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## Faculty Attitudes Toward the Preparation of Baccalaureate Nursing Students for Practice in Hospital and Non-Hospital Settings

Lisa Radley

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FACULTY ATTITUDES TOWARD THE PREPARATION OF  
BACCALAUREATE NURSING STUDENTS FOR PRACTICE  
IN HOSPITAL AND NON-HOSPITAL SETTINGS

by

Lisa Victoria Radley

A Dissertation  
Submitted to the Graduate School,  
the College of Nursing and Health Professions  
and the School of Leadership and Advanced Nursing Practice  
at The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

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## ABSTRACT

The ongoing nursing shortage worsened in recent years following the COVID-19 pandemic, has resulted in increasing concerns about future deficits in the nursing workforce. Many nurses are approaching retirement age at a time when the overall demand for healthcare services is expected to increase. Changes in nursing education have been recommended to ensure that the next generation of nurses are willing and prepared to meet the needs of an ageing population. Nursing faculty will have important roles in the education and mentoring of students to prepare them to care for diverse populations in a variety of practice settings. Understanding faculty attitudes about these changes and whether there are long-held beliefs or ‘sacred cow’ practices that may be challenged is an essential first step.

A descriptive qualitative study was conducted to answer the following research question: What do nurse faculty perceive as priority areas for preparing students for practice, and does this affect their teaching? A sample of 13 participants were recruited comprised of nursing faculty from baccalaureate programs across the United States to participate in focus group interviews to explore their perceptions of priority areas for the educational preparation of the next generation of registered nurses. A total of three focus group interviews with four to five participants each were conducted virtually via Zoom between September and November of 2023. The researcher acted as moderator for each of the focus group interviews and asked a set of nine questions that were developed for the purposes of this study. Content analysis was conducted to sort the narrative data collected from the interview transcripts into five categories and 16 subcategories. The data were further analyzed to identify themes of repeating ideas or concepts from within

the interview transcripts. A total of five themes emerged during analysis of the narrative data collected from the focus group interviews. The themes included Desire for Students to Succeed, Perceptions of Specific Roles/Settings, Comfort in What is Familiar, Acknowledgment of Changes in Nursing, and Faculty Influence on Students.

The findings of this study provide sight into faculty attitudes toward the preparation of students for practice in various settings. The findings revealed that nursing faculty generally perceive some roles and practice settings to be more appropriate for new nurses and that they prioritize certain areas of content above others. The findings also indicate that faculty perceptions of priority areas may affect their teaching in terms of how much focus is given to certain content compared to others. Although further research is recommended to explore this topic, this study provides a basis on which to build and expand the knowledge of this aspect of nursing education.

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I want to express my sincere gratitude for the time and effort so many have put into helping me complete this study. To Dr. Kathleen Masters, my first Committee Chair, who taught me so much about producing quality research and who set me on a successful path. To Dr. Norma Cuellar, for all the knowledge and guidance she has shared with me over the past year. To Dr. Lachel Story, whose expertise in qualitative research has been invaluable and whose kindness will not be forgotten. To Ms. Jeanne Stewart, for all her knowledge and assistance with the logistical aspects of completing this project. I would also like to thank each member of my committee, past and present, including Drs. Bonnie Harbaugh, Rose Lange, Elizabeth Tinnon, and LaWanda Baskin. Lastly, I want to thank the participants who took part in this research study, whose rich and thoughtful conversations provided insight that far exceeded anything I could have hoped for. Thank you!

## DEDICATION

I would like to dedicate this dissertation to my family. They provided me with all the love, support, patience, and humor that I had not known I would need when I started down the road to earning a Ph.D.. To my husband, Fred, I have no words to express how much having you as my partner through this means to me. To my children, Julia, Paul, and Sean, I am so proud of each of you, and I hope this small accomplishment of mine will inspire you to do truly great things in your lives. To my sweet sister, Jennifer, who I can always count on for encouragement and a good laugh when I need it. And finally, although my beautiful mother, Charlotte, and my brave, brilliant father, Paul, are not here to share this with us, I hope they somehow know and that this gives them a smile.

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## LIST OF ABBREVIATIONS

<i>AACN</i>	American Association of Colleges of Nursing
<i>ADN</i>	Associate Degree in Nursing
<i>BSN</i>	Bachelor of Science in Nursing
<i>COVID-19</i>	Corona Virus Disease of 2019
<i>DNP</i>	Doctor of Nursing Practice
<i>Ed.D.</i>	Doctor of Education
<i>IRB</i>	Institutional Review Board
<i>MSN</i>	Master of Science in Nursing
<i>NCLEX</i>	National Council Licensure Examination
<i>NCSBN</i>	National Council of State Boards of Nursing
<i>NGRN</i>	New Graduate Registered Nurse
<i>Ph.D.</i>	Doctor of Philosophy
<i>RN</i>	Registered Nurse
<i>SLT</i>	Social Learning Theory
<i>TTPP</i>	Transition to Practice Program
<i>USM</i>	The University of Southern Mississippi

## CHAPTER I – INTRODUCTION

Although improvements have been made to address the shortage of Registered Nurses (RNs) in the United States over the past couple of decades (Bureau of Health Workforce, 2014; Spetz, 2021; Zhang et al., 2018), concerns persist that these positive trends may not continue. A recent study of 11,863 currently working RNs conducted in June of 2022, two years after the World Health Organization declared the COVID-19 pandemic, found that while nurses continue to feel as stressed, frustrated, and exhausted as they had previously, they now also feel less supported, less fulfilled, and less motivated in their roles (American Nurses Foundation [ANF] 2022). These findings add to existing concerns regarding deficits in the future nursing workforce because they coincide with the occurrence of other societal and demographic trends.

The median age for RNs is 52 years; approximately 19% of RNs are age 65 years or older, and one-fifth of those who are currently employed report they plan to retire within the next five years (Smiley et al., 2021). At the same time when many nurses are approaching retirement age, the overall demand for healthcare services is increasing due to the needs of our aging population (Bureau of Labor Statistics, 2020). Because older people typically experience more health problems than younger people, the demand for healthcare services is expected to increase (Bureau of Labor Statistics, 2022).

### Background

Current trends also indicate there may be an increasing need for nurses in a variety of roles and practice settings. As people live longer, more nurses will be needed to provide care for an older population living with chronic health conditions, and although job growth will likely continue for RNs in hospitals, the number of patients with



skilled healthcare needs is expected to also increasingly seek care in other settings such as outpatient clinics, long-term care facilities, and in their own homes or other residential care settings (Bureau of Labor Statistics, 2022).

Adding to these concerns is that the number of nurses available and willing to work in community-based non-hospital healthcare settings is expected to fall short of future needs (van Iersel et al., 2018a). Research has shown that most students in baccalaureate nursing programs are generally not interested in non-hospital or community-based nursing roles and intend only to pursue positions in hospitals upon graduation (Calma et al., 2021). This exclusive interest in hospital roles may be due to a common perception among baccalaureate students that they have not been adequately prepared in their programs for nursing practice outside of hospital settings immediately upon graduation (van Iersel et al., 2018b). Further, many students also have poor impressions of professional roles for community health nurses and of practice in non-hospital environments due to exposure to negative perceptions, misperceptions, and a lack of positive exposure during their nursing education (van Iersel et al., 2018a).

#### Changes Recommended for Nursing Education

To address the current trends in health care and concerns regarding worsening future nursing shortages, the American Association of Colleges of Nursing (AACN, 2021) has called for a paradigm shift within nursing education. In the latest edition of their *Essentials* series, *Core Competencies for Professional Nursing Education*, the AACN has recommended a shift in nursing education away from a primary focus on clinical education in acute care (as most nursing education has been approached historically), toward an increased focus on the preparation of new graduate nurses to care

for patients in diverse practice settings and across the lifespan. Further, educational preparation for entry-level nursing practice is recommended to be delivered using a competency-based model to ensure new graduates can demonstrate competencies in four spheres of care: disease prevention/promotion of health and well-being, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care (AACN, 2021).

### Role of Nursing Faculty

Nursing faculty hold critical roles in the preparation of the future generations of nurses. As educators, mentors, and significant stakeholders in nursing education curriculum design, they can have a profound influence on whether new nurses will or will not be able to meet the changing needs of the aging population. Beginning any efforts to address these issues by understanding what nursing faculty think and how they feel about preparing students for nursing practice in diverse settings upon graduation is essential.

Little research has been done concerning the attitudes of nursing faculty toward the preparation of students for practice in a variety of settings upon graduation. One study found that assessed nursing faculty perceptions of the frequency in which specific competencies are used by beginning RNs in practice and the frequency in which they were presented in the nursing curriculum (Filer, 2001). Participants in this study included 221 nursing faculty members and program directors from 23 associate degrees in nursing (ADN) and Bachelor of Science in Nursing (BSN) programs in the state of Minnesota. This study used an adaptation of a survey instrument developed by Hyndman (1999, as cited in Filer, 2001) to assess faculty perspectives regarding learning outcomes of 35 competencies needed by new graduate nurses. The findings indicated that community-

based competencies were perceived as least important (behind care management, intellectual, interpersonal, and technical competencies) in the preparation of undergraduate students for practice upon graduation and were presented with the least frequency in the nursing curriculum.

### Challenging Long-held Beliefs in Nursing Education

Some long-standing practices within nursing are sometimes referred to as ‘sacred cows’ (Hanrahan et al., 2015), meaning a belief or old practice that is based on tradition rather than on evidence. These sacred cows are often considered routine practices that may be deeply entrenched, considered beyond dispute, and resistant to change (Hanrahan et al., 2015). A long-held belief that some nurses consider to be a sacred cow practice concerns the necessity of new graduate registered nurses (NGRNs) to have acute care experience prior to entering community-based specialty roles such as homecare (Meadows, 2009). Other nurses have questioned this ‘sacred cow’ and have asked: If the purpose of NGRNs spending time in acute care hospital settings is to gain experience, why is it assumed that the consolidation of skills can only happen in that one practice area? (Meadows, 2009).

Among their recommendations to address the current trends in healthcare and the concerns regarding worsening future nursing shortages, the AACN has called for significant changes in nursing education to shift toward more of a focus on primary care and care of populations in diverse settings and across the lifespan (AACN, 2021). They have called for nursing education to refocus and move beyond long-held beliefs (i.e., sacred cows) such as “primary care is not important because it is not on the national licensing exam for registered nurses, students only value those skills required in acute

care settings, and faculty preceptors only have limited community-based experiences” (AACN, 2021, p. 7).

### Problem Statement

To meet the current and future healthcare needs of our communities, expanding the focus of nursing education to prepare students for practice in a variety of settings and across the lifespan is needed (AACN, 2021). The potentially worsening shortage of available nurses to provide care in non-hospital settings, as well as the overall shortage of nurses, indicates an urgent need for further research to address these problems. Little research currently exists that focuses on how the attitudes of nursing faculty toward the preparation of BSN students for practice in hospital and non-hospital settings may affect students’ perceptions of the roles and opportunities for professional nurses in these settings.

As instructors, mentors, and stakeholders in curriculum design, nursing faculty hold critical roles in the preparation of the next generation of nurses. How well faculty facilitate students’ exposure and preparation for a wide variety of clinical practice settings may determine whether students will be able to make informed decisions about their career path choices (Calma et al., 2021). Further, nursing faculty influence students’ perceptions of practice roles in ways that may be subtle because students learn from what they see and hear from their teachers (Dahlke et al, 2020).

### Research Objective

The aim of this study was to explore the attitudes of baccalaureate nursing faculty toward the preparation of students for practice in hospital and non-hospital settings upon graduation. The goal of this study was to answer the following research questions: What

do nurse faculty perceive as priority areas for preparing students to practice, and does this affect their teaching?

### Purpose

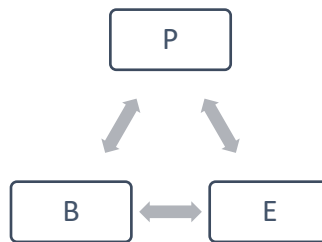
The following purpose statement was developed using Creswell and Creswell's (2018) script for writing a qualitative research purpose statement: The purpose of this qualitative research study is to explore the attitudes of baccalaureate nursing faculty toward the preparation of students for practice in hospital and non-hospital settings upon graduation. At this stage in the research, nursing faculty attitudes will be generally defined as the perceived time and focus faculty devote toward preparing students for roles in hospital settings and for roles in primary-care and community-based settings.

### Conceptual Framework

Polit and Beck (2012) discussed the importance of using a theoretical or conceptual (the terms are often used interchangeably) framework in research studies. A framework is described as the conceptual underpinning of a study; it can be useful for providing conceptual definitions of key concepts and explaining the researcher's overall rationale for a study. If a framework is not used, the clarity of the researcher's purpose for the study can be negatively affected. Further, particularly in nursing studies, the absence of a theoretical or conceptual framework can lead to the research being viewed as isolated and lacking broad usefulness.

Bandura's social learning theory (SLT) was used to provide a conceptual framework for this study. Psychologist Albert Bandura developed SLT as an attempt to explain "how patterns of human behavior are acquired and how their expression is continuously regulated by the interplay of self-generated and other sources of influence"

(Bandura, 1971, p. 3). Bandura wanted to expand on a well-known and widely accepted equation developed by Kurt Lewin in 1936 that explained behavior as simply a function of a person and their environment:  $B = f(P, E)$ . Bandura felt Lewin's equation was lacking because it treated personal and environmental functions as independent entities that influence behavior rather than, as he saw them, all parts of a "continuous reciprocal interaction between behavior and its controlling conditions" (Bandura, 1971, p. 39).



