6
7-10	(23.1%)	6	6
>10	(40.4%)	14	7
Total	(100%)	27	25

$\chi^2=3.66183$, d.f.=3, $p=.30037$

Table 10

Association Between Nursing Students Nurses Worked With Over
a Year and Attitude Scores (N=52)

Number of Nursing Students		Attitude Scores	
		Low	High
1-5	(30.8%)	8	8
6-10	(28.8%)	8	7
>10	(40.4%)	11	10
Total	(100%)	27	25

$\chi^2 = .03742$, d.f.=2, $p = .98146$

Association Between Years Nurses Worked With Nursing Students and Attitude Scores

An examination of the relationship between the number of years nurses worked with nursing students and attitude scores was accomplished by a cross tabulation. Number of years nurses worked with nursing students were categorized as: (1) 1 year to 6 years ($\underline{n}=14$), (2) 7 to 10 years ($\underline{n}=13$), (3) 11 to 15 years ($\underline{n}=12$), and (4) over 16 years ($\underline{n}=14$). As seen in Table 11, twice as many nurses who had worked with nursing students between 1 and 6 years, had higher attitude scores than those with low attitude scores. On the other hand, nurses who had worked over 16 years with nursing students exhibited twice as many low attitude scores as high attitude scores. The resulting Chi-square and the associated P-value were 5.20276 and .15754 respectively. This result is not significant indicating that the association between years staff nurses worked with nursing students and their attitude score could have occurred by chance.

Effect of Age on Staff Nurses's Attitudes

The second research question asked, what effect does age have on the staff nurses' attitudes toward nursing students? To evaluate this question, Chi-square and Kruskal-Wallis tests were performed. A cross tabulation was used to examine the association between age and attitude. Age was categorized as: (1) 25 to 30 years old ($\underline{n}=10$),

Table 11

Association Between Years Nurses Worked With Nursing
Students and Attitude Scores (N=53)

Years Worked with Nursing Students		Attitude Scores	
		Low	High
1-6	(26.4%)	4	10
7-10	(24.5%)	7	6
11-15	(22.6%)	6	6
>16	(26.4%)	10	4
Total	(100%)	27	26

$\chi^2=5.20276$, d.f.=3, $p=.15754$

(2) 31 to 35 years old ($n=13$), (3) thirty-36 to 40 years old ($n=14$), and (4) 41 to 60 years old ($n=16$). The results show attitude levels were almost evenly divided until the age of 40. After 40 years of age, low attitude scores were more frequent when compared to high attitude scores. Significant findings were not produced from the cross tabulation. A Chi-square of 1.34425 with an associated P-value of .71865 were reported, indicating a chance association. Table 12 expresses the effect age has on nurses' attitudes toward nursing students.

The Kruskal-Wallis test examined the differences in rank scores among the four age groups. Age was classified as follows: (1) 25 to 30 years old (mean rank=27.6), (2) 31 to 35 years old (mean rank=27.15), (3) 36 to 40 years old (mean rank=29.64), and (4) 41 to 60 years old (mean rank=24.19). The difference between age and attitudes was tested at a .05 level of significance. From the Kruskal-Wallis test, the Chi-square was .957 and the level of the associated P-value was .8116. No significant findings were concluded from the test.

Effect of Nursing Experience on Staff Nurses' Attitudes

The third research question asked, what effect does years of nursing experience have on staff nurses's attitudes toward nursing students? Cross tabulation and Kruskal-Wallis tests were used to explore this question. To look more closely at the association between nursing

Table 12

Association Between Age and Attitude Scores (N=53)

Age (in years)		Attitude Scores	
		Low	High
25-30	(18.9%)	5	5
31-35	(24.5%)	6	7
36-40	(26.4%)	6	8
>40	(30.2%)	10	6
Total	(100%)	27	26

$\chi^2=1.34425$, d.f.=3, p=.71865

experience and attitude scores, a cross tabulation was conducted. Nursing experience was separated into: (1) 1 to 6 years ($\underline{n}=12$), (2) 7 to 10 years ($\underline{n}=10$), (3) 11 to 15 years ($\underline{n}=11$), (4) 16 to 20 years ($\underline{n}=10$), and (5) over 20 years ($\underline{n}=10$). In comparing nursing experience to nurses' attitude scores, nurses with 1 to 6 years of experience had two times the number of high attitude scores as compared to low attitude scores. Nurses with over 20 years of nursing experience had four times the number of low attitude scores when contrasted to high attitude scores. The cross tabulation produced a Chi-square of 5.80744 and an associated P-value of .21400. Since the P-value was greater than .05, significant findings were not concluded from this test. The effect of nursing experience on staff nurses' attitudes is depicted in Table 13.

