1985

The Effects of Selected Aspects of a Directed Studies Experience on Nursing Performance

Trudy M. Crawford
South Dakota State University

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THE EFFECTS OF SELECTED ASPECTS OF A
DIRECTED STUDIES EXPERIENCE ON
NURSING PERFORMANCE

by

Trudy Matthews Crawford

A thesis
submitted in partial fulfillment
of the requirements for the degree of
Master of Science, Major in Nursing
South Dakota State University

1985
THE EFFECTS OF SELECTED ASPECTS OF A DIRECTED STUDIES EXPERIENCE ON NURSING PERFORMANCE

This thesis is approved as a creditable and independent investigation by a candidate for the degree Master of Science, and is acceptable for meeting the thesis requirements for this degree. Acceptance of this thesis does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

Donna Loy Ritter, R.N., M.N. Date
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Area of Focus of Study
- X education
- __ clinical practice
- __ patient care management
- __ other

Abstract (approximately 150 words)

Pretest and posttest questionnaires were designed and administered to a nonrandom sample of 29 senior nursing students, enrolled in a directed studies experience at a selected institution. The questionnaires gathered data which, through testing with the Analysis of Variance, attempted to predict the effects of selected aspects of a directed studies experience on nursing students' perceived ability to complete nursing behaviors. The independent variables were selected aspects of the directed studies experience including participation in nursing activities, satisfaction with amount of participation in nursing activities, understanding of professional role, and satisfaction with the directed studies experience as a whole. The dependent variable was performance of nursing behaviors including leadership, critical care, teaching/collaboration, planning/evaluation, IPR/communication, and professional development.

Twenty-four null hypotheses were generated. Three of the variables were found to be significant at the .05 level of probability. These variables were amount of participation in teaching/collaboration activities, satisfaction with the amount of participation in critical care activities, and performance of critical care activities as related to understanding the professional role.

I give my permission to the College of Nursing, SDSU to publish this abstract in a collection of abstracts from master's projects and theses.
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Introduction

Bridging the gap or easing the transition between the role of nursing student and that of the nursing professional has become a concern of educators and hospital nursing directors (Carozza, 1978; Roell, 1981). Programs to facilitate this transition are being implemented throughout the country (Roell, 1981). These transition programs may be titled according to the time in which the nurse has the opportunity to participate in the programs. Those opportunities during nursing education are referred to as self-directed practicum, preceptorship, independent study, or directed studies. Those after graduation are referred to as nurse-intern programs or internships.

Nurse-intern programs, or internships, often refer to a program implemented by an employing institution (Roell, 1981; Ross, 1966; Lewison, 1980). An internship is defined "as a transitional program for new graduate nurses that is distinguished by its originators from a traditional orientation program" (Lewison, 1980, p. 33). In contrast to a traditional orientation program, the internship is longer, and more comprehensive. The
participants receive closer supervision and instruction in comparison to a traditional orientee (Lewison, 1980). In a survey conducted by Roell, it was found that "in approximately half of the cases, however, they [interns] received less than full staff nurse salary for the duration of the program" (Roell, 1981, p. 30).

Self-directed practicum, preceptorship, independent study, or directed studies, are titles given to programs implemented during the participant's educational experience (Hanson, 1974; Taylor, 1982; Dobbie, 1982). During these programs the student works closely with a staff registered nurse employed by the institution. The student's hours parallel those of the registered nurse and the student gains knowledge through practice (Hanson, 1974; Taylor, 1982).

Transition programs allow the opportunity for the nursing student to gain "hands on" experience in an area of practice of the student's choice. The transition program in this study is referred to as directed studies. Directed studies provide the opportunity for improvement of nursing performance with regard to communication skills, teaching skills, leadership skills, problem-solving skills, psychomotor skills, and professional development (Taylor, 1982). The purpose of this research
is to determine if selected aspects of a one-semester, directed studies experience affect nursing students' perceived ability to complete these nursing behaviors indicative of nursing performance.

Statement of the Problem

The problem under examination in this study is "To what extent do selected aspects of a directed studies experience affect nursing students' perceived ability to complete nursing behaviors indicative of nursing performance?"