*Figure 1. Figural Representation of Social Learning Theory*

*Note.* Adapted from Bandura, 1977.

As depicted in Figure 1, the basic premise of SLT is that people learn through a process referred to as *reciprocal determinism* where personal, behavioral, and environmental factors operate as interlocking determinants of each other (Bandura, 1977). The assumption of this theory is that learning occurs not only through what one is told but also by what is experienced and/or observed in others. This vicarious learning may occur with or without modeling behaviors and regardless of whether the learner is aware of it (Wills & McEwen, 2019). Further, the theory asserts that learners are particularly influenced by role models who they admire such as experienced nurses who exemplify a student's concept of professionalism, or anyone who holds a position of authority such as a teacher or a parent (Braungart & Braungart, 2018; Wills & McEwen, 2019).

The use of SLT as a framework highlighted the importance of the role of nursing faculty in the development of students' perceptions and their views of nursing practice in various settings. For example, a study of how nursing students learn to work with older people found that students' negative perceptions had been profoundly influenced by the subtle things spoken by faculty throughout their courses and during their clinical experiences (Dahlke et al., 2020). Students in that study reported the teaching they had received about older people seemed to focus primarily on diseases and there seemed to be minimal discussion of topics related to normal aging processes. Faculty who participated in this study also reported that although content about the elderly was integrated throughout the courses they taught, their primary focus did tend to lean toward other younger populations "due to time constraints" (Dahlke et al., 2020, p. 5).

#### Operational Definitions

The operational definitions for terms used in this study were as follows:

The concept of *attitude* is vaguely defined within literature (Altmann, 2008). However, common characteristics appear to be present among the multiple definitions. For the purposes of this study, the following descriptions were used to define attitude: a conscious or unconscious mental state; a value, belief, or feeling; and a predisposition to behavior or action (Altmann, 2008).

The term *community nursing* refers to nursing care that is provided outside of hospitals in homecare/residential settings, long-term care facilities, public health departments, or outpatient clinics.

The term *concept* refers to "an organizing idea or mental construct represented by common attributes" (AACN, 2021, p. 56).

*Domains of competence* refer to “broad distinguishable areas of competence that in aggregate constitute a general descriptive framework for a profession” (Englander et al., 2013, p. 1089, as cited in AACN, 2021).

*Hospital nursing* refers to nursing care that is provided in any acute or emergency hospital setting.

The term *new graduate registered nurses* (NGRN) refer to novice nurses who have completed a baccalaureate nursing program, successfully passed their licensure exams, and are either beginning or are within their first year of nursing practice.

*Non-hospital setting* refers to any setting where healthcare is provided that is generally provided outside of acute care hospitals. Examples of such settings include public health department clinics and outreach sites, homecare and other residential settings, schools, jails and prisons, or any community health center where outpatient services are provided.

The term *perception* was used as defined by the *Oxford English Dictionary* (n.d.) as “a direct recognition of something; an intuitive insight; an understanding. Also: an interpretation or impression based upon such an understanding; an opinion or belief”.

The term *transition to practice programs* (TTPPs) generally refers to nurse residency programs or any similar program designed to aid in the training and orientation of newly graduated or novice nurses as they enter professional practice.



### Assumptions, Limitations, Scope, and Delimitations

This study included several assumptions. The first assumption was that participants would answer honestly and provide genuine responses to the questions asked. Another assumption was that the sample was representative of most (or at least many) other nursing faculty who teach in baccalaureate nursing programs. Finally, it was assumed that faculty perceptions or attitudes may affect the ways that curriculum content is presented to students, i.e., the amount of time or focus placed on the preparation of students for specific competencies.

Several limitations were identified in this study, which could be considered potential weaknesses. First, the sample size was relatively small. Although focus groups should be limited to no more than five to eight participants to keep them manageable to moderate and to ensure everyone has an opportunity to speak (Grove et al., 2015), a small sample can negatively affect how well it represents the views of other nursing faculty. Also, data for this study were obtained from a total of three focus groups; this small sample size could have a potentially negative effect on how accurately the views of other faculty are represented. Finally, concerns may exist regarding bias related to the researcher's own experiences teaching in a baccalaureate nursing program and practicing almost exclusively in non-hospital settings throughout her career.

The scope of this study was somewhat narrow. Only nursing faculty who currently teach in a baccalaureate nursing program were recruited for participation. Any nursing faculty who teaches on a temporary or permanent basis, part- or full-time, were considered for inclusion in the sample. However, recruitment was limited to faculty who are actively teaching. Faculty not teaching during the semester when data was collected

would be excluded. For example, faculty who were on a sabbatical or a medical leave-of-absence were not recruited to participate. Also, faculty who teach exclusively in clinical settings were excluded from the study.

### Significance of the Study

Further research is needed to develop solutions to current and future shortages among the nursing workforce and to address the changing needs of our aging population. The knowledge gained from this study could be used in nursing education as well as by nurses in many areas throughout the profession. This knowledge could be used in education to develop and improve curriculum to incorporate the AACN's recommendations for preparing nurses to practice in diverse settings (AACN, 2021) and to potentially increase students' interest in a wide variety of roles. Nursing researchers could use the knowledge as a basis for future studies. Community health agencies could use it to improve their approaches to recruiting and retaining nurses. The knowledge gained from this study could also support practicing nurses in mentorship roles in a variety of settings to gain a better understanding of the perspectives of NGRNs and enable them to offer optimal support in their new roles. Further, the information gained from this study could lead to an increase in nurses entering community nursing roles where they may be increasingly needed as well as positively impacting the overall nursing shortage.

### Summary

The effects of the COVID-19 pandemic have resulted in increasing concerns about current and future deficits in the nursing workforce. Staffing and other workplace issues may be contributing to a worsening nursing shortage and increasingly unhealthy

work environments (ANF, 2022). Further, many nurses are approaching retirement age at a time when the overall demand for healthcare services is expected to increase. Changes in nursing education have been recommended to ensure that the next generation of nurses are willing and prepared to meet the needs of an ageing population. Nursing faculty will have important roles in the education and mentoring of students to prepare them to care for diverse populations in a variety of practice settings. Understanding faculty attitudes about these changes and whether there are long-held beliefs or ‘sacred cow’ practices that may be challenged is an essential first step.

The purpose of this study was to explore the attitudes of nursing faculty toward the educational preparation of students for practice in hospital and non-hospital settings upon graduation. The goal was to gain insight into nurse faculty attitudes and perceptions of priority areas for the preparation of BSN students and how their attitudes and perceptions may affect their teaching. This study added to the body of knowledge utilized by nurses in many areas throughout the profession.

The following chapters will present a discussion of what is currently known about this topic and describe a research study that was conducted to address existing gaps in knowledge. Chapter II will present a review of the current nursing research literature that exists on this topic. Chapter III will describe the methods used in this qualitative study. Chapter IV will present the findings and analysis of the data. Finally, Chapter V will provide a discussion of conclusions and recommendations based on what was learned from this study.

## CHAPTER II – LITERATURE REVIEW

A review of the existing research literature was conducted using the online library of The University of Southern Mississippi (USM). The databases *CINAHL Complete* and *MEDLINE* were searched for academic journals and dissertations with publication dates from 2010 through 2022. The review occurred between November of 2021 and June of 2022. The purpose of the literature review was to investigate what was already known about the objective of this study: to explore the attitudes of baccalaureate nursing faculty toward the preparation of students for practice in hospital and non-hospital settings upon graduation.

Multiple search terms were used individually and in various combinations. The initial searches of both databases used the terms *nurse faculty or nurse educator and attitudes*; this search yielded 1,267 results using *CINAHL Complete* and 893 using *MEDLINE*. Subsequent searches were done using both original terms with the addition of each of the following terms: *prioritization, teaching prioritization, teaching priorities, and practice setting*. Additional literature was found through cited sources' reference lists and through links provided by the online library for suggested related material. Editorials and opinion pieces were excluded from this literature review.

None of the searches yielded results that directly addressed the objectives of this study, i.e., faculty attitudes toward preparing students for practice in various settings. However, the results of this review were useful for providing general insight into the current state of nursing education. Several common topics emerged from the literature that related to perceptions among nursing students, practice partners, and educators about the preparation of NGRNs. These topics were reviewed and sorted into the following

categories as assigned by the researcher for the purposes of this discussion: *Student Perceptions of Various Nursing Roles and Practice Settings, Influence of Clinical Experiences on Student Perceptions, Negative Influences, Perceptions of Essential Skills for NGRNs, Preceptor Perceptions of NGRNs' Areas of Strength and Weakness, and Facilitating Transition to Practice in Hospital and Non-hospital Settings.*

#### Student Perceptions of Various Nursing Roles and Practice Settings

As discussed in Chapter I, nursing students seem to show a preference for some professional roles and practice settings over others. Three studies were found through this review of literature that seemed to indicate students generally perceive roles for nurses in hospital settings as desirable and nursing roles in non-hospital settings as undesirable. All three were qualitative studies of final-year nursing students and were conducted in countries outside of the United States.

The first of these studies explored Australian student nurses' perceptions of general practice nursing, i.e., the provision of primary health care services in non-hospital community-based settings (Calma et al., 2021). A total of 16 final-year baccalaureate nursing students from five universities participated in this qualitative study that used a modified version of the 14-item *Attitudes, Subjective Norms, Perceived Behavioral Control, and Intention to Pursue a Career in Mental Health Nursing* (ASPIRE) scale developed by Wilbourn et al. (2018, as cited in Calma et al., 2021) and a set of semi-structured telephone interview questions to assess participants' feelings about general practice nursing as a career path for new graduate nurses. Four themes emerged from the findings that seemed to indicate participants had negative views of general practice nursing. General practice nursing was not generally considered a priority career path, was

thought of as a ‘back-up option’ in case a hospital position could not be secured, that opportunities for skills development are exclusive or best found in hospital settings, that general practice nursing is less interesting with poor compensation compared to hospital nursing, and that educational preparation and programs to support novice nurses in general practice settings are either limited or non-existent.

Matarese et al. (2019) found similar results in a large study of 1,534 Italian nursing students from 14 schools. In this study, survey participants were asked to complete a questionnaire that collected demographic information and investigated students’ interest in pursuing careers in nine areas of clinical practice. The findings indicated that most final-year students preferred roles for nurses that either involved working with children or working in operating rooms or emergency departments (59%). Most students were found to prefer clinical specialties that are typically practiced in acute care hospitals over those found in community settings as their first choices for starting their careers as new graduates.

Shoqirat and Abu-Qamar (2015) conducted a study to explore the plans of final-year nursing students in Jordan for post-graduation employment. A convenience sample of 27 students were recruited to participate in one of 4 focus-group interviews. The participants were asked open-ended questions about their clinical placements and experiences, as well as their future career plans and preferences. Participants were also asked about the impact their clinical experiences may have had on their career plans. The findings of this study indicated most participants were interested in pursuing roles in critical care settings, with cultural and familiar factors significantly influencing their choices as well as the quality and atmosphere of their clinical experiences as students.

## Influence of Clinical Experiences on Student Perceptions

The most frequent topic found in the literature addressed the influence of students' clinical experiences on their overall perceptions of various nursing roles and practice settings. Six studies were reviewed and assigned by the researcher to this category. The findings of all studies in this category appear to indicate an association between the quality and abundance of undergraduate clinical experiences and student perceptions and interest in various specialty roles and practice settings.

The first study was a phenomenological study conducted by Slone (2012) which aimed to explore student perceptions and experiences in a BSN clinical course that focused on emergency medicine. Participants included 11 graduate nurses who had completed an elective clinical course in emergency nursing as students. Interviews were conducted where they were asked about which of their undergraduate educational experiences they felt had best prepared them for practice. Analysis of the graduate nurses' responses indicated they felt most positively about their clinical experiences which included skill repetition, prioritization practice, exposure to death and dying, networking with other nurses, faculty-facilitated post-clinical debriefing, and support from their preceptors. The findings of this study indicate that students felt high-quality undergraduate clinical experiences and interactions with nurse role models positively impacted their levels of confidence and eased their transition into professional practice following graduation.

A descriptive case study design was used by Kidd et al. (2020) to explore the testing of a pilot program intended to better prepare nursing students for careers in oncology through enhanced clinical experience. The program was the result of a

partnership between a university and a healthcare provider organization in Western Canada intended to address the current and anticipated future shortage of oncology nurses; 28 student nurses and 13 university faculty participated in the program. The goal was to evaluate the effectiveness of a newly developed dedicated education unit as a strategy to better prepare student nurses through enhanced clinical experiences and to assist NGRNs with transition to practice through residency programs that included preceptor support. Participants in the program were asked to submit weekly journal reflections where they would respond to guiding questions about their learning experiences and overall perceptions of the program. Surveys were also completed to track rates of program completion and rates of recruitment and retention within the healthcare provider organization. Analysis of the journal reflections were generally positive, and rates of employment and retention were higher than the national average. The findings indicated that completion of the program positively impacted nursing student perceptions and their intentions to pursue roles in oncology. Programs of this type could increase interest among students and NGRNs in other areas specialty areas of nursing practice.