For the Kruskal-Wallis test, nursing experience was categorized as: (1) 1 year to 6 years (mean rank=32.96), (2) 7 to 10 years (mean rank=22.95), (3) 11 to 15 years (mean rank=28.09), (4) 16 to 20 years (mean rank=29.45), and (5) over 20 years (mean rank=20.25). The Chi-square score was 4.69. The factors were tested at the .05 level of significance with a P-value of .3205. Results from the test showed no significant findings.

Table 13

Association Between Nursing Experience and Attitude Scores
(N=53)

Nursing Experience (in years)		Attitude Scores	
		Low	High
1-6	(22.6%)	4	8
7-10	(18.9%)	6	4
11-15	(20.8%)	5	6
16-20	(18.9%)	4	6
>20	(19.9%)	8	2
Total	(100%)	27	25

$\chi^2=5.80744$, d.f.=4, p=.21400

Effect of Professional Preparation on
Staff Nurses' Attitudes

The fourth research question asked, what effect does professional preparation have on staff nurses' attitudes toward nursing students? Chi-square and Kruskal-Wallis tests were utilized to investigate the effect of professional preparation on staff nurses' attitudes toward nursing students. A Chi-square test was used to test the differences between the professional preparations. The analysis of the groups on this variable can be seen in Table 14. Subgroups for educational preparation were designated as: (1) Diploma graduates ($n=29$), (2) Associate Degree graduates ($n=9$), and (3) Bachelor's Degree graduates ($n=15$). The Diploma graduates were found to have lower attitude scores than graduates from other schools. Associate degree graduates had an even spread of scores, while graduates of bachelor's degree programs or higher had exactly twice as many high scores as low scores. This indicates that graduates of bachelor's degree programs tend to have higher attitudes scores toward nursing students. The Chi-square test statistic was 2.62191, while the level of the associated P-value was .26956 at a .05 level of significance. Significant findings were not concluded from this test.

For the Kruskal-Wallis test, nursing education was arranged into 3 divisions. These included: (1)

Table 14

Association Between Professional Preparation and Attitude
Scores (N=53)

Professional Preparation		Attitude Scores	
		Low	High
Diploma	(54.7%)	17	12
Associate Degree	(17.0%)	5	4
BS Degree	(28.3%)	5	10
Total	(100%)	27	26

$\chi^2=2.62191$, d.f.=2, $p=.26956$

Diploma graduates (mean rank=25.7), (2) Associate Degree graduates (mean rank=26.68), and (3) Bachelor's Degree graduates (mean rank=31.5) No significant findings were concluded from the test. The Chi-square was 1.079. At a .05 level of significance, the descriptive probability level for these two factors was .5829.

Differences Between the Hospitals Surveyed

The fifth research question examined the difference in staff nurses' attitudes toward nursing students between two hospital. Analysis of the differences in attitudes between the hospitals was achieved by using Mann-Whitney U tests. The Mann-Whitney U investigates the difference between medians of 2 independent samples. The two groups of measure were Memorial Hospital and General Hospital. Initially, a Mann-Whitney U test was performed on the medians of the sum of the participants' scores. The results showed no significant differences between the attitudes of participants at the two hospitals ($U=295.0$, $W=730$, $Z=-.9806$, and $P=.3268$).

To further investigate the differences between the hospitals, Mann-Whitney U tests were conducted on the responses to each individual question. A significant difference at the .05 level was found between the two institutions on three statements. For the statement "nursing students do not get enough clinical experience," the Mann-Whitney U produced a P-value of 0.0018. Nurses at

Memorial Hospital (mean rank=33.72) disagreed with the statement, while nurses at General Hospital (mean rank=21) agreed with the question.

In addition, a significant P-value of 0.0133 was obtained on the statement "baccalaureate nursing students are not as well prepared clinically as AD students." Overall, nurses at General Hospital (mean rank=21.37) agreed with the statement, whereas Memorial Hospital's (mean rank=31.21) nurses disagreed.