Significance of the Problem

Much of the literature reports a deficiency in the novice professional's leadership ability, clinical performance, competence in development and modification of nursing care plans, and ability to meet the patient's psychological needs (Taylor, 1982; Patton, 1981; Whelan, 1982; Suess, 1982). The nursing student is often involved with caring for one or two patients during the clinical day. As a novice professional, the nurse faces caring for a number of patients for whom he/she provides care and information. In addition to this, the novice professional must be able to communicate, strive for professional development, and function in a leadership
position. Directed studies experiences allow nursing students the opportunity to gain experience in the professional role. These experiences allow learning through practice while being supervised individually by a staff registered nurse who acts in the role of preceptor (Taylor, 1982). Using this opportunity, the nursing student gains firsthand experience in caring for a number of patients, practicing skills in leadership, communication and teaching, and planning and evaluating care of the patients.

Objective of the Study

This study sets out to determine if selected aspects of a directed studies experience affect nursing students' perceived ability to complete nursing behaviors indicative of nursing performance.

Definition of Terms

Directed Studies - A required nursing course for baccalaureate senior nursing students enrolled in the institution involved in the study and composed of two hours of seminar and twelve hours of clinical practice each week. The purpose of the course is to ease the transition of the graduate from the educational setting to the "real world" of nursing.
**Nursing Student** - Individuals enrolled in a directed studies experience at the senior level in a baccalaureate nursing program in a midwestern state.

**Transition Period** - The time during which the individual progresses from the nursing student role to the nursing professional role, i.e., the time when a nurse is a novice professional.

**Nursing Performance** - The degree to which nursing students perceive their ability to perform activities related to nursing behaviors. In this study, the nursing students' perceived ability will be indicated by the nursing students' ranking of themselves on a Likert-type scale with a range of 1 to 7. Seven reflects the greatest ability to perform the activity and one is no ability to perform the activity. The nursing behaviors are:

1. **Leadership** - The ability to guide health team members and delegate responsibility. In this study, leadership is measured by summing the nursing students' responses to pretest columns 32, 52, 54, 55, and 69, (Appendix A) and summing the nursing students' responses to posttest columns 26, 46, 48, 49, and 63 (Appendix B).

2. **Critical Care** - The ability to attend to the needs of very ill patients. In this study, critical care
is measured by summing the nursing students' responses to pretest columns 40, 47, 48, 56, 58, 65, and 68, (Appendix A) and summing the nursing students' responses to posttest columns 34, 41, 42, 50, 52, 59, and 62 (Appendix B).

3. Teaching/Collaboration - The ability to provide information to the patient and work with available resources. In this study, teaching/collaboration is measured by summing the nursing students' responses to pretest columns 30, 33, 34, 41, 43, 57, 59, 60, 66, and 67, (Appendix A) and summing the nursing students' responses to posttest columns 24, 27, 28, 35, 37, 51, 53, 54, 60, and 61 (Appendix B).

4. Planning/Evaluation - The ability to coordinate nursing care and determine the effect of implemented nursing care. In this study, planning/evaluation is measured by summing the nursing students' responses to pretest columns 31, 35, 36, 38, 39, 42, and 64, (Appendix A) and summing the nursing students' responses to posttest columns 25, 29, 30, 32, 33, 36, and 58 (Appendix B).

5. Interpersonal Relations (IPR)/Communication - The ability to convey acceptance and transmit information. In this study, IPR/communication is measured by summing
the nursing students' responses to pretest columns 37, 44, 45, 46, 49, 50, 51, 53, 61, 62, 63, and 70, (Appendix A) and summing the nursing students' responses to posttest columns 31, 38, 39, 40, 43, 44, 45, 47, 55, 56, 57, and 64 (Appendix B).

6. Professional Development - The ability to strive for growth in nursing and display knowledge relevant to nursing. In this study, professional development is measured by summing the nursing students' responses to pretest columns 71 through 80 (Appendix A) and summing the nursing students' responses to posttest columns 65 through 74 (Appendix B).