Sutton et al. (2021) explored the effects of clinical experiences on interest among recent graduates of nursing and allied health programs to pursue career paths in rural practice. A data linkage cohort study was conducted as part of an effort to address poor health outcomes of residents in rural Australia due to shortages of healthcare providers in those areas. Participants included 1,130 graduates from seven various healthcare disciplines in their second year of practice as part; 51% of the participants were from nursing. Data was collected through a review of university datasets for demographic information as well as location (rural or city) and duration of clinical placements. Student



origin (i.e., students from rural rather than urban areas) and greater frequency and duration of rural clinical placement (i.e., cumulative totals of 20 days or more of clinical experience in rural settings) were associated with a higher likelihood of entry into rural practice upon graduation.

A study by Jackman (2011) also explored the effects of undergraduate clinical placements in rural settings. Grounded theory was chosen as a framework for this study because the researcher felt it best suited the goal of investigating “what is actually going on in the preceptorship experience with regard to rural preceptorship rather than what ought to be going on” (Jackman, 2011, pg. 31). A total of 15 participants in the study: five undergraduate nursing students and three faculty from a university program in Alberta, Canada, and seven preceptors from various rural Canadian acute care hospitals and health centers. Data collection occurred through semi-structured interviews in which participants were asked about their thoughts, feelings, and concerns regarding preceptorship. Themes emerged upon analysis of the interviews which seemed to focus on the relational processes (formal and informal/personal) that occurred between students and their preceptors and faculty. The study findings indicated the likelihood of students to stay and working in rural settings increased when they perceived their practicum experiences as authentic when they felt well-prepared through strong educational experiences, and when they believed the support received from faculty and preceptors was genuine. Further, faculty reported the attitudes of the preceptors, rural nursing practice partners, and students significantly impacted their ability to positively support and enhance the preceptorship experience.

Mitchell et al. (2020) conducted a qualitative descriptive study of RNs who had worked as research assistants during their undergraduate nursing programs. The purpose of the study was to explore practicing nurses' perceptions of their experiences as former research assistants and how those experiences affected their career plans and current nursing practice. A convenience sample of seven RNs were interviewed using guiding questions intended to explore their perceptions of 'what, where, and from whom' they obtained knowledge during their research assistant experiences. Three themes emerged from content analysis of the interview transcripts included: *immersion in the research process* (i.e., the perception that their research assistant experiences had increased their overall understanding of the importance of evidence-based practice and had facilitated clinical skills acquisition), *empowerment to practice evidence-based nursing* (i.e., the perception of empowerment gained from their knowledge of how to find, appraise, and synthesize research), and *future as nurse scientists and educators* (i.e., perception that close relationships with faculty mentors and members of the nursing scientific community inspired some to consider pursuing such roles). The researchers concluded that such positive experiences in undergraduate programs are worthwhile investments for preparing the next generation of student nurses for future careers in research and education and for their value in influencing evidence-based clinical nursing practice.

### Negative Influences

The findings of the studies discussed in the previous section indicated generally positive associations between clinical experiences and student perceptions. However, two studies were found through the review of literature that highlighted the potential for negative outcomes if clinical experiences are perceived negatively by students. Factors

the students negatively perceived included the care setting, their lack of educational preparation for the population, and behaviors observed among nursing preceptors and faculty.

The first study found was a qualitative narrative study conducted by Slemon et al. (2019) that sought to explore undergraduate nursing students' perceptions of mental health nursing as a career path. The sample of participants for this study included 15 BSN students in a program at a university in Western Canada. The participants were interviewed following the completion of their clinical practicums at inpatient mental health units in one of three urban hospitals. Open-ended questions were used in the interviews to elicit narrative accounts of students' experiences during their clinical practicums and about their intentions regarding pursuing roles in mental health nursing. Three themes emerged upon analysis of the interviews: *experiencing stress in mental health practicums* (e.g., institutional environment and nursing practices that seemed harmful rather than therapeutic), *identifying barriers to a mental health nursing career* (e.g., perception of unit nurses enacting control over patients), and *preserving opportunities for mental health nursing practice* (e.g., interest in working with patients with mental health needs in outpatient or other community-based settings). These findings seem to indicate that while students generally found working with individuals in need of mental healthcare to be enjoyable, they were deterred from pursuing such roles due to having had negative practicum experiences in the inpatient settings.

The second study found was conducted by Dahlke et al. (2020). This descriptive case study used Bandura's social learning theory (SLT) as a framework. The researchers explained their rationale for choosing to use SLT was to highlight how learning takes

place in multiple ways and to emphasize the social contexts in which learning occurs. The purpose of the study was to explore the influence of social contexts on students' learning and their perceptions of working with older people. Participants included 13 faculty and 28 students from a BSN program at a university in Western Canada. Focus group interviews were used to obtain information about students' learning including the courses and settings through which students learned about caring for older people, the role of faculty in facilitating the learning, and their overall perceptions of working with this population. The interview transcripts were analyzed and revealed the following themes: "*gaps in educational content* related to older people and *negative perceptions about older people* perpetuated in nursing practice" (Dahlke, 2020, p. 5). Findings indicated students formed negative perceptions of caring for this population due to influences from a variety of sources including past experiences with family or work, negative societal perceptions, and what they saw and heard in practice from their preceptors and faculty. Further, students also perceived caring for older people negatively because they felt generally unprepared for the complexity of caring for this population, particularly when working with people with cognitive impairment.

#### Perceptions of Essential Skills for NGRNs

Another category of research literature found through this review concerns what are perceived to be the priority skills, which are essential for new graduate nurses to possess as they enter professional practice. Two studies addressed the perceptions of nurse leaders and NGRNs regarding essential skills needed for practice in hospital settings. The findings of both studies revealed that interpersonal and communication skills were perceived as highly important for NGRNs.

In a study by Sortedahl et al. (2020), a convenience sample of 429 nurse managers, educators, administrators, and clinical nurse specialists were surveyed using a 46-item tool to determine which professional behaviors they believe are most important for student nurses to learn in the classroom and those behaviors which they will later utilize in their clinical experiences in hospital settings. Five categories of professional behaviors for participants to choose from: communication, self-awareness, change, leadership, and conflict. The results indicated that 77.10% of respondents believed learning how to communicate with patients, family members, nurse colleagues, and other health care professionals who write orders were most important for new nurses.

Similar results were found in a study by Lee et al. (2019). The purpose of this qualitative descriptive study was to explore the perspectives of clinical nurse educators and recent graduate nurses regarding the educational needs of new nurses. A convenience sample of participants was recruited from two acute care hospitals in Korea that included seven nurse educators and eight NGRNs who were within their first three months of professional practice. Four focus group interviews were conducted to explore the needs of new nurses as they transition into professional practice from their viewpoints as well as from the viewpoints of those who assist with their orientation and evaluation. Open-ended guiding questions were posed to participants in the educator group asked about their experiences educating new nurses and what they perceived are the essential skills needed to prepare them for independent nursing practice. Similar questions were posed to participants in the NGRN group as well as asking them which skills they found most difficult to perform as novice nurses. Five core categories of nursing skills emerged from the results of the focus-group interviews: communication skills that can lead to good

rapport building, managing unexpected situations, prioritization, practical experiences, and different ways of delivering education. Analysis of the categories revealed several themes pertaining to what was perceived as essential in the educational preparation of new nurses for practice: the importance of learning and developing interpersonal skills, decision-making skills, skills for coping in crisis situations, and reporting skills. Results of the analysis also revealed that the use of simulation education significantly enhanced the learning of communication skills.

#### Preceptor Perceptions of NGRNs' Areas of Strength and Weakness

Two studies were found among the literature which addressed preceptor perceptions of newly licensed nurses' competence and preparation for professional practice. Both studies used survey tools to explore how nurse preceptors perceived areas of strength and weakness among NGRNs' with whom they have worked. The findings of these studies indicate that new nurses are perceived as having strong professional attributes, including caring and compassion, but appear to be weaker in areas of practice, such as time management and prioritization.

The first study addressed preceptor perceptions of competencies among new nurses and was conducted by Rusch et al. (2019). This study used a descriptive design and aimed to explore preceptor perceptions of senior-level nursing students' readiness for practice in the semester before their graduation. A sample of 569 preceptors was surveyed using a 33-item Likert-style tool to assess their perceptions of students' competencies and professional attributes as well as their overall confidence, competence, ability to provide safe nursing care, and readiness for clinical experience. The survey results indicated that preceptors perceived professional attributes as an area of strength

among students while time management, prioritization, management of multiple patients, and knowledge of pharmacology as areas of weakness.

The second was a mixed-methods descriptive study conducted by Shaw et al. (2018). As with the previously discussed study, their aim was also to examine RN preceptors' perceptions of newly licensed nurses' competence and preparation for practice. Additionally, the researchers also asked participants to rank the competencies in order of importance for safe nursing practice. Using a 10-item Likert-style survey tool developed by the researchers and administered electronically, 42 RN preceptors were asked to rate new RNs' competencies in nine areas of clinical practice and then rank them in order of importance. The survey results indicated the preceptors perceived caring and compassion as areas of strength among the new RNs, while deficiencies in time management and prioritization were considered areas of weakness. The RN preceptors also ranked prioritization, effective communication, time management, and caring/compassion as some of the most important competencies for new RNs to achieve; the ability to manage complex situations, collaboration, thinking on their feet, and handling stressful situations were considered least important.

#### Facilitating Transition to Practice in Hospital and Non-hospital Settings

Three studies were found among the literature whose findings indicate nurse residency programs appear to have a positive impact on NGRNs' transition to professional practice. Such programs, generally referred to as transition-to-practice programs (TTPPs), have been shown to be highly successful in the recruitment and retention of NGRNs and are strongly supported by prominent organizations including the Institute of Medicine and the American Organization of Nurse Executives as cost-

effective measures to improve retention, job performance, and overall job satisfaction among newly licensed nurses (Kramer et al., 2012). Of the three studies reviewed, one addressed TTPPs in hospital settings and the other two addressed similar programs in non-hospital settings.

The study that addressed TTPPs in hospital settings was conducted by Cadmus and Wurmser (2019). This descriptive qualitative study focused on nurse residency programs at acute care hospitals in the state of New Jersey. The goal of this study was to explore and describe the experiences of new nurses as they transitioned into professional practice in acute care settings. Participants included 21 NGRNs, 10 chief nursing officers, and 19 nurse educators. Data were collected through six focus group interviews. Content analysis was performed with the interview transcripts to identify themes and provide insight into the new nurses' perspectives on their experiences in TTPPs. The findings indicated an incongruence between some participants' perspectives of the support they felt was needed in the TTPPs and what had been provided to them. However, participants had generally positive experiences overall and felt such programs were beneficial.

The first of the two studies that addressed TTPPs in non-hospital settings was conducted by West et al. (2014). This study explored four 12- to 16-week pilot TPP programs, which were started in California in 2010 during a time when hospital jobs were scarce. The programs were the result of a partnership between the California Institute for Nursing and Health Care, private and public funders, and local community healthcare agencies, which aimed to increase NGRNs' preparedness to practice in a variety of non-hospital settings. The participants in this study included 345 unemployed NGRNs. The programs were developed as a collaboration among area baccalaureate nursing education



programs, healthcare organizations, and community agencies that provided care in a variety of inpatient, ambulatory, and community-based practice settings. The collaborative programs provided opportunities for skills/competency development and preceptor support for NGRNs. The findings of this study indicated generally positive outcomes; in a post-program survey, 84% of the respondents were employed and had reported improved levels of self- and preceptor-rated confidence and competence.

The second of the two studies addressing TTPPs in non-hospital settings was conducted by Spector et al. (2015). This study focused on the National Council of State Boards of Nursing's (NCSBN) TTPPs for new RNs and LPNs in 13 non-hospital settings. The purpose was to explore the usefulness of such programs across diverse practice settings such as nursing homes, public health, and home health settings. The programs were intended to aid in new nurses' transition to practice and consisted of preceptorship and online learning modules for the first six months followed by six additional months of support that included engagement in organizational learning activities and ongoing feedback. As with the two studies discussed previously in this section, the findings of this study also indicated generally positive outcomes from TTPPs. Although variations between the three types of practice settings concerning rates of participation were noted, the overall rates of retention for all practice settings were higher for the groups of new nurses who had participated in the programs than among the groups who had not (study TTPP = 55% retained; control = 30% retained).

## Summary

The review of the existing literature did not yield results that directly addressed the objectives of this study which was to explore the attitudes of nursing faculty toward the preparation of students for practice in hospital and non-hospital settings. However, the review did provide useful insight into the current state of nursing education. The common topics and findings of the research, which was reviewed seem to indicate that student perceptions and readiness for professional nursing practice are influenced by a variety of sources.

Bandura's (1977) SLT asserts that learning is the result of self-generated as well as other sources of influence including those which are personal, behavioral, and environmental. An example of the influence of personal factors can be found in the study by Shoqirat and Abu-Qamar (2015), which concluded that cultural and familiar factors, as well as the quality and atmosphere of clinical experiences, significantly influenced students' preferences for roles to pursue upon graduation. An example of behavioral factors that affect learning can be found in the study by Dahlke et al. (2020), which concluded that students formed negative perceptions of caring for elderly people due to influences from a variety of sources including past experiences with family or work, negative societal perceptions, and observations of the behavior of their preceptors and faculty (i.e., what they saw and heard in practice). Finally, an example of environmental influences on learning can be found among the themes identified in the study by Slemon et al. (2019); student perceptions were significantly affected by *experiencing stress in mental health practicums* in the institutional environment of an inpatient mental health

facility and by observing nursing practices that seemed harmful rather than therapeutic during clinical experiences.