Finally, a significant P-value of 0.0233 at the .05 level resulted from the question "There is too much to do to have to worry about nursing students." Differences between General Hospital and Memorial Hospital surfaced with mean rankings of 22.86 and 30.98 respectively with General Hospital tending to agree with the statement more than Memorial Hospital.

At the .10 level of significance, contrasts between the two hospitals were found on five questions. A P-value of 0.0543 was obtained for the statement "I would never have dreamed of calling my instructors by their first name." Nurses at General Hospital agreed with the statement. Differences in attitudes were acquired on the statements "students help other students to get thing done" and "I consider the nursing students as part of the nursing team" with P-values of 0.0705 and 0.0748 respectively. Memorial Hospital nurses tended to agree with both statements more

than General Hospital. The Mann-Whitney U produced a descriptive probability of 0.0837 for the question "students become overwhelmed if they have to care for more than 1 or 2 patients." Nurses from General Hospital felt this statement was true. Finally, a significant difference at the .10 level was obtained for the statement "I believe nursing students respect staff nurses as practitioners" with a P-value of 0.0929. Memorial Hospital participants agreed with the statement.

Attitude Groupings

The sixth research question asked whether staff nurses' attitudes toward nursing students were grouped according to the following factors: time, motivation, knowledge, personal issues, professional issues, instructor/student relationship, and background comparisons. Prior to the collection of data, based on a review of the literature the variables were divided into these seven categories. After executing the factor analysis, the 41 study variables were decreased to thirteen factors. Many variables converged on more than one factor when using a .3 criteria of correlation. The factors included: student respect for nurses, student characteristics, lack of student professionalism, instructor issues, student autonomy, nurses' perception of nursing students, mentoring, the job of nursing, nursing supervision of nursing students, student

know-it-all characteristics, nursing student limitations, nurses training, and student assistance to nurses.

The respect factor addressed the variable of student respect for the nurses. Student characteristics included laziness, professional appearance, amount of common sense, and ability to provide good patient care. Regarding the lack of student professionalism, the study addressed whether nursing students would acknowledge when they did not know something and were eager to learn. The variables of friendliness with the instructor, students addressing the instructor by his/her first name, and instructors who are paid to teach nursing students all fell under the factor of "instructor issues". "Student autonomy" encompassed the variables of nursing student dependence on staff nurses and student reliance on instructors rather than staff nurses.

Additionally, the "perception of nursing students" factor consolidated fourteen study variables. This factor included variables such as: assertiveness, nurses learning new information from students, and student tendencies to become overwhelmed. The "mentoring" factor dealt with clinical experience, student acceptance of criticism, and the concept that all nurses were once students. The "job of nursing" factor entailed the variables of nurse enjoyment in working with nursing students and students making well thought out decisions. The variables of easing up on nursing students and relying on instructors more than staff

nurses factored out under "nursing supervision of nursing students". The "know-it-all" factor included the variable that students know everything. Lack of assertiveness, not accepting criticism, becoming overwhelmed and asking too many questions were a few of the variables that fell under "nursing student limitations".

In describing the reduction of variables further, the "nurses' training" factor combined the original factors of past and present issues and program comparisons. Some of the variables under this factor were: easing up on nursing students, nursing students should have it tough because I did, and diploma students are better prepared than baccalaureate students. Lastly, "helpfulness to nurses" encompassed variables like new and familiar students, allowing nurses time to do other things, and student willingness to help nurses to get things done.

Chapter 1 introduced the problem and the purpose of the study. A review of the literature concerning the problem was included in Chapter 2. Chapter 3 described the research study to be performed. The research data was evaluated and analyzed in Chapter 4. The fifth and final chapter will consist of conclusions drawn from the findings, the significance of the findings, and recommendations for further study.

Chapter 5

SUMMARY AND CONCLUSIONS

Chapter 1 introduced the problem and the study purpose. A literature review pertaining to the problem was contained in Chapter 2. Chapter 3 specified the study to be conducted and the data analysis and evaluations were performed in Chapter 4. This Chapter will include conclusions drawn from the findings, the implications of the findings, and recommendations for further research.

This descriptive exploratory study was designed to identify staff nurses' attitudes concerning nursing students. In addition, staff nurses' attitudes pertaining to nursing students were compared among the two surveyed hospitals. Discussion of the results of this study will be presented under the following headings: attitude correlations, attitudes of staff nurses' toward nursing students, effect of age on attitudes, effect of years of nursing experience on attitudes, effect of professional preparation on attitudes, and difference among the hospitals surveyed. Implications for nursing and suggestions for further research will be discussed.