Organization of the Thesis

The remainder of this study will be organized as follows:

1. Chapter 2 contains the review of selected literature.

2. Chapter 3 includes the conceptual framework and hypotheses.

3. Chapter 4 explains methodology, including approach, sample, variables, research tool, data collection method and data analysis procedures.

4. Chapter 5 contains descriptive analysis and
testing of hypotheses.

5. Chapter 6 contains a summary of the research problem, limitations of the study and recommendations for further research.
CHAPTER 2
Review of Selected Literature

Introduction

A review of selected literature and research studies reveals a common problem related to role transition from nursing student to nursing professional. As a novice professional, the individual often experiences a type of shock due to a discrepancy between school and work behaviors, values, and norms.

The review of the literature is presented in three sections. Section one presents literature findings related to the transition period and problems/difficulties encountered by students during this time, or the period between the role of the student and the role of professional nurse. Section two presents types and purposes of programs which have been developed in an attempt to assist students through this transition period. Section three presents the method of evaluating these programs and potential weaknesses of the evaluation strategies used.

Student to Professional: Transition Problem

The problem of transition from student to professional has been studied in detail by Marlene Kramer. Kramer believes novice professionals experience
"reality shock" (Kramer, 1974; Schmalenberg, 1979). Reality shock and the reasons for it are described as follows:

Reality shock is the conflict resulting from the movement from the familiar subculture of school to the unfamiliar subculture of work. The two subcultures have their own values and behaviors. Generally speaking, in schools of nursing, the dominant values transmitted are comprehensive, total patient care with individualization and family involvement. Use of judgment, autonomy, cognitive skills, and decision-making are strongly promulgated in this system. In the work subculture, the emphasis is on the value of providing safe care for all the patients. Organization, efficiency, cooperation, and responsibility are highly valued (Schmalenberg, 1979, p. 1).

According to Kramer, the novice professional goes through four distinct phases of reality shock: the honeymoon phase, shock phase, recovery phase, and resolution phase. The honeymoon phase is characterized by a distorted perception of "everything is wonderful." During this phase the novice professional concentrates on
the mastery of skills and in becoming accepted as part of the unit. The shock phase is characterized by moral outrage, rejection, fatigue, and perceptual distortion (Kramer, 1974). During this phase the new employee becomes so preoccupied with the "now" that he/she has difficulty correctly interpreting the past or future. The recovery phase begins to show a balance between everything good and everything bad. The individual regains his/her sense of humor. The final phase, or the resolution phase, is characterized by the nurse's adapting a behavior to deal with the discrepancies between the academic setting and work setting. He/she begins to incorporate behaviors from both arenas that fit his/her present position (Kramer, 1974).

Various types of programs have been designed to help ease the transition from student role to professional role. Their purposes range from improvement of nursing skills to improvement of nurse-patient ratio. However, most have the common goal of bridging the gap from student to professional (Coco, 1976).

**Student to Professional: Programs for Transition**

Early in the 1960's a small number of programs were
developed to help ease the transition from student to professional. These early programs, however, were provided by health care facilities as part of the new employee's orientation program (Coco, 1976). During the late 1960's a variety of programs were being implemented to facilitate the adjustment from student role to professional role. These programs varied in length, cost, type of activities conducted, type of health care setting, and the point at which the program was implemented (Coco, 1976; Lewison, 1980; Ross, 1966).

A detailed report from the British Columbia Institute of Technology (BCIT) in Canada, describes the process for developing such a program. BCIT began with assessing the need for the program.

"Opinions were collected from: directors of nursing, nursing supervisors, head nurses, graduates of our program, nurse consultants, nurse educators, staff personnel at the Registered Nurses Association of British Columbia, medical practitioners and medical educators" (Taylor, 1982, p. 20).

According to Taylor, all of the participants in the study recommended novice professional improvements in the following areas:
1. Organization related to planning and implementing basic nursing care with an increased workload.

2. Leadership roles, e.g., assuming a charge position which involves the delegation of duties and the supervision of auxiliary [sic] personnel.