The lack of existing literature related to the objectives of this study indicates there is a need for additional research on this topic (Gray, 2017c). Further explorative/descriptive qualitative research is needed to address faculty attitudes toward the preparation of students to care for diverse populations in a variety of practice settings. This study contributes to the knowledge in this area by gaining insight into the values, beliefs, and feelings of nursing faculty as significant influences on student learning.

### CHAPTER III – METHODS

A qualitative research approach was chosen for the purposes of this study. The aim of this study was to explore the attitudes of baccalaureate nursing faculty toward the preparation of students for practice in hospital and non-hospital settings upon graduation. The goal of this study was to answer the following research questions: What do nurse faculty perceive as priority areas for preparing students to practice, and does this affect their teaching?

A qualitative approach is used when the nature of the problem being addressed is to be framed in terms of words rather than in numbers, i.e., as would be used in quantitative research (Creswell & Creswell, 2018). This study aimed only to explore the perceptions and attitudes of nurse faculty, not to measure or quantify them. Because qualitative research is appropriate for exploring and understanding meaning among individuals or groups of social or human problems (Creswell & Creswell, 2018), this research approach was the most appropriate.

A basic descriptive design was used for this study. Descriptive research designs are appropriate for use when the goal is to simply gain information about a particular field of study and provide a picture of it as it naturally occurs with no manipulation of variables (Grove et al., 2015). Since the goal of this study was to simply gain insight into nurse faculty attitudes without manipulation or affecting them in any way, a descriptive design was appropriate.

A descriptive qualitative study is one that does not fit the disciplinary or methodologic frameworks of any of the traditional approaches and does not have any other formal name (Polit & Beck, 2012). This study is best described as using a

descriptive design because no other designs would be more appropriate. For example, the features of this study do not align with the defining features of any of the five most commonly used designs described by Creswell and Poth (2017) for qualitative inquiry in social, behavioral, and health science studies: narrative research, phenomenology, grounded theory, ethnography, and case study research. The goal of this study was not to collect stories from individuals about their lived and told experiences as in narrative research. This study also did not aim to explore a single idea or concept (such as *grief* or *caring relationships*) as in phenomenology; instead, the goal was to explore a broader concept that may have many ideas and facets (i.e., *nursing faculty attitudes*). A grounded theory design was not appropriate because this study did not aim to focus on processes or actions that occur over time with the end goal of developing a theory of what was observed, but rather to simply observe faculty attitudes at one point in time. An ethnography design was also not appropriate because the goal of this study was not to develop a complex and complete description of the culture of a group. Finally, a case study design was not appropriate because the goal was to explore faculty attitudes from a general perspective, not to identify, describe, and analyze a specific bounded case.

### Sample

A convenience sample of nursing faculty were recruited as participants for this study. The focus of this study was to explore the attitudes of nursing faculty toward the preparation of BSN students for practice in hospital and non-hospital settings upon graduation. Therefore, recruitment was limited to faculty currently teaching in baccalaureate nursing programs across the United States in any area served by the AACN Connect online community discussion forum.

Several factors were considered for recruitment to participate in this study. Inclusion criteria included a requirement that participants needed to be current nursing faculty teaching in a BSN program. Nursing faculty were considered for inclusion if they taught on a temporary or permanent basis, part- or full-time, in either tenured or tenure-track positions. Adjunct nursing faculty were also considered for inclusion provided they were currently teaching in lecture or classroom settings.

Criteria for exclusion from the study included faculty who were not currently teaching during the semester when data were collected. For example, faculty who were on a sabbatical or a medical leave-of-absence would have been excluded from participation. Faculty who taught in clinical or simulation laboratory settings exclusively would have also been excluded from the study.

### Setting

A primary consideration for site selection in qualitative research is whether the setting will allow for the behaviors, experiences, or characteristics that are being studied to occur (Polit & Beck, 2012). The setting should convey a feeling that is permissive and non-threatening to facilitate participants engagement and expression of feelings and perceptions (Grove et al., 2015). Natural settings (also called naturalistic settings) are ‘real-life’ settings that are commonly used in all types of qualitative research (Gray et al., 2017). Since the goal of this study was to explore nurse faculty attitudes and perceptions of priority areas for the preparation of BSN students and to gain insight into how this may affect their teaching, appropriate settings for data collection are the locations where faculty conduct the work of their teaching or lesson planning.

For the purposes of this study, data were collected through virtual focus group interviews which participants attended at locations of their own choice. Participants were not asked to disclose the location they chose for their interview. However, because the interviews were video recorded, the researcher's field notes indicated that all appeared to be indoor locations with home- or office-type furnishings. These settings were appropriate for data collection in this study because they were the natural settings where the participants chose to experience the issue being studied (Creswell & Creswell, 2018).

Gaining access (gaining entrée) to study participants involves establishing trust between researchers and the key gatekeepers of the selected site (Polit & Beck, 2012). Prior to any attempt to recruit potential participants, the researcher first contacted the appropriate administrator of the AACN Connect website via email to request permission to post a recruitment invitation on the online community discussion forum. Permission was granted from the site administrator and upon approval from The University of Southern Mississippi Institutional Review Board (IRB) (see Appendix A), an invitation was posted on the website (see Appendix B).

### Role of the Researcher

Creswell and Poth (2018) described the role of the researcher in qualitative studies as a “key instrument” who personally collects data from their own observations or using instruments of their own design (p. 43). Polit and Beck (2012) stressed the integral role of the qualitative researcher stating they must be intensely involved and are required “to become the research instrument” (p. 487). In this study, the researcher conducted all aspects of data collection, analysis, and interpretation. The researcher acted as moderator of the focus group interviews using a set of personally developed guiding questions and

logged observational field notes regarding the setting and participants. The researcher also personally reviewed the recordings of the interviews, transcribed them verbatim, reviewed them to identify themes, and assigned the themes to categories for analysis and interpretation.

Qualitative researchers tend to reflect on their own views, perspectives, experiences, and motivations and include them in their interpretations of the data (Creswell & Poth, 2018). Because qualitative research designs generally involve an inherent degree of subjectivity, strategies such as reflexivity and other types of critical self-reflection are needed to guard against personal bias and enhance a study's validity and overall quality (Creswell & Creswell, 2018; Polit & Beck, 2012). Reflexivity requires qualitative researchers to comment on two important points: their own past experiences with the research problem, the population, or the setting and a description of how those experiences could potentially shape their analysis of the findings (Creswell & Creswell, 2018). The researcher for this study had no previous experience or involvement in conducting research on this topic. However, the researcher did have experience teaching as nursing faculty in a BSN program. To minimize potential bias, only participants were recruited if they were not familiar to the researcher, i.e., no one would have been considered for inclusion who was already known to the researcher, or they needed to be from a university other than where the researcher had previously taught.

### Data Collection

Data were collected for this study through a total of three focus group interviews, conducted virtually, that were video recorded. Focus group interviews are appropriate for use in qualitative research studies when the aim is to elicit participants' perceptions of



specific topics; they can be especially effective because they utilize group dynamics (i.e., feelings of ‘safety in numbers’) to put participants at ease and encourage discussions where views tend to be expressed more easily than in individual interview situations (Grove et al., 2015). Further, the data collected from focus group interviews can be especially informative because it often contains multiple forms of communication that are verbal (anecdotes, arguing, joking, teasing) and non-verbal (facial expressions, gesturing) (Gray, 2017b).

The ideal number of participants in each focus group is a minimum of five participants, but no more than eight (Creswell & Creswell, 2018; Grove et al., 2015). The rationale for this participant number is because four or fewer may not generate sufficient interaction (Polit & Beck, 2012). Ensuring the number of participants is adequate to create a sense of ‘safety in numbers’ to encourage group dynamics and facilitate individuals to express themselves more freely than in individual interviews while limiting the size to allow everyone an opportunity to speak is important (Grove et al., 2015). The first and third focus groups in this study had four participants each and the second focus group had five participants. Although two of the focus groups had fewer than the ideal number of participants, no difficulties in the conversations or diminished richness of the data collected was noted.

None of the focus group interviews exceeded the recommended length of time for a typical focus group interview which is between 45 minutes and two hours (Gray, 2017b). Krueger and Casey (2015, as cited in Gray, 2017b) recommended that an interview lasting two hours should have no more than 10 questions. Therefore, to

encourage participation and minimize the burden on participants, the number of interview questions used in this study was limited to nine.

The researcher acted as moderator for the interviews and wrote down observations as field notes regarding the setting and participants. The interviews were audio recorded and then transcribed verbatim by the researcher. All data was stored in a locked and secured home office. Electronic data were stored on the researcher's personal password-protected computer. Following the conclusion of this study, data will be stored for a period of no more than five years and will then be destroyed.

#### Focus Group Interview Guiding Questions

For exploratory or descriptive qualitative research such as this study, structured interview questions are asked to achieve the goal of obtaining authentic insight into participants' experiences (Grove et al., 2015). The following interview questions were developed by the researcher for use in this study and were meant to promote discussions among the nursing faculty participants and elicit responses, which would provide the researcher with insight into their perceptions and attitudes toward the preparation of students for practice in hospital and non-hospital settings. The goal was to explore what nursing faculty believe are appropriate roles for NGRNs and whether this affects their teaching.

At the beginning of the interview and prior to asking the first interview question, an introduction statement was read from a script to the participants (see Appendix C). The introduction statement included a brief overview of the purpose of the study, a request for them to answer honestly and to maintain all participants' confidentiality by not discussing any details of the interview following its completion, as well as a reminder

that their participation was voluntary and may be withdrawn at any time without penalty.

Upon completion of the reading of the introduction statement, the following questions

were posed to participants to guide the focus group interview:

1. As an experienced nurse and faculty member, what advice do you give to students who ask about which jobs or practice settings they should initially pursue upon graduation?
2. What do you believe makes certain jobs or practice settings good choices for a new nurse to pursue? Give some examples of these types of jobs.
3. Are there are certain roles or practice settings that you believe are not good or appropriate choices for new nurses? Give some examples and tell me why you feel they are not good choices.
4. Do you think that your teaching methods or strategies reflect what you believe are or are not appropriate roles for new graduate nurses? If so, in what ways?
5. Tell me about your own first job as a new nurse. What role did you have and in what type of practice setting? Do you think this was a good choice for your first job?
6. Do you think the job opportunities for new graduate nurses today are different than they were when you were a new nurse? If so, in what ways?
7. Do you feel more comfortable or confident preparing students to practice in certain roles or settings than in others? If so, tell me why.

8. Do you believe that preparing students for practice in certain roles or settings should take priority over preparing them for practice in others? If so, which roles or settings would you consider higher priority and why?
9. Is there anything else you would like to add to what we have discussed today?

### Data Analysis

Data analysis for this study was accomplished using content analysis. Content analysis is a method used in qualitative research to reduce large volumes of narrative data and to classify it through the identification of repeating ideas or patterns of thought (Gray, 2017b). For this study, the researcher performed content analysis of the transcripts from the virtual focus group interviews through which the data were collected. The narrative data were sorted into categories and subcategories. These categories and subcategories are discussed along with the overarching themes that emerged from the data in Chapter IV. Details of the specific steps taken will also be provided in Chapter IV.

### Rigor

Establishing rigor in qualitative research is important because it provides readers with a basis on which to judge the value or worth of a study's findings and the information they need to determine whether it has the features of a 'good' study (Creswell & Poth, 2018; Gray, 2017a). Gray (2017a) described rigorous qualitative research as characterized by congruence between the study's methods and its underlying philosophical foundation, the accuracy of the data collected, and the trustworthiness that the findings are consistent with the participants' perspectives. This study uses a descriptive qualitative design where participants' perspectives are explored through focus group interviews; a descriptive design is congruent with Gray's (2017a) description of the

underlying philosophical orientation for exploratory-descriptive research as the exploration and description of a phenomenon from the perceptions and interpretations of the people who experience it. The accuracy of the data collected was ensured through a review of the data by one independent researcher. Trustworthiness was established by confirming with participants upon completion of the focus group interview whether what was said was what they had meant and offering them an opportunity to clarify or to elaborate.

### Protection of Human Subjects

Conducting an ethically sound study that ensures the protection of the participants is of critical importance for this research. To conduct an ethical study, all anticipated and emergent ethical issues must be considered by the researcher (Creswell & Poth, 2018). This protection includes anticipating ethical issues during all phases of inquiry: before conducting the study; at the beginning of the study; during data collection; throughout data analysis; and in all processes related to the reporting, sharing, and storing of data (Creswell & Creswell, 2018).

Multiple measures were taken throughout this study to ensure the protection of the participants. Prior to conducting this study and before any contact, direct or indirect, was made with potential participants, the researcher obtained approval from the IRB of The University of Southern Mississippi (Protocol 23-0441). Written approval was obtained from the appropriate administrator prior to beginning any recruitment of participants. Informed consent was obtained from all potential participants. Also, the researcher's professional association's code of ethics was consulted to ensure all processes were in

accordance with professional standards (i.e., the American Nurses Association [ANA], *Code of Ethics with Interpretive Statements*, 2015).

Participants were notified of the purpose of the study in writing during the recruitment process and again verbally prior to beginning the focus group interviews. They were notified that there were no direct benefits for their participation in the study, that participation was completely voluntary and may be discontinued at any time without penalty, and that there would be no penalty for refusing to participate. Participants were also notified of their role in the collection of data (i.e., that they were being asked to participate in a focus group interview) including any identified risks involved in their participation. The primary risks for participants in this study are related to confidentiality. Because data was collected through focus group interviews, confidentiality cannot be guaranteed.