Attitudes of Staff Nurses' Toward Nursing Students

An investigation of staff nurses' attitudes toward nursing students indicated that many nurses were undecided on numerous questions. Under the categories of time,

motivation, knowledge, personal issues, professional issues, past and present issues, and program comparisons several questions had a high percentage of undecided responses. For the time grouping (Table 2), a large number of staff nurses were uncommitted as to whether they had time to do other things when either new or familiar students were on the unit. Possibly, the nurses who were ambivalent do not work with students as often as the nurses who were decisive about the question.

Additionally, some nurses were ambivalent as to whether they would not have to spend extra time with students if instructors would supervise the nursing students. This interesting point must be noted because Nail and Singleton (1983) indicated that nurses spend more time in certain activities when nursing students are on the unit.

Another time related question, where the nurses indicated that they had too much to do to worry about students, had a number of uncommitted responses. These staff nurses may feel there is too much to do, but did not want to actually agree with the statement because nurses are "supposed" to make time for students.

The final time related statement with a number of indecisive responses considered the nursing students' time to attend to patient needs. Perhaps these staff nurses were remembering what it was like to be a nursing student. The staff nurses may have felt overwhelmed with the

responsibility of caring for patients and in acquiring needed skills as nursing students.

The motivation category (Table 3) had two questions with a considerable number of undecided responses: "nursing students willingly help staff nurses" and "nursing students willingly help other students" created ambivalence in some staff nurses. It is speculated that the indecisive nurses only saw the students talking with other students or they may have never had a student help them.

Several knowledge factors had a high percentage of undecided responses as in Table 4. A high degree of ambivalence was seen in the two statements that "today's nursing schools provide quality education" and "students do not get enough clinical experience." It is theorized that staff nurses may have been contemplating the different types of preparations for nurses-diploma, associate degree, and baccalaureate degree. Nurses were also uncommitted on the two questions that "nursing students make decisions too hastily" and "nursing students seem to have no common sense." For these questions, it is speculated that the nurses, who were uncommitted, actually agreed with the statements, but did not want to indicate their true feelings on the questionnaire.

Factors dealing with professional issues (See Table 5) had several statements with a high number of responses in the undecided category. The question "nurses should not

have to do the teaching that clinical instructors are paid to do" possibly had a high degree of undecided responses because nurses felt they should get extra money for working with nursing students. It is postulated that the indecisiveness on the statement dealing with student's questions stimulating new ways of doing things results from the uncommitted participants feeling overwhelmed by students' questions. Lastly, a large degree of participants were undecided on whether students look professional. This could result from an easing of nursing schools' dress codes from when the staff nurses were in school.

Three questions under the category of background comparisons (See Table 6) had high percentages of indecisive participants. Of the three questions, two questions compared baccalaureate students preparation to both diploma and associate degree nursing students. Perhaps the large number of uncommitted nurses were contemplating the proposed entry level for nurses when answering these two statements. The third question with a high degree of undecided responses asked nurses whether they had more clinical experience than the students of today have. It is speculated that the uncommitted responses were from graduates of baccalaureate or associate degree programs, whose amount of clinical experiences were similar to the students they now work with.

Under the section instructor/student relationship, all three of the questions had a high degree of undecided

responses. A high percentage of respondents were indecisive regarding nursing students being too friendly with their instructors. In observing the friendly interaction between nursing students and instructors and remembering one's own aloof relationship with nursing instructors may produce a response of this kind. The question "nursing students rely on instructors more than staff nurses" created ambivalence possibly because the staff nurses may spend a great deal of time with students. Many participants were indecisive toward the question that it is about time instructors eased up on nursing students. Perhaps these responses came from nurses recalling how the strictness of the instructor kept the nurses directed as students.

Most of the questions in the personal issues segment had a large number of uncommitted responses. Many nurses were undecided as to whether nursing students accept criticism. It is speculated that the nurses were unsure how to interpret accepting criticism. Nurses were also undecided about nursing students becoming overwhelmed when they must care for more than 2 patients. This indecisiveness may result from a lack of exposure to nursing students when they must care for more than 2 patients. The instructors, rather than the staff nurses, may have more contact with the nursing students giving direct patient care.