3. Clinical performance of basic nursing skills.


5. Ability to meet the psychosocial needs of the patient (Taylor, 1982).

The majority of the literature does not reveal such a detailed report of the needs assessment and planning portion of the program as that done by BCIT. However, in reviewing objectives written for various programs, one might assume the assessment of needs is similar to BCIT's. The objectives of each program are written in similar terms with the thrust centering around patient care, psychomotor skills, and planning and organizing care (Suess, 1982; Coco, 1975; Dear, 1982; Roell, 1981; Huckstadt, 1981; Carozza, 1978; Taylor, 1982).

A summer clinical course was implemented at Bergen Community College, Daramus, New Jersey, illustrates objectives typically used in these kinds of programs.
Objectives for the course were as follows:

1. Gain additional familiarity with signs and symptoms of patients with various medical and surgical disorders.

2. Further develop the ability to identify manifestations of anxiety and stress in the hospital patient.

3. Cite ways in which specifically assigned patients are coping with their physical illness and hospitalization.

4. Develop facility in performing designated psychomotor skills.

5. Further improve the ability to organize nursing care efficiently for selected patients.

6. Perform all nursing modalities in a safe manner (Whelan, 1982).

Other programs' objectives focus on leadership and communication (Coco, 1976; Ross, 1966). These objectives are similar in terms as described by Ross of Vanderbilt University School of Nursing:

We believe that the efficiency of nursing is dependent not only on the direct nursing activities, but also on the coordination of all patient-care activities. Therefore, much emphasis is placed on
the quality and quantity of communication that the intern has with members of other disciplines, and the appraisal of patient care encompasses the verbal and recorded interactions with health-related, social, and medical services (Ross, 1966, p. 41).

Some programs ease the student into a leadership position by allowing the student to practice skills, work with patients, and work with other hospital departments during the first part of the directed studies experience. Later in the directed studies experience, the student has the opportunity to follow and interact with the team leader or charge nurse. As part of this experience, the student begins coordinating activities and developing leadership skills (Armstrong, 1974; Coco, 1976; Roell, 1981). Armstrong reports the head nurses of a unit rate the students coming from a directed studies experience as "generally more competent" in assuming team leadership responsibilities (Armstrong, 1974).

**Evaluation of Transition Programs: Potential Weaknesses**

A review of the selected literature finds a limited number of formal research studies used to evaluate the directed studies programs being implemented. The
majority of programs appear to use a subjective method of evaluation. The most commonly used method consists of timely meetings attended by head nurses, staff nurses, instructors, and students (Dear, 1982; Whelan, 1982; Swanson, 1980; Patton, 1981; Armstrong, 1974; Everson, 1981; Dobbie, 1982; Ross, 1966). Students' evaluation of the programs reveal typical responses of being free to choose areas of learning or being independent (Dobbie, 1982) and gaining communication and leadership skills (Hanson, 1974). Faculty and staff nurses' evaluations consist of attempting to determine if the students are meeting their goals, if the course objectives are being met, and if changes should be made for future course work (Whelan, 1982; Dear, 1982; Armstrong, 1974).

Lewison conducted a review of literature regarding transition programs, which she terms internships. Lewison states:

Thus far, there is a paucity of reports of systematic, objective evaluation of these programs; rather, subjective measurement of program success by those responsible for designing them have become the norm (Lewison, 1980, p. 36).
Without systematic and objective program evaluation, an internship director too easily becomes the victim of her own biases and perpetuates a program of questionable worth. Inconclusive findings concerning internship effectiveness raise serious questions about the validity of these programs. A more rigorous evaluation to determine the effects of internship programs on role transition, clinical competence, job satisfaction, recruitment, turnover, and quality of care is needed. As long as there is a wide gap between what nursing students learn in the educational institution and what is expected of them in the hospital reality, transitional programs like the nursing internship will undoubtedly continue. It is through systematic and objective evaluation that the benefits, as well as the costs, of these programs will be determined (Lewison, 1980, p. 37).

Summary of Literature Review

The findings in the review of the selected literature are summarized as follows:

1. Many novice nursing professionals experience "reality shock" upon entering practice. This type of
shock may be due to a discrepancy between behaviors expected in the work and school setting.