Measures to protect participants during data collection included verbal reminders to maintain confidentiality and that participation may be discontinued at any time without penalty. During the focus group interviews, the moderator ensured that all participants were given equal opportunity to express their views and ideas. To help prevent sensitive or potentially harmful information from being collected, the moderator strictly adhered to asking only the stated approved questions.

The protection of participants during data analysis included measures to ensure confidentiality and accurate reporting. All data was accurately recorded and included any contrary or discrepant findings. No personal information was collected or reported that could potentially be used to identify participants.

Reporting of data was done accurately, without biased language, and in a manner that maintained the confidentiality and anonymity of participants. All data were stored by the researcher in a secure manner as appropriate (e.g., hard copies in a locked file cabinet, and electronic data on a password-protected device). Further, an offer was extended to all participants to be sent a copy of the final report of the study upon completion.

## CHAPTER IV – PRESENTATION AND ANALYSIS OF DATA

The intent of the collection and analysis of data was to address the purpose and goal of this study. The purpose was to explore the attitudes of nursing faculty toward the educational preparation of BSN students for practice in hospital and non-hospital settings upon graduation. The goal was to gain insight into nurse faculty perceptions of priority areas for preparing students to practice in various settings and whether their perceptions may affect their teaching.

### Description of the Sample

A total of 13 participants ( $N=13$ ) participated in a total of three focus groups. All participants were asked to complete an anonymous demographic questionnaire (see Appendix D). Among the six items on the questionnaire, all participants responded ‘yes’ to Item 3, *Do you currently teach in a BSN program?* Nearly all participants responded ‘yes’ to Item 5, *Do you teach in classroom settings, clinical settings, or both?*; two responded ‘both’. Although it was not asked on the questionnaire, all participants appeared to be female. Responses for the remaining four items are presented in the Table 1 (below). ‘Participant’ refers to the pseudonym initials assigned to each participant. ‘Age’ and ‘Teaching’ are presented in years. ‘Degree’ refers to the highest degree earned. ‘Practice/Teaching Area’ refers to their reported professional practice specialty, area of expertise, or area of nursing that they generally teach.



Table 1

*Demographics*

Participant	Age	Degree	Teaching	Practice/Teaching Area
RT	63	Ph.D.	27	Med/Surg, pediatrics
TM	57	MSN	5	Med/Surg, populations, foundations
PG	56	MSN	6	Pediatrics, fundamentals
KB	32	MSN	4	Med/Surg
RD	55	DNP	20	OB, pediatrics, leadership
NT	64	DNP	10	Nurse educator, public health
PB	58	MSN	10	Leadership, health promotion, policy
TK	56	Ph.D.	16	Critical care, med/surg, fundamentals
EJ	44	MSN	3	ED, SANE, med/surg
ZE	52	Ph.D.	12	NICU, pediatrics, writing courses
GK	61	DNP	1	Leadership, health assessment
WR	33	EdD	7	ED, adult health
ZS	50	MSN	10	Med/Surg, OB/GYN

## Data Collection

Data were collected through focus group interviews that were conducted virtually. A total of three focus group interviews took place once per month from September to November of 2023. The interviews were conducted using the virtual platform Zoom and were video recorded. The researcher acted as moderator for each of the interviews.

Following the reading of the Introduction Statement (see Appendix C), the researcher, who acted as moderator, read the focus group interview guiding questions detailed in Chapter III verbatim, then listened as participants responded. Throughout the interview, the researcher logged observations of the participants and the discussions as field notes to enhance clarity and accuracy during the data analysis process.

Immediately following the conclusion of the first focus group interview, the researcher used the Zoom platform's audio transcription function to generate a rough transcript. The transcript was reviewed multiple times by the researcher and compared to the interview recording, making corrections as needed, to ensure an accurate, verbatim representation of the interviews. This process was repeated for each subsequent focus group interview until data collection was concluded.

Krueger and Casey (2015) recommend planning three or four focus group interviews and then assessing whether sufficient data has been collected to achieve data saturation. Data saturation is achieved in qualitative research when the information received becomes redundant and no new information is collected (Grove, 2017). Upon analysis of the third focus group interview, it was determined that data saturation had been achieved and no further recruitment or interviews were conducted.

### Data Analysis

Content analysis was performed to sort and code the data collected from the focus group interview transcripts. Content analysis was chosen because it is appropriate for use with descriptive qualitative studies such as those that use narrative forms of data and that are not based on any other research tradition (Polit & Beck, 2012). The processes of content analysis involve analyzing narrative data for the purpose of breaking it down into

smaller units of similar concepts and assigning them into categories (i.e., codes) (Polit & Beck, 2021). These processes were performed manually by the researcher; a computer software program was not used during the coding process.

Transcripts from the three focus group interviews were printed on colored paper, using a different color for each group. The transcript from the first focus group interview was reviewed for content that answered each of the nine interview guiding questions described in Chapter III. Some answers were found in the discussions immediately upon the question being asked, while some answers emerged from participants' responses to other questions during their interviews. The researcher then began sorting the content into categories and started to develop a preliminary list of themes. This process was repeated with the transcripts from the second and third focus group interviews. Ultimately, all the narrative data from the interview transcripts were sorted and assigned to one of five categories. The categories were given names to correspond with the information that was obtained from participant responses to the interview questions. The categories and their corresponding questions are presented in Table 2.

Table 2

*Categories and Corresponding Interview Questions*

Category	Interview Question #
Appropriate First Job	1, 2
Inappropriate First Job	3
Faculty Experience	5, 6, 7
Perceptions of Nursing Role	4, 9
Teaching Priorities	8

Further review and sorting of the data yielded a total of 16 subcategories. The subcategories were given names to correspond with the essence of information gleaned from the participants' responses. The categories and their subcategories are presented in the table below (Table 3) followed by a discussion of each in the next section.

Table 3

*Categories and Subcategories*

Category	Subcategory
Appropriate First Jobs	Develop Foundational Skills
	Support for New Nurses
	Welcoming Culture
	Their Area of Interest
Inappropriate First Jobs	Require Independent Practice
	Require Advanced Skills
	Skills Not Transferable
	No Jobs Are Inappropriate
Faculty Experience	Faculty First Jobs
	Had Fewer Opportunities
	Comfort Teaching Various Areas
Perceptions of Nursing Role	Students' Unrealistic Views
	Some Roles Valued Above Others
Teaching Priorities	Prepare for NCLEX
	Prepare for 'Real World'
	Teach Nursing Values

## Description of Findings by Category/Subcategory

### *Appropriate First Jobs*

The category of Appropriate First Jobs includes responses pertaining to what participants believe are good choices of jobs or practice settings for new nurses and how they would advise students if asked what they should initially pursue.

*Develop Foundational Skills.* Most participants stated they would advise students to pursue positions where they could develop foundational nursing skills. These responses commonly included specific advice that students should seek positions on a general medicine or medical surgical unit for a specified period of time (generally 6 months to 1 year). As PG stated, “start off on gen med, and then find your specialty because at least you’ll learn your time management skills there and really get your assessment skills down”. PB agreed and stated,

I always tell them to consider at least a year in med surg to really gain those fundamental skills that then will translate to whatever specialty area they’d like to go in after that”. RT also advises students to look for “a med surg unit to help really develop their organizational skills is really critical because once you get those down, and get that broad base of experience, you can really go anywhere with that.

*Support for New Nurses.* Many participants would also advise their students to pursue their first positions within organizations that have good support for new nurses such as residency programs or orientation programs specifically designed for new graduates. Academic teaching hospitals and Magnet hospitals were specifically encouraged. PB stated, “Magnet hospitals will have a strong leadership and support ...

culture” and that in her area “a slew of hospitals systems have added nurse residency programs because they, again, recognize that some of the nurse graduates were not practice-ready”. WR recommended students search for “a unit that is prepared to have a new grad. And maybe it’s a unit that always accepts new grads” with “a solid, set training program, orientation program, for the new graduate nurses with prepared preceptors that actually have the training, the experience, the patience to work with new grads and help them really flourish in that new role”. RT also recommended pursuing a position “that has a really good residency program that’s gonna be supportive of them” and looking for an “academic teaching hospital because I think that they’re more likely to be exposed to evidence-based practice there and not develop bad habits”.

*Welcoming Culture.* Participants also recommended students should spend time on units they are interested in to experience the culture of the organization to determine whether it is welcoming and a good fit for them. KB recommended, “really evaluating the cultural fit, not just the hospital, but also the unit”. RT advises students to spend a day, or at least part of a day, on a unit to get a sense of “whether they’re feeling encouraged to be a member of that community”. ZS echoed this advice and stated, “four to eight hours gives a really good picture of the people and the style and the environment that you’re about to work in”. If opportunities to shadow are limited, TM recommends students “spend at least a couple of hours, if not a full shift, shadowing on the unit they are considering, and really take into consideration their personal styles, their personalities, and do they feel this unit will mesh with that style.”

*Area of Interest.* Other common advice regarding appropriate first jobs for new nurses included pursuing a position within their area of interest and finding ‘what

resonates with them’. As EJ stated, “if there’s something that you really love, and, you know, that is the interest that made you go to nursing school, go for it”. When speaking with students about appropriate first jobs, TM wants to “encourage them to really identify or find what brings *them joy in life*.” Further, KB stated that if she is aware that a student’s area of interest is *pediatrics* or maternity, “it would be a disservice to them to tell them that’s not appropriate to pursue when they already know they don’t enjoy, like, adult medicine”.

### *Inappropriate First Jobs*

The category of Inappropriate First Jobs includes responses that pertain to participants believe are not good choices of jobs or practice settings for new nurses to initially pursue.

*Require Independence.* Roles or settings that would not be recommended for new nurses were any that were perceived by participants as requiring a high level of independence, including community settings in general, but specifically school nursing, home health, and long-term care. RD stated, “I also believe that home health nursing or school nursing are also areas for students to avoid because a lot of times in those settings, you are ‘it’. So ... and these students lack that thorough critical thinking sometimes without a person there”. KB stated,

The only job that I’ve ever really discouraged anyone from pursuing, or asked them to really reconsider, was school nursing. And this was a second degree, or like a second career nurse. Someone that, like, had school-age children. It ... her discussion about the job potential felt more like a convenient thing to be close to

her children. And I had some serious concerns about, like, operating in such an independent role with such limited exposure.

TK stated, “we all know that long-term care, in general, long-term care does not have the best onboarding. And for the RN that is working there, they are usually the only ones there with LPNs and aids, and so it might not be appropriate for the brand-new grad”.

*Require Advanced Skills.* Participants responded that they would not recommend roles that require advanced levels of skill such as helicopter emergency crews, NICU, or PACU. EJ stated,

The only thing I have discouraged students from starting in is post-op PACU, because I see ... I’ve worked there before. I feel it is really hard for new grads because you are assessing unconscious patients and that’s very difficult to do if you don’t have the assessment skills on a variety of patients.

RT discussed her experience and stated, “When I worked in the neonatal ICU when we would get new nurses, brand new nurses in there, it was never a good thing. They just did not know what they didn’t know, and they would miss really important things”. GK agreed and stated she also would have concerns about a new nurse acquiring a position that requires advanced skills such as on a helicopter emergency crew but added, “but they probably wouldn’t be put in that role anyway.”

*Skills Not Transferable.* Participants responded that they would advise students to avoid specialties for their first positions because nurses in those areas develop highly specialized skills that may not transfer to other roles. As RT stated,

Another reason to encourage them away from a specialty though is because, initially ... you don’t wanna limit yourself in your future opportunities. So, I’ve



had colleagues who went right into labor and delivery, and that's exactly what they did. And then they got sick of it, and then they had a harder time finding another job because they had no adult med surg experience or anything.

PG stated, "I have encouraged students to stay away from the specialties like OR, interventional radiology, those that are very focused on one disease process because then you get very knowledgeable there". TK agreed and stated,

I actually came from the school of the 'one year of med surg', and then I worked for many years in a level-one medical ICU and did a lot of precepting. And what I found were the nurses that came off of med surg floors actually struggled more than the new grads because of ... some of the things that they learned on the med surg floor actually were a detriment time-wise to being able to take care of very sick one-on-one patients".

*No Jobs are Inappropriate.* In contrast, some participants also responded that there are no jobs that should be considered inappropriate for new graduate nurses to pursue, and whether a specific job is appropriate depends on the agency as well as on the individual. RT stated, "and on the other hand, I agree ... it depends on the orientation for the ICU and how closely supervised they are". TM stated, "I think just about everybody could be successful in that initial role with the right support and that it's a good fit". TK agreed, stating,

And I think even those are not like a hard-stop for me. Depending on the facility, and again, what sort of onboarding do they get? We have a home health service that's attached to our local research level-one, you know, setting here in the area and their onboarding for their home care is as extensive as it is if you were going

into the hospital to work. So, you know, I think if the onboarding is done well, I think students can really go almost anywhere.

### *Faculty Experience*

The category of Faculty Experience includes responses that pertain to participants' own experiences as new nurses in their first jobs and whether they believe the opportunities for new nurses today differ from when they graduated.