Additionally, the results showed that staff nurses were ambivalent about nursing students lack of self confidence. This is surprising because nursing students admit a lack of self confidence as in the informal survey conducted by Neighbors ("Learning by"). Another question in which there was a high percentage of undecided participants dealt with nursing students admitting when they did not know something. Nursing students may ask their instructors if they do not know something, which may lead to the staff nurses' ambivalence.

The last personal issue where the staff nurses' were indecisive concerned the nursing students' assertiveness. Almost one half of the staff nurses were undecided, while the other half were split almost equally between agree and disagree. It is surmised that the nurses did not grasp the meaning of assertiveness as used on this questionnaire. Perhaps the question would have been better understood if the question stated that nursing students are too assertive or are not assertive enough.

Interestingly, staff nurses felt that having students familiar with the unit allowed them time to do other things. As noted by Nail and Singleton (1983) staff nurses actually spend more time on certain activities, like giving and taking reports, communicating patient requests, and performing treatments, when students are on the unit.

In looking at the association between length of employment and nurses attitude scores, no significant results were found. Although, it was interesting to see that nurses with over 10 years of employment had twice as many lower attitudes toward nursing students than nurses employed 10 years or less. In searching the literature, there was no indication to expect this result.

The relationship between nursing students and staff nurses attitudes were studied. No significant findings were recognized. This was an unexpected finding based on the literature cited which stated that in working with nursing students, staff nurses must not be overdosed with students (Nail & Singleton, 1983). It was noted from the study that some staff nurses worked with over 10 students in one year.

An examination of the association between years nurses worked with nursing students and attitudes found no significant relationship between these variables. It must be noted that an inverse relationship was identified. Twice as many nurses who had worked with nursing students between 1 and 6 years, had higher attitude scores than those with low attitude scores. This finding is not supported in the literature. The relationship was included in the investigation to look at a possibility not explored previously, and to supply the researcher with information on whether or not to use the variables in additional studies on the topic.

Effect of Age on Attitudes

An examination of the relationship between age and staff nurses' attitudes regarding nursing students found no significant association between the variables. No literature was found which would have led the researcher to expect such an association. This variable was included in the study to look at a possibility not examined before, and to provide the researcher with some sense of whether or not this variable should be retained in future studies which deal with staff nurses attitudes toward nursing students. However, the results showed attitude levels evenly distributed until the age of 41. After 41 years of age, low attitude scores were more frequent when compared to high attitude scores.

Effect of Years of Nursing Experience on Attitudes

No significant association was found between nursing experience and staff nurses' attitudes toward nursing students. The literature did not indicate that the researcher should expect such a relationship. This variable, like the age variable, was incorporated in the investigation to look at a possibility not examined previously, and to furnish the researcher with some meaning of whether or not nursing experience should be used in future studies which consider nurses attitudes. Although, the study indicated that high attitude scores were two times more frequent when compared to low attitude scores in nurses

with 1 to 6 years of experience. In contrast, low attitude scores were four times more customary in nurses with over 20 years of experience than those with high attitude scores.

Effect of Professional Preparation on Attitudes

No significant association was found between professional preparation on attitudes. As in the case above, there is no literature base which would have led the researcher to expect such an association. It should be noted that diploma graduates had lower attitude scores than graduates from other schools. Associate degree graduates had an even spread of scores, while graduates of bachelor degree programs or higher had exactly twice as many high scores as low scores.

Differences Among the Hospitals Surveyed

Significant differences in staff nurses' attitudes toward nursing students were found between the hospitals surveyed. Distinctive variations between the institutions were found in regards to the following statements: (1) associate degree student are better prepared than the baccalaureate student, (2) there is too much to do to have to worry about students, and (3) students become overwhelmed when taking care of more than 1 or 2 patients. Nurses at General Hospital agreed with all three statements. General Hospital provides clinical experience to students from four nursing schools and a respiratory therapy program as opposed to Memorial Hospital's one nursing program. General

Hospital may have agreed with these statements because the staff nurses are exposed to so many students from different health care delivery programs with distinct learning objectives.

Other distinguishing differences between the hospitals dealt with the following statements: (1) nursing students respect registered nurses as practitioners, (2) nurses consider students as part of the nursing team, and (3) students willingly help other students to get tasks done. Memorial Hospital agreed with the previous statements, but disagreed with the statements that I would never have dreamed of calling my instructors by their first names, and nursing students do not get enough clinical experience. It is speculated that the reaction of nurses at Memorial Hospital to these statements results, in part, from the association with the affiliated school of nursing. Staff nurses at Memorial Hospital may also be more student-oriented because clinical experience is mainly provided for the affiliated nursing school.