*Faculty First Jobs.* Most participants responded that their first jobs were on various units within hospital settings and most thought their first jobs were good choices. Among those who did not start in hospitals, one described the setting for her first job as a community emergency department and the other described hers as a women's health clinic; both also considered them good choices for their first jobs. TM stated, "My first job was ... on a cardiac telemetry unit for a local community hospital, a mid-sized hospital affiliated with a larger system. It was, I stayed there for over eight years. ...I had a very supportive manager and a tight team at that time". KB described her experience stating,

I was hired onto a general adult med surg floor. You know, 5-1 nurse-to-patient ratios. It was something I took out of necessity. I needed a job right after graduation. I didn't really know what I wanted to do. ... I ended up really enjoying med surg. It opened a lot of doors for me. And now I've been a med surg nurse for 10 years, and I remain per diem at the hospital that I originally started at. ZE also reported having had a positive experience in her first role, describing how she "was hired onto a newborn ICU as a new grad. I had never had even one clinical in a

newborn ICU in my nursing school, so it was all brand new. We did have good training. ... It was a really good fit for me because of the support from that unit”.

RD was among the few whose experiences in their first jobs were not positive. She stated, “So, I did start out in a med surg unit, and it was ok, but it wasn’t my true passion”. RT described her experience in her first job which was also negative.

I also started in telemetry. I left after six months. I made a terrible medication error and fortunately, the patient lived. I actually quit nursing for six months because I was so devastated by what happened. And then I had a friend who worked in dialysis who ... talked me into taking a job there. It was the supportive environment I needed to come back after feeling tremendously incompetent.

*Had Fewer Opportunities.* All participant responses described the opportunities available to them as new nurses as limited in terms of number of open positions, types of settings, and choices of shifts compared to the opportunities they believe are available for the current generation of new nurses. When asked if the opportunities are different now, ZS stated, “I would just say 100%. We had, you know, full saturation. And you know, even though we didn’t have great staffing, we didn’t have open positions when I graduated school. ... the opportunity now is so much more”. GK stated, “I agree. There were no jobs when I graduated either. ... This graduating class will have ... other opportunities”. RT agreed, stating, “when I got out of school, way back when, you know, I could apply for several jobs, and hope that I would get one. And I did get one, fortunately. But it’s very different now. They are writing their own ticket. They are going wherever they want”. TK stated, “the availability of these, what we consider specialty areas, are now, that’s just a regular place that new grads go to work.” WR echoed these

responses and added, “the expectation was, you’re gonna be on night shift. Like, new grads went on the night shift. And now I feel like there are more day shift positions available”.

*Comfortable Teaching in Various Areas.* Participants reported feeling most comfortable when teaching areas within their own experience or area of expertise and uncomfortable when teaching outside of it. As KB stated, “My experience is 100% acute care, like, within the walls of a hospital. I’ve been asked if I would be willing to do ... teaching in nursing home settings or sub-acute rehab. And I know that ... I could do that, but I do not feel comfortable”. RT echoed this stating, “I am more comfortable, and I think I am a better instructor when I’m in that element of the med surg or just general peds floor”. However, some participants stated that their level of comfort also depends on the educational setting. As WR stated, “So, in the classroom, no, I don’t feel like it’s gonna make a difference. But if you put me in a pediatric clinical setting, then that would be completely different”.

#### *Perception of Nursing Role*

The category of Perception of Nursing Role includes participant responses when asked about their teaching methods and strategies.

*Students’ Unrealistic Views.* Participants stated they felt some students have unrealistic views of nursing and specific nursing roles due in part to how nurses are glamorized on television. TM stated, “I’m not always convinced that these new nurses know what they’re getting themselves into”. PG expanded on this and stated,

And I think part of the ... reason that we’re losing so many new graduates, and so quickly, they have this glorified view of what nursing is. They have this view in

their head that they're gonna ... maybe walk in, hand a couple of meds, go sit down, and be able to scroll on their phones. They don't realize how much work it is. ...but I think it's because they have us glorified and, I don't know, maybe they're watching too much Grey's anatomy.

TK described a similar view stating, "You thought, you know, it'd be like ER on tv or whatever they watch now, Grey's Anatomy. It's not, right?". KB also discussed how she encourages students to "ask questions in interviews about work-life balance, their schedule, and kind of get away from romanticizing certain specialties and more emphasizing how this is part of their life and not going to be their entire life".

*Some Roles Valued Above Others.* Most participants discussed medical-surgical nursing in terms of requiring only basic, entry-level skills while those who are certified med-surg nurses felt their role is inaccurately represented to students. KB stated,

I'm a certified med surg nurse, and I've become much more involved in, like, other professional organizations for med surg nurses. And I've worked hard to kind of explore the idea of med surg being its own specialty. In my own practice, something that I'm working on with my students is trying to get away from talking about med surg like it is the bare minimum of nursing, and that it is what you do as a steppingstone to something else. I don't think that's false, but I do think that it is an inappropriate way to sell med surg to students. I think that we are, like, unfortunately, have painted a picture of what a med surg nurse is and that it is less than the ICU nurse, you know, can't handle the heat of the ER, not specialized enough to go into L and D. It's sort of this, like a catch-all. And I would like ... it's important to me that we break that stereotype and start to

recognize med surge as the specialty that it is. ... we need to stop selling it to students as ... it's the launching pad to everything else.

TM echoed this stating,

I'm a certified med surg nurse as well. That's where my passion is, and I hope that passion and that enthusiasm comes through that, again, medical surgical nursing doesn't have to be, you know, the 'ugly stepchild' that's, you know, swept off into the corner. It is a true and very rich and vibrant specialty of itself.

### *Teaching Priorities*

The category of Teaching Priorities includes participant responses pertaining to their perceptions of priority areas for teaching.

*Prepare for NCLEX.* Many participants responded that priority areas for teaching include content that is needed for students to prepare for the NCLEX which focuses on medical-surgical and, therefore, less time should be spent on pediatrics (peds) and obstetrics (OB). ZE stated, "although I don't like teaching to a test, they still have to pass the NCLEX. And the NCLEX is tiny, tiny, tiny amount in the specialty areas like OB or peds.". WR echoed this stating, "Yeah, let's train this person to be a peds nurse, when who knows if they're gonna be able to actually take what they've learned from being specially trained as a peds nurse and apply it to the NCLEX exam which is generalist nursing". EJ further described how feedback from final-semester clinical students in the program where she teaches indicate they feel "the ones that are going to a med surg setting are actually more prepared for the NCLEX than the ones that are ... to a specialty setting".

*Prepare for 'Real World'.* Other priority areas for teaching reported by participants included providing opportunities to care for patient populations they are likely to encounter in a variety of settings and focusing on hands-on experience to prepare students for practice in the 'real world'. As KB stated, "the real value that I carry in my teaching is, am I teaching my students, like, based in reality? Not hospital Utopia, not the perfect nursing world, but truly what they're gonna face when they graduate. Because I think that's the only way we can really close the transition to practice gap". In addition to more of a focus on geriatrics and health promotion in community settings, TM would recommend,

Behavioral health, more emphasis on that. At my institution, we currently introduce it towards the end of the program and I think that's ... doing our students a huge disservice. I think that should be almost considered a foundational course. We're seeing more and more of it, and it's just gonna become, I think, a larger part of what we do.

RT echoed this stating,

We're having our students spend too much time in peds and labor and delivery. Yeah, you know, the large majority of them will never work in those settings and most programs are still devoting a whole semester for each of those courses. ... We need to spend a lot more time teaching our students how to help people navigate mental health care.

*Teach Nursing Values.* Many participants also described the need to teach nursing core values such as caring, compassion, empathy, and resilience, as well as the various strategies they use with their students. PG stated,

I want to teach students how to be caring, compassionate, empathetic nurses. To bring back that base of what nursing was. I, it drives me crazy when I see task-driven nurses go and do things, walk out, and you're like, what's your patient doing? I don't know, I just did my things... Or getting the report of how horrible the patient is to the nurses and you go in and find out it's just because nobody's talking to them, and they just want to know that somebody actually cares about them enough to say, Him! Good morning! How are you?

KB stated,

I really want my students to leave my university prepared to take care of anyone. ... I live in a fairly urban area, so people from all different backgrounds, cultures, speaking different languages, different ages. And I want them to do so in a non-judgmental, you know, compassionate way. And, of course, I want them to be competent, but as TM said, those skills are expectations of the role.

RT described a values activity she does with students where they identify their professional values as a nurse. "At least 50% of them say compassion is the professional value they want to take forward with them wherever they go, and a lot of them mention service as well. ... How do you maintain that value and get out into the real world?"

### Themes

Several themes emerged as the categories of data were developed and analyzed. Themes in qualitative research represent reoccurring patterns of ideas or overarching concepts that may develop within an individual category or may cut across several of them (Polit & Beck, 2012). A total of five themes emerged from the narrative data in this



study; each theme cut across two or more categories. The themes and the categories from which they primarily emerged are presented below in Table 4.

Table 4

*Themes from Categories*

Themes	Categories
Desire for Students to Succeed	Appropriate First Jobs
	Inappropriate First Jobs
	Teaching Priorities
Perceptions of Specific Roles/Settings	Appropriate First Jobs
	Inappropriate First Jobs
	Faculty Experience
	Perceptions of Nursing Role
Comfort in What is Familiar	Appropriate First Jobs
	Faculty Experience
Acknowledgement of Changes in Nursing	Faculty Experience
	Teaching Priorities
Faculty Influence on Students	Teaching Priorities

*Desire for Students to Succeed*

The theme of Desire for Students to Succeed emerged from participant responses that were sorted into the categories of Appropriate First Jobs, Inappropriate First Jobs, and Teaching Priorities. The ways this theme was demonstrated include a general focus by faculty on teaching what they feel will help students to be successful in passing their

licensure exam. For example, ZE stated, “I love peds, right? Peds is my home. I dig it.

And yet our students, if I want them to be successful, one, have to pass the NCLEX”.

Another example was found among faculty responses concerning preparing students for practice beyond graduation and passing the NCLEX. As KB stated,

And then they pass the NCLEX and they get out there, and they don’t know how to take care of real people with real problems. They just know how to take care of a case study-type of patient that has cellulitis. So, I really advocate to expose my students to patients who might not always be so fun to take care of and may present some real challenges in addition to the clinical presentation of the patient. And this is not always met with acceptance from the clinical faculty. I think that it is maybe a little different than many other instructors approach, but. I feel strongly that, like, my students are gonna graduate in a year. They’re gonna be seeing this and handling this in a year. If I don’t show them now, when are they ever going to learn?

Further examples supporting this theme were found among participant responses where they discussed declining teaching roles if they did not feel they had the expertise to ensure students would be provided the best possible educational opportunities. As PG stated, “But I would not be the best person to send into an adult health-1. And they’ve tried. And I’m like, nope, time out. I’m thinking of your students, not necessarily of me. I can do it, I’ll do it if I had to, I said, but let’s give the students the best education they can get”.

### *Perceptions of Specific Roles/Settings*

The theme of Perceptions of Specific Roles/Settings emerged from participant responses to the categories of Appropriate First Jobs, Inappropriate First Jobs, Faculty Experience, and Perceptions of Nursing Roles. Examples of this were evident among participant discussions describing hospital settings, in general, as appropriate choices for new nurses and non-hospital/community settings as generally inappropriate for new nurses. RT stated,

The other thing I tell students is it's really a good idea to start in a hospital. You know, we need community nurses, but one of the challenges is if you don't nail down that, if you don't have that exposure to patients who are really sick early on, and see a lot of the diversity of that, and then you're out in the community, you can miss things ... just because you haven't seen them before and make the wrong judgment about what ... you should be doing with your patient, because you just don't know enough.

This theme was also supported by participant discussions of medical-surgical/general medical units as optimal settings in which to build foundational skills, such as patient assessments and time management, that are transferable to practice in other settings. As TM stated,

I do encourage people ... to spend at least some time on those general units and really get that broad basis. Cause so much of what you see and do is gonna transfer into just about any other setting. Whether it's public health, whether it's school nursing. Whether it's home care. That really gives you the foundation of the disease states and what, you know, what these people look like.

Another aspect of this theme concerns the perception that specialty roles/settings (i.e., any other than medical-surgical/general medical) assumed not to have sufficient orientation or support for new nurses. As NT stated, “I’m thinking long-term care, rehab, nursing homes. I don’t think that’s a good starting place. I don’t think it’s going to afford them the opportunity to develop and sharpen the skills and utilize... to me it’s not a good starting place for a new or novice nurse”.

#### *Comfort in What is Familiar*

The theme of Comfort in What is Familiar emerged from participant responses to the categories of Appropriate First Jobs and Faculty Experience. An example that illustrates this theme was found in a response from KB, who described her professional experience as exclusively in acute care hospitals caring for adults. She discussed how she would feel comfortable working in any setting as long as it is similar to what she is used to. She stated, “I’ll go to almost any adult floor. You know, step down, telly, med surg, and I’m... I can go to almost any hospital in my geographic area. But beyond that, I’m not comfortable”. Other examples of this theme were found among participant discussions about feeling comfortable teaching in settings that are familiar in their current practice. As RT stated, “So, I’m kind of with everybody else. I’m much more comfortable on the general med surg floor now because I have been teaching for so long and I haven’t been in an ICU, and the technology changes so quickly”.

This theme also emerged from discussions concerning student perceptions of various roles and practice settings. Some participants described students’ decisions regarding career choices and how they relate to their familiarity with various roles and settings. As PB stated,

We've had a handful of students do their immersions or capstones in OR nursing. Most of the students have been surgical techs prior, so they knew what the environment was like and they liked it. When I've had students that had no OR experience, but really insisted on doing their immersion and, like, you all agree, we want them to follow their interests and passions, what the feedback I've heard is that intraoperative is such that unique environment and I've had students tell me that they took a job and then they didn't care for it, they didn't like it, so they did move on.

### *Acknowledgment of Changes in Nursing*

The theme of Acknowledgement of Changes in Nursing emerged from participant responses to the categories of Faculty Experience and Teaching Priorities. Examples demonstrating this theme were evident among participant discussions of how the current generation of student nurses learns in different ways compared to students in the past and the ways they, as nurse faculty, respond to their learning needs. For example, GK stated,

For a generation that won't crack the book and ... I feel like they want to be spoon-fed, and then they prioritize their classes. Like, they may not come to health assessment because they have a pharm test this week. ... So within health assessment, I make them ... part of the class is, you crack open the book, and let's talk about how you ... what interview questions you're gonna ask for the eyes, ears, you know, the head, whatever, heart, lungs, and rally emphasize that. Even though they may just be reading from the book, they're reading from the book.

Another example of this theme within the participant responses pertains to discussions of how healthcare agency training for new nurses is evolving. As ZE stated, "But what I

think has gotten better or has changed is, I think that hospitals and other systems are taking into account the need for more training. That students are coming out with a different experience ... of being able to step into the role”.

Other examples of this theme were found among discussions regarding the recruitment of nursing students by organizations and how it is starting earlier and for more diverse roles. KB stated,

They don't care how much experience you have. If you're licensed, and sometimes even if you aren't licensed yet, they'll take you directly into specialty areas, directly into procedural areas. Things that even, you know, I wasn't in school that long ago, we were told were off limits. You needed 1-2 years of, you know, critical care experience before you could do XYZ. That is not the case anymore. My students are in a traditional BSN program, so they graduate in May, and they are getting job offers as early as October and being asked to, like, sign employment contracts and things like that which I find frightening. And a lot of them are, like, being funneled into hospital systems earlier and earlier with ... nurse extern programs and things like that. So, the landscape has most definitely changed and the opportunities for the students are endless, and they are overwhelming.

TM agreed, stating,

They don't graduate for another year, but already making those connections. So, it's not just in the hospital setting. It's in sub-acute care. It's in primary care. It's in school nursing. ... The recruitment strategies are getting more and more creative and resourceful. You know, these nurse residency programs or nurse

internship programs for nurses, for student nurses in between their junior and senior years. ... the healthcare system is really just trying to think outside the box.

### *Faculty Influence on Students*

The theme of Faculty Influence on Students emerged from participant responses that were sorted into the category of Teaching Priorities. Among the examples of how this theme was demonstrated includes a discussion of the influence the participants' faculty had on them. KB stated, "I think back to my nursing school experience, and it was passed on to me that way as well. You know, in a positive light, but ... this is just where you start, never this is where you can stay or this can be your specialty". Another example was found among discussions where participants discussed ways they influence their students' learning and professional development. As PB stated, "Well, in our program we don't require it, of course, but we highly, highly encourage every student, before they graduate, to join at least one organization ... at the student level." This theme was also evident among responses given describing how participants' own attitudes or how they approach students influences learning. ZS stated,

And we have something called the 'basic assumption' that we use ... everybody who comes into our simulation center. We say that they are smart, they're intelligent, and ... they want to do their best and hope to improve. So that, in itself, I think, as our teaching style for a center, really gives people credit for being what they hope to be, not coming in trying to find out what they're doing wrong. So, I think that's just a really great tenant to set them forward on.

WR further described a recent workshop/seminar she attended where the presenters had "really put a charge to faculty is to make ... med surg is a specialty of its own. We like to

think that it's just the standard, but med surg is its own specialty. And we have to actually let ... help students to see that".

### Summary

Data for this study were collected through focus group interviews that were conducted virtually and moderated by the researcher. A total of three interviews were conducted with four to five participants each. The sample for this study was comprised of participants from across the United States who were recruited through the AACN Connect online community discussion forum and who are current faculty teaching in baccalaureate nursing programs across the United States. There were four to five participants in each of the three focus groups.

Content analysis was done on the interview transcripts and data were sorted into five categories. The categories were given names to correspond with the information that was obtained from participant responses to the interview guiding questions described in Chapter III. The data were further sorted into a total of 16 subcategories. A total of five themes emerged from the analysis of the narrative data from the interview transcripts: Desire for Students to Succeed, Perceptions of Specific Roles/Settings, Comfort in What is Familiar, Acknowledgement of Changes in Nursing, and Faculty Influence on Students.

The participant responses and discussions among participants during the focus group interviews provided rich insight into their perceptions of priority areas for preparing students for practice upon graduation. This data also provided insight into whether their perceptions may affect their teaching. A discussion and interpretation of these findings will be presented in Chapter V.



## CHAPTER V– DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The analysis of the data revealed findings that addressed the objectives of this study and answered the research questions. The purpose of this study was to explore the attitudes of baccalaureate nursing faculty toward the preparation of students for practice in hospital and non-hospital settings upon graduation. The goal of this study was to gain insight into faculty perceptions by answering the following research question: What do nurse faculty perceive as priority areas for preparing students for practice, and does this affect their teaching?

### Interpretation of Findings

The findings of this study will be presented within the context of the themes that emerged from analysis of the narrative data collected from the focus group interviews. These themes developed as overarching concepts and ideas that were repeated throughout the participant responses. A total of five themes emerged from the data: Desire for Students to Succeed, Perceptions of Specific Roles/Settings, Comfort in What is Familiar, Acknowledgement of Changes in Nursing, and Faculty Influence on Students. Interpretation of these themes and their significance to this study will be presented in the following sections.

#### *Desire for Students to Succeed*

The first theme, Desire for Students to Succeed, highlights an apparent motivation among the participants to tailor their actions and teaching toward what they believe is in the best interest of their students. Their advice for students regarding appropriate jobs to pursue upon graduation may have been influenced by their own experiences. However, this did not appear to be their only motivation. For example, several participants reported

that they advise students to start their careers in settings that are different from where they had started themselves, regardless of whether they felt their own experiences as new nurses had been good or not.

The participants in this study also seemed motivated to do what they believe is in the best interests of their students, even if it were not what they would prefer to do. For example, the importance of preparing students to pass the NCLEX licensure exam was repeated during multiple discussions about priority areas for teaching. These discussions illustrate how despite several participants having stated or implied that they do not like ‘teaching to a test’ and would prefer to focus on other areas they believe are important, they ultimately do focus their teaching on content that is most likely to be covered on the NCLEX exam.

The willingness of participants to advocate for their students’ interests when needed was also apparent. During discussions of their own comfort levels when teaching in various settings, several participants stated they have refused or would refuse, to teach in settings or areas that were not familiar to them if they did not feel they could provide the highest quality to their students. Others stated they would ‘do whatever was needed’ but would do so reluctantly if they were unsure of their competence because they were outside of their area of expertise. Additional comments that indicated participants’ willingness to advocate for the best interests of their students included stating opinions that they acknowledged may be unpopular among colleagues or practice partners and encountering conflict in their efforts to facilitate meaningful learning experiences for their<sup>67</sup> students.

### *Perceptions of Specific Roles/Settings*

The second theme, Perceptions of Specific Roles/Settings, revealed insight into how faculty view certain roles and practice settings and how their teaching may be affected. Several examples were found in participant responses. Multiple discussions concerned the importance of new graduates starting their first jobs in roles that are basic and require only entry-level skills; the most common role name as an example was that of a medical-surgical nurse. These discussions prompted several participants who are certified medical-surgical nurses to express their feelings of disappointment that their roles are considered to be ‘steppingstones’ to more complex roles and also that they lack recognition as a specialty that students should be encouraged to pursue for their careers.

Discussions from which this theme emerged also provided insight into faculty perceptions of what are appropriate settings for new graduate nurses to build foundational skills and what are not appropriate settings. Medical-surgical or general medical units were generally discussed in terms of being good settings to start in because spending time there (most often a specified of six months to one year) enabled new nurses to develop skills related to patient assessment and time management that are presumed to be transferable to other practice settings. Specialty settings were generally perceived as poor choices for new nurses because they would not develop foundational skills there but would instead develop skills that are not transferable to other settings. A few responses did acknowledge some skills that are considered foundational may vary significantly between units (e.g., time management on a med surg floor compared to an intensive care unit). Also, specialty settings (i.e., any settings other than hospital general medicine or medical-surgical units) were perceived not to have sufficient orientation or support for

new nurses although some participant discussions regarding their own first jobs did not consistently support this.

### *Comfort in What is Familiar*

The theme of Comfort in What is Familiar highlights a common tendency for people to stay within what is familiar to them. This theme was evident among participant recommendations for appropriate jobs for new nurses (i.e., most participants' professional practice experience was reported to have been in acute care hospital settings and most would recommend positions in similar settings to students for them to pursue as NGRNs). This theme was also found within discussions regarding participants' feelings of comfort teaching in certain areas and discomfort teaching in others. Although some participants stated they would be willing to teach wherever needed, most described a preference to teach content and within settings that are familiar to them based on their professional experience. Some participants further stated they would refuse to teach outside of their 'comfort zones' because they felt it could negatively impact the quality of their students' educational experiences. The apparent reluctance among participants to teach unfamiliar content or in unfamiliar settings also supports the theme of Desire for Students to Succeed and suggests that some areas of content (i.e., what is familiar to faculty) may receive more focus than others.

Insight was also gained from participant discussions about how faculty perceive students' feelings of familiarity with specific nursing roles and the possible influence it may have on their career decisions. For example, several participants stated they believe some students mistakenly believe they are familiar with various nursing roles due to having watched television dramas where they are portrayed but have instead developed

unrealistic expectations that end up causing them to misstep in the choices of nursing roles they pursue. Findings also suggested that students should spend at least some time (i.e., a couple of hours up to one full shift) on any specific unit they are considering applying to so that they can decide whether they feel comfortable in that environment and whether it is similar to what they think they know of it.

#### *Acknowledgment of Changes in Nursing*

This theme developed from participants' acknowledgment that many aspects of nursing practice and nursing education have changed since their days as students. Participant responses indicated that they are aware that the current generation of nursing students have learning needs that differ from those of their own generation. Further discussions about students' study habits (e.g., they don't read their textbooks as much as older generations did) and prioritization of learning activities (e.g., they prioritize what they feel carries the most weight toward their grade or their ability to pass the NCLEX) revealed insight into faculty perceptions of the importance of adapting their teaching to meet the needs of today's learners.

Participants also acknowledged the changing state of healthcare and how this affects the preparation of nursing students. Several responses and discussions among participants centered around the nursing shortage and how it may have contributed to an increase in the abundance and variety of opportunities available for today's new graduates that differ greatly from those of decades past or even just a few years ago (i.e., pre-COVID-19). Participants further discussed how the recruitment of students seems to be starting earlier and is for more diverse roles. Several participants also acknowledged that hospitals as well as community/non-hospital practice partners are starting to address

these changing needs and are investing more resources into training and supporting the new graduate nurses they hire.

### *Faculty Influence on Students*

This theme provided insight into what faculty perceive as their role in student's learning and professional development. Participant responses indicate that they recognize the influence they have on their students as educators and mentors. Several participants illustrated this with discussions of various ways their own nursing school experiences shaped their career paths.

Further, this theme highlights the awareness that participants have of their influence on their students and their overall perceptions of the nursing role. In discussions related to Teaching Priorities, participants perceive their responsibility to prepare students as extending beyond teaching course content to include teaching nursing values as well. Values such as compassion, empathy, commitment to service, and strategies to build resilience were all named during the discussion of priority areas to prepare students for practice in 'the real world'.

### Findings Related to Social Learning Theory

Applying Bandura's (1971) social learning theory to the findings of this study helps to highlight the important role nursing faculty have in the development of student perceptions of various professional roles and practice settings for nurses. As discussed in Chapter I, the basic premise of SLT is that people learn through a process referred to as reciprocal determinism where personal, behavioral, and environmental factors operate as interlocking determinants of each other (Bandura, 1977). The assumption of this theory is

that learning occurs through not only what one is told, but also by what is experienced and/or observed in others.

Nursing faculty influence students' learning and their development of perceptions of professional roles in multiple ways. Course content is taught to students by their faculty, as well as additional content faculty may share such as anecdotal evidence or stories of their own personal experiences. In the context of social learning theory, if faculty place more focus on certain content (e.g., what they believe are priority areas or what they feel most comfortable teaching based on their own area of expertise), students may perceive this as more important. Conversely, if areas of content or content related to roles or practice settings that faculty do not believe are priority areas of NCLEX preparation (e.g. content related to non-hospital/community practice), students may learn to perceive such areas as less important.

SLT further asserts that learners are particularly influenced by role models who they admire such as experienced nurses who exemplify a student's concept of professionalism, or anyone who holds a position of authority such as a teacher or a parent (Braungart & Braungart, 2018; Wills & McEwen, 2019). Nursing faculty act as educators and role models and are, therefore, uniquely positioned to have significant influence on the development of student perceptions. Nurses in other roles, such as preceptors and faculty who contribute to curriculum development, should be made aware of their potential to influence student perceptions and career choices through course content as well as clinical and other experiential learning.