Attitude Groupings

The analysis of the 41 study variables does not support the seven variable groupings developed prior to the study. Instead, thirteen classifications were recognized. It was anticipated that the categories resulting from the analysis would converge partially with the groupings developed earlier in the study. Only the categories of student

autonomy and nurses' training from the evaluation were similar to the previous groupings of personal issues and background comparisons. The comparable categories were personal issues and past and present issues, to student characteristics and nurses training respectively. It was interesting to find that knowledge was not a category from the analysis.

Implications for Nursing

Despite the limitations of the study, this investigator believes that the study suggests multiple implications for staff nurses and faculty instructors. Staff nurses must foster an environment that provides empathy, trust, patience, and respect for nursing students. Staff nurses possess an abundance of information and skills acquired through years of practicing nursing. By willingly sharing their expertise, nurses create a positive learning environment for students which may influence nursing students to return to the unit after graduation. Nursing students prefer to return to a unit where they felt welcome as a student.

In working with nursing students, both staff nurses and students must be aware of what is expected of each participant. Staff nurses must evaluate their attitudes and willingness to work with nursing students. Whereas, students should not be assigned to work with nurses who are not willing to share their expertise.

Information may be gleaned from the study regarding the selection of preceptors to work with nursing students. When possible, nursing students should be assigned to precept with nurses who are less than 40 years old, have less than 10 years of nursing employment, hold a baccalaureate degree and, who have not worked with many students over the past year.

Suggestions for Further Research

For future studies, it is suggested that a larger sample size using a random sampling of nurses be used. A larger random sample would hopefully furnish more evenly divided subgroups in regard to educational preparation, sex, and age. Increased external validity of the findings to other settings or samples will result from a larger random sample.

The possibility of refining the questionnaire developed for the study is also suggested. The statements dealing with criticism and assertiveness would need to be clarified. While statements about the different types of nursing preparation would be added.

A combined quantitative and qualitative approach to study staff nurses' attitudes toward nursing students is recommended. A description of staff nurses' attitudes could be obtained by the administration of a questionnaire and by interviewing the nurses. The interviews would allow for clarification of questions on the questionnaire while

possibly exploring the attitudes that were not mentioned on the survey.

Last, but far from least, this researcher would like to impress upon both staff nurses and faculty instructors the need to feed and nurture nursing students instead of starving and abusing the nursing young. According to Jackson and Meighors (1988), "the students of today are the future of professional nursing. If this is true, it is imperative that we must shape nursing students so they can, in turn, shape the future of nursing.

Appendix A

DISCLOSURE STATEMENT

I am a graduate student at Salisbury State University working on my thesis. I am conducting a study on how staff nurses view nursing students. I am seeking the assistance of staff nurses who work on medical-surgical floors in completing a questionnaire concerned with nurses' attitudes toward nursing students.

The questionnaire is brief and should take about 15 minutes of your time to complete. The information provided will be kept anonymous. Your name does not appear on the questionnaire.

Your cooperation and participation are strictly voluntary. You may leave any particular questions unanswered or may choose not to complete the questionnaire. Your participation is very valuable and will help me determine how staff nurses feel about nursing students. You will not derive direct benefits from participating, but you may get a sense of personal satisfaction at having participated in a study that will further nursing research.

Once you have completed the questionnaire, place it in the envelope on your unit bulletin board marked "STUDY RETURN".

If you have any question about this study or would be interested in the results, please contact Sharon Stagg, graduate student, Salisbury State University, telephone 822-1000, extension 5600. Thank you very much for your cooperation.

DEMOGRAPHIC DATA SHEET

Please mark the appropriate answer:

1. Age:

<input type="checkbox"/> 18-24	<input type="checkbox"/> 36-40	<input type="checkbox"/> 51-55
<input type="checkbox"/> 25-30	<input type="checkbox"/> 41-45	<input type="checkbox"/> 56-60
<input type="checkbox"/> 31-35	<input type="checkbox"/> 46-50	<input type="checkbox"/> Over 60
2. Sex:
☐ Female
☐ Male
3. Basic R.N. education:
☐ Diploma
☐ Associate Degree
☐ BSN
4. Highest degree obtained:

<input type="checkbox"/> Diploma	<input type="checkbox"/> Masters(not nursing)
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Doctorate
<input type="checkbox"/> BSN	<input type="checkbox"/> Other _____
<input type="checkbox"/> Masters(nursing)	
5. Number of years worked in nursing as an RN:

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 11-15 years
<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 16-20 years
<input type="checkbox"/> 4-6 years	<input type="checkbox"/> Over 20 years
<input type="checkbox"/> 7-10 years	
6. Length of nursing employment at this institution:

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 7-10 years
<input type="checkbox"/> 1-3 years	<input type="checkbox"/> Over 10 years
<input type="checkbox"/> 4-6 years	
7. Approximate number of nursing students you have worked with in the last year:

<input type="checkbox"/> None	<input type="checkbox"/> 6-8
<input type="checkbox"/> 1-2	<input type="checkbox"/> 9-10
<input type="checkbox"/> 3-5	<input type="checkbox"/> Greater than 10
8. Number of years you have worked with nursing students:

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 11-15 years
<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 16-20 years
<input type="checkbox"/> 4-6 years	<input type="checkbox"/> Over 20 years
<input type="checkbox"/> 7-10 years	
9. If you have had nursing students on your unit, in what capacity was your involvement?
☐ Worked directly with nursing students as preceptor/team leader/primary nurse
☐ Never have worked with nursing students

Appendix C
NURSES' ATTITUDES TOWARD NURSING STUDENTS

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Please circle the response which best suggests how you feel about each question as it relates to nursing students.

SA=Strongly agree

A=Agree

U=Undecided

D=Disagree

SD=Strongly disagree

- | | | | | | | |
|-----|--|----|---|---|---|----|
| 1. | I believe nursing students respect staff nurses as practitioners. | SA | A | U | D | SD |
| 2. | I consider the nursing students as part of the nursing team. | SA | A | U | D | SD |
| 3. | The nursing students are too friendly with their instructors. | SA | A | U | D | SD |
| 4. | With nursing students who are new on the unit, nurses have time to do other things. | SA | A | U | D | SD |
| 5. | Nursing students accept constructive criticism. | SA | A | U | D | SD |
| 6. | With nursing students who are familiar with the unit, nurses have time to do other things. | SA | A | U | D | SD |
| 7. | We were all nursing students once, so nurses should be nice to nursing students. | SA | A | U | D | SD |
| 8. | You cannot tell student nurses anything, because they know everything. | SA | A | U | D | SD |
| 9. | Baccalaureate nursing students are not as well prepared clinically as diploma students. | SA | A | U | D | SD |
| 10. | Nursing students willingly help staff nurses to get things done. | SA | A | U | D | SD |
| 11. | Staff nurses should not have to do the teaching that clinical instructors are paid to do. | SA | A | U | D | SD |
| 12. | Nursing students become overwhelmed, if they have to care for more than 1 or 2 patients. | SA | A | U | D | SD |

13.	There is too much to do to have to worry about nursing students.	SA	A	U	D	SD	98
14.	Nursing students ask too many questions.	SA	A	U	D	SD	
15.	Nursing students rely on their instructors more than staff nurses.	SA	A	U	D	SD	
16.	Nursing students are too dependant on the staff nurses.	SA	A	U	D	SD	
17.	Nursing students are too chummy with the doctors.	SA	A	U	D	SD	
18.	Nursing students help other students to get things done.	SA	A	U	D	SD	
19.	Nursing students do not have enough confidence in themselves.	SA	A	U	D	SD	
20.	Baccalaureate nursing students are not as well prepared clinically as AD students.	SD	A	U	D	SD	
21.	When I was in nursing school, we had more clinical experience than the nursing students do now.	SA	A	U	D	SD	
22.	I enjoy working with nursing students.	SA	A	U	D	SD	
23.	Nurses learn new information from nursing students.	SA	A	U	D	SD	
24.	I had it tough in nursing school, so nursing students of today should too.	SA	A	U	D	SD	
25.	Nursing students' questions stimulate new ways of doing things.	SA	A	U	D	SD	
26.	Today's nursing schools provide quality education.	SA	A	U	D	SD	
27.	Overall, nursing students provide good patient care.	SA	A	U	D	SD	
28.	Decisions are made too hastily by nursing students.	SA	A	U	D	SD	