## Implications for Social Change

Current trends in health care indicate there may be an increasing need for nurses in a variety of roles and practice settings. People are living longer than in the past, which means more nurses will be needed to provide care for an older population living with chronic health conditions. Although job growth is expected to continue for RNs in hospitals, it is also expected that increasing numbers of people with skilled healthcare needs will also seek care in non-hospital settings such as outpatient clinics, long-term care facilities, and within their own homes or in other residential care facilities (Bureau of Labor Statistics, 2022). Since research has shown that most students in baccalaureate nursing programs are generally not interested in non-hospital or community-based nursing roles and intend only to pursue positions in hospitals upon graduation (Calma et al., 2021), large sections of society may have unmet healthcare needs.

The AACN (2021) has addressed the current trends in health care as well as concerns regarding the worsening overall shortage of nurses and has recommended significant changes within nursing education. These changes include shifting away from the primarily acute care-focused model that has been used historically in nursing education toward a competency-based model aimed at preparing them for practice in diverse settings and across the lifespan (AACN, 2021). As educators, mentors, and significant stakeholders in the development and design of curriculum, nursing faculty hold critical roles in determining whether recommendations such as the AACN's will be fully implemented to try to adapt and meet our society's changing healthcare needs.



## Recommendations for Action

The findings of this study provide insight into nurse faculty attitudes toward the preparation of BSN students for practice in hospital and non-hospital settings. This knowledge can be used as a first step toward understanding what is perceived as priority areas for preparing students and how student perceptions of various roles and settings may influence their decisions about which roles they pursue upon graduation. Recommendations for action will be presented here in the context of what was learned through each of the five themes that emerged.

The first theme, Desire for Students to Succeed, indicates that faculty want students to be successful and are willing to do what is needed to help facilitate students' success. A recommendation for action related to this theme is for professional organizations and nursing leaders to ensure faculty have the best and most up-to-date information about the current trends in healthcare. Wanting what is best for students is important, but good intentions may fall short if teaching is done using outdated educational approaches that do not address the current trends and needs in health care.

The second theme was Perceptions of Specific Roles/Settings. This theme indicates that there are common perceptions among faculty regarding which roles and practice settings will provide new nurses with their best opportunities to develop foundational skills (e.g., time management and assessment skills, skills that are universally transferable to other patient populations and settings) and which ones will not. The roles and settings most often described by participants in this study as optimal for new nurses included general medicine or medical-surgical units within hospitals. The roles and settings that participants most frequently named as not being good or

appropriate for new nurses typically included non-hospital/community roles and settings. Notably, these perceptions did seem to correspond with the participant's own professional experiences (i.e., participants whose experience was described as exclusively in hospital settings stated they would advise against students pursuing initial roles in community settings due to lack of support and poor onboarding practices). Recommendations for action related to this theme include further research to explore whether the advice given to students to pursue certain positions and avoid others are 'sacred cows' or if there is evidence to support this practice; recommendations for further study will be discussed in the next section.

The theme of Comfort in What is Familiar highlights a common tendency for people to stay within or move toward what is familiar to them. For example, participants generally reported feeling more comfortable in educational settings that are similar to those they have experienced in their professional practice. The rationale given by participants not only included their own comfort levels but also their concerns about not being able to provide the highest quality educational experiences if they were to teach in areas that are outside of their experience or expertise. Recommendations for action to address what was learned from this theme include increasing efforts to recruit faculty with diverse backgrounds and professional experience.

The next theme, Acknowledgement of Changes in Nursing, indicates that faculty are generally aware that the current generation of students are different from their own when they were students. Participants in this study acknowledged that the opportunities available for today's new nurses are more abundant in quantity and variety than what had been available to them when they were new graduates. This theme also indicated that

faculty acknowledge the differences among learning needs and styles of this generation compared to their own needs when they were students. Recommendations for action related to this theme include ensuring that universities and schools of nursing provide education for faculty that includes strategies to address the specific learning needs of the current generation of students. Providing these additional educational resources may be especially important during this post-COVID-19 pandemic era when so many changes have occurred such as increased reliance on virtual learning and less in-person clinical time.

Finally, the theme of Faculty Influence on Students highlights the significant influence that faculty have not only on students' learning but also on their development of perceptions of professional roles and values as well as their choices of career paths to pursue. If a goal for nursing education is to meet the changing needs for healthcare services within our country, actions will need to be taken to ensure the next generation of nurses are prepared to meet those needs. Recommendations for action include encouraging all nursing faculty to engage in self-reflection so that they are aware of their perceptions of priority areas for teaching, areas that they may be giving more focus or attention to when interacting with students, as well as potential areas of bias that may encourage or discourage students from pursuing certain nursing roles.

#### Recommendations for Further Study

Prior to this study, little research had been done concerning the attitudes of nursing faculty toward the preparation of students for practice in diverse hospital and non-hospital settings. This researcher hopes that this study will be disseminated through publication in one or more professional nursing education journals and will serve as a

starting point to begin filling in the gaps in the knowledge of this area and that it will inspire others to continue exploring this important topic. Based on the findings of this study, the following is a list of recommendations for further research:

1. Researchers who intend to replicate this study may want to consider using a larger sample size. Although the sample for this study included enough participants to achieve data saturation, a larger size could include participants from more diverse backgrounds and experiences (i.e., more participants with professional experience in community settings) which could enhance the richness of the data.
2. In future replications of this study, the sample could include participants from a wider range of ages (10 of the 13 participants in this study were aged 50-64, and three of the 13 were aged 32-44) and gender (this sample was entirely comprised of female participants).
3. Perceptions among practice partners in non-hospital/community settings regarding students' preparation to practice in settings outside of hospitals should be explored. For example, do hiring managers of home care agencies, public health departments, and long-term care facilities feel new graduate nurses are prepared to work within their settings? If not, what do they believe could enhance their preparation?

4. How students perceive what are or are not appropriate roles for them to pursue upon graduation and what they believe influenced their decisions should be explored. For example, researchers may want to ask BSN students what they know about various roles for new nurses inside and outside of hospitals and whether they feel they are adequately prepared for practice in both types of settings.

#### Reflection of Researcher's Experience

The researcher acknowledges the potential for personal biases or preconceived ideas about this topic due to her professional background. Having held faculty positions in two baccalaureate nursing programs during the past 10 years, the researcher had engaged in occasional discussions among colleagues regarding the preparation of students for practice upon graduation and what may be appropriate first jobs for new nurses. It is possible that these past conversations may have influenced the researcher's interpretation of the findings. The researcher further acknowledges potential personal biases related to her own professional practice experience having been almost exclusively within community and residential settings.

Through the experience of conducting this study, the researcher has gained a greater understanding of several aspects of what motivates nursing faculty to advise and prepare students in specific ways. First, although it is likely that the professional backgrounds and experiences of faculty significantly influence what they perceive as priority areas for teaching, they are not the only factors. The discussions among the participants seemed to acknowledge that familiar content and settings were preferred, but what was also revealed was a sincere desire to provide the best possible education for

students. Further, the researcher gained insight into the apparent understanding among the participants that for them to deliver their most effective teaching, they needed to adapt it to the needs of their students. For example, the importance of focusing on content to prepare students to pass the NCLEX exam was discussed multiple times, but the importance of preparing students to be safe, competent nurses with strong values who will go forward to have rewarding careers was discussed almost as frequently.

### Conclusion

The effects of the COVID-19 pandemic have resulted in increasing concerns about current and future deficits in the nursing workforce. Many currently working nurses are reaching retirement age at a time when the overall demand for healthcare services is expected to increase due to the changing needs of an aging American population (Bureau of Labor Statistics, 2020). While job growth is expected to continue for nurses in hospital settings, the need for nurses outside of hospitals in community settings is expected to increase significantly due to an increase of older adults seeking care for chronic and age-related conditions in outpatient clinics and residential care facilities (Bureau of Labor Statistics, 2022).

Nursing faculty are uniquely positioned to address the worsening nursing shortage in all roles and practice settings. As educators, mentors, and significant stakeholders in the development of nursing education curriculum, nursing faculty have a profound influence on students' preparation for practice as well as their decisions about specific areas of practice to pursue in their professional careers. The AACN (2021) has recommended an increased focus on the preparation of students to care for patients in diverse settings and across the lifespan. An essential first step in adopting the AACN's

recommendations is to explore what faculty think and how they feel about preparing students for practice upon graduation.

The purpose of this study was to explore the attitudes of nursing faculty toward the educational preparation of students for practice in hospital and non-hospital settings. The findings of this study indicate that nursing faculty generally perceive some roles and practice settings to be more appropriate for new nurses and that they prioritize certain areas of content above others. The findings of this study also indicate that faculty perceptions of priority areas may affect their teaching in terms of how much focus is given to certain content compared to others. Although further research is recommended to explore this topic, this study provides a basis on which to build and expand the knowledge of this aspect of nursing education.

## APPENDIX A – IRB Approval Letter

### Office of Research Integrity

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#### NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI using the Incident form available in InfoEd.
- The period of approval is twelve months. If a project will exceed twelve months, a request should be submitted to ORI using the Renewal form available in InfoEd prior to the expiration date.

PROTOCOL NUMBER: 23-0441  
PROJECT TITLE: Faculty Attitudes Toward the Preparation of Baccalaureate Nursing Students for Practice in Hospital and Non-hospital Settings  
SCHOOL/PROGRAM: Systems Leadership & Health Outcome  
RESEARCHERS: PI: Lisa Radley  
Investigators: Radley, Lisa~Cuellar, Norma G~  
IRB COMMITTEE ACTION: Approved  
CATEGORY: Expedited Category  
PERIOD OF APPROVAL: 26-Jul-2023 to 25-Jul-2024

Donald Sacco, Ph.D.  
Institutional Review Board Chairperson



## APPENDIX B – Recruitment Document

### RESEARCH OPPORTUNITY FOR NURSING FACULTY- Let's Talk About Preparing Students for Their First Jobs as New Graduate Nurses

Do students ever ask you for advice about which jobs they should pursue when they become new graduate nurses? If so, what do you tell them? Why?

If you are interested in sharing your thoughts about this, I invite you to participate in a research study I am conducting for my doctoral dissertation. My name is Lisa Radley, and I am a student in the Ph.D. program for Nursing Leadership at The University of Southern Mississippi.

This study, titled *Faculty Attitudes Toward the Preparation of Baccalaureate Nursing Students for Practice in Hospital and Non-hospital Settings* (Protocol #23-0441), aims to explore what nursing faculty believe are appropriate roles and practice settings for new graduate RNs. The goal is to gain insight into nurse faculty perceptions of priority areas for preparing students to practice in various settings and whether their perceptions may affect their teaching.

Participants in this IRB-approved study will be asked to participate in one virtual focus group interview lasting approximately 60-90 minutes with 4-7 other faculty colleagues from across the country to discuss their thoughts about preparing students for their first jobs as new nurses. And to thank you for sharing your time and insight on this topic, upon completion of your interview you will be sent a Starbucks eGift Card via email worth \$20.00!

You are eligible to participate if you currently teach in a BSN program either full- or part-time, on a permanent or temporary basis. Adjunct nursing faculty are also eligible if they currently teach in lecture or classroom settings and are not exclusively in clinical settings.

If you are interested, please see the attached Consent Form document for further details, then sign and return it to me via email at [REDACTED]@usm.edu. I will then send you a brief demographic questionnaire and a link to a doodle poll with potential dates to schedule your virtual focus group interview.

Please contact me if you have any questions. Thank you!

Lisa Radley  
The University of Southern Mississippi  
[REDACTED]@usm.edu

## APPENDIX C – Interview Introduction Statement

Good afternoon and welcome! Thank you for taking the time to join this focus group interview today. My name is Lisa Radley, and I am a student in the Ph.D. program for Nursing Leadership at The University of Southern Mississippi, and the primary researcher conducting this study. I will make this brief statement to reiterate the purpose of the study and of this interview, including a few important reminders regarding your participation, and then we will get started.

This study, titled *Faculty Attitudes Toward the Preparation of Baccalaureate Nursing Students for Practice in Hospital and Non-hospital Settings* (Protocol #23-0441), aims to explore what nursing faculty believe are appropriate roles and practice settings for new graduate RNs. The goal is to gain insight into nurse faculty perceptions of priority areas for preparing students to practice in various settings and whether their perceptions may affect their teaching.

Participants in this IRB-approved study will be asked to participate in one virtual focus group interview lasting approximately 60-90 minutes with 4-7 other faculty colleagues from across the country to discuss your thoughts about preparing students for their first jobs as new nurses. And to thank you for sharing your time and insight on this topic, upon completion of this interview you will be sent a Starbucks eGift Card via email worth \$20.00!

I want to reiterate at this time that your participation is completely voluntary and may be withdrawn at any time. Please answer all questions honestly; there are no right or wrong answers. Also, please maintain all participants' confidentiality by not discussing

details of the interview with anyone following its completion, particularly any details that could be personally identifiable.

There are a total of nine questions that will be asked; the last question asks if there is anything that you would like to add before we conclude the interview.

So, thank you again, and let's get started with the first question.

## APPENDIX D – Demographic Questionnaire

To learn a little about your professional background, and to ensure that you meet the criteria for inclusion in this study, please respond to the questions below.

**Please do not include any information that could identify you personally such as names or the specific school where you teach.**

1. What is your age?
2. What is your highest degree earned?
3. Do you currently teach in a BSN program?
4. How many years have you taught student nurses?
5. Do you teach in classroom settings, clinical settings, or both?
6. What is your professional practice specialty, area of expertise, or area of nursing that you generally teach?

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