29.	When I was a nursing student, I would never have dreamed of calling my instructors by their first names.	SA	A	U	D	SD	99
30.	Nursing students ask good questions.	SA	A	U	D	SD	
31.	Nursing students are more trouble than they are worth.	SA	A	U	D	SD	
32.	I would not have to spend extra time with nursing students, if the instructors would supervise the students.	SA	A	U	D	SD	
33.	Nursing students look professional.	SA	A	U	D	SD	
34.	Nursing students have time to attend to the patients' needs.	SA	A	U	D	SD	
35.	Nursing students are eager to learn.	SA	A	U	D	SD	
36.	Nursing students do only what they are assigned to do.	SA	A	U	D	SD	
37.	Nursing students seem to have no common sense.	SA	A	U	D	SD	
38.	Nursing students admit when they do not know something.	SA	A	U	D	SD	
39.	It is about time instructors eased up on nursing students.	SA	A	U	D	SD	
40.	Nursing students practice assertiveness.	SA	A	U	D	SD	
41.	Nursing students do not get enough clinical experience.	SA	A	U	D	SD	

When you are finished, place the questionnaire in the envelope on your unit bulletin board marked "STUDY RETURN". THANK YOU!!

Appendix D
Statement of Approval
Committee on Human Volunteers

100

Salisbury State College

Date May 22, 1991

MEMORANDUM TO: Dr. Karen K. Badros/Sharon Stagg

FROM : Chairman, Committee on Human Volunteers

SUBJECT : Study done by Nursing Student

"Nurses' Attitudes Toward Nursing Students"
Title of Study

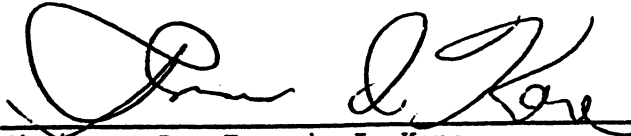
Nursing Dept. of Salisbury State University
Grant Application No. _____ Sponsoring Agency

Dr. Karen K. Badros, Advisor

Principal Investigator or Program Director

The Committee on Human Volunteers has considered the above application and, on the basis of available evidence, records its opinion as follows:

- (1) The rights and welfare of individual volunteers are adequately protected.
- (2) The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).
- (3) The investigators are responsible individuals, competent to handle any risks which may be involved, and the potential medical benefits of the investigation fully justify these studies.
- (4) The investigators assume the responsibility of notifying the Committee on Human Volunteers if any changes should develop in the methodology or the protocol of the research project involving a risk to the individual volunteers.


Chairman Dr. Francis I. Kane

cc: Dr. Edna Stilwell

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CURRICULUM VITAE

SHARON J. STAGG

PERSONAL

Birthdate: December 31, 1957

Address: 9006 Fox Meadow Lane
Easton, Maryland 21601

Telephone: (410) 820-4740

License: Maryland Nurse Registration
No. R098969

EDUCATION

1985-1992 Master of Science Candidate,
Salisbury State University,
Salisbury, Maryland

1976-1980 Bachelor of Science in Nursing,
Radford University,
Radford, Virginia

POSITIONS HELD

1991-Present Adjunct Faculty
Surgical Technology Program
Chesapeake College
Wye Mills, Maryland

1991-Present Instructor
McQueen Gibbs Willis School of Nursing
Easton, Maryland

1990-Present Nurse Educator
Surgical Services Department
Memorial Hospital at Easton, Inc.
Easton, Maryland

1988-1990 Staff Nurse and Charge Nurse
Surgical Services Department
Memorial Hospital at Easton, Inc.
Easton, Maryland

1987-1988 Clinical Educator
Telemetry, Renal, and Neurological
Units,
New Hanover Memorial Hospital
Wilmington, North Carolina

1982-1987	Staff Nurse and Charge Nurse Coronary Care Unit New Hanover Memorial Hospital Wilmington, North Carolina
1981-1982	Staff Nurse and Charge Nurse Orthopedic Unit New Hanover Memorial Hospital Wilmington, North Carolina
1980-1981	Staff Nurse and Charge Nurse Orthopedic and Neurological Unit Roanoke Memorial Hospital Roanoke, Virginia

PROFESSIONAL ORGANIZATIONS

American Nurses Association
Maryland Nurses Association
Association of Operating Room Nurses
Sigma Theta Tau International, Lambda Eta Chapter