2. Administrators and educators have seen the need to decrease the discrepancies between school and help ease the transition from student to professional.

3. In response to this perceived need, programs to ease the transition from student to professional have been implemented by many schools and health care institutions.

4. In a transition program the student is provided with the opportunity to spend time in an area of his/her choice, practicing nursing skills and coordinating patient care while under the guidance of a preceptor.

5. A potential weakness in present evaluation methods is the use of an informal and subjective approach usually completed by those responsible for designing and implementing the program.

6. Literature suggests that a formal, systematic, and objective evaluation method be used to determine the degree to which transition program's purposes and curricular objectives are being met.
CHAPTER 3
Conceptual Framework and Hypotheses

**Conceptual Framework**

The review of the selected literature enables the generation of the following conceptual framework.

This framework indicates that nursing students' perceived ability to complete selected behaviors indicative of nursing performance may be influenced by their participation in nursing activities, satisfaction with the amount of participation in nursing activities, understanding of the professional role, and satisfaction with the directed studies experience as a whole. A schematic drawing of the conceptual framework is seen in Figure 1.

**Figure 1**
Schematic representation of conceptual framework
Null Hypotheses

The review of the selected literature and the conceptual framework enables the generation of the following null hypotheses:

1. There is no difference between the pretest and the posttest scores related to leadership activities and the participation in leadership activities.

2. There is no difference between the pretest and the posttest scores related to critical care activities and the participation in critical care activities.

3. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and the participation in teaching/collaboration activities.

4. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and the participation in planning/evaluation activities.

5. There is no difference between the pretest and the posttest scores related to IPR/communication activities and the participation in IPR/communication activities.

6. There is no difference between the pretest and posttest scores related to professional development
activities and the participation in professional development activities.

7. There is no relationship between the pretest and the posttest scores related to leadership activities and satisfaction with the amount of participation in leadership activities.

8. There is no difference between the pretest and the posttest scores related to critical care activities and satisfaction with the amount of participation in critical care activities.

9. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and satisfaction with the amount of participation in teaching/collaboration activities.

10. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and satisfaction with the amount of participation in planning/evaluation activities.

11. There is no difference between the pretest and the posttest scores related to IPR/communication activities and satisfaction with the amount of participation in IPR/communication activities.

12. There is no difference between the pretest and the posttest scores related to professional development
activities and satisfaction with the amount of participation in professional development activities.

13. There is no difference between the pretest and the posttest scores related to leadership activities and enhancement of understanding the professional role.

14. There is no difference between the pretest and the posttest scores related to critical care activities and enhancement of understanding the professional role.

15. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and enhancement of understanding the professional role.

16. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and enhancement of understanding the professional role.

17. There is no difference between the pretest and the posttest scores related to IPR/communication activities and enhancement of understanding the professional role.

18. There is no difference between the pretest and the posttest scores related to professional development and enhancement of understanding the professional role.

19. There is no difference between the pretest and
the posttest scores related to leadership activities and satisfaction with the directed studies experience as a whole.

20. There is no difference between the pretest and the posttest scores related to critical care activities and satisfaction with the directed studies experience as a whole.

21. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and satisfaction with the directed studies experience as a whole.

22. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and satisfaction with the directed studies experience as a whole.

23. There is no difference between the pretest and the posttest scores related to IPR/communication activities and satisfaction with the directed studies experience as a whole.

24. There is no difference between the pretest and the posttest scores related to professional development activities and satisfaction with the directed studies experience as a whole.
CHAPTER 4

Methodology

The methods of research used for this study are discussed in this chapter. Various sections include approach, sample, variables, research tool, data collection method and data analysis procedures.

Approach

A survey approach was used to conduct this pretest/posttest study. A group of senior nursing students, attending a baccalaureate program, and presently enrolled in a directed studies experience were asked to complete a pretest and a posttest questionnaire.

Sample

The accessible population consisted of 38 nursing students attending a midwestern university in the fall semester 1984. Thirty-eight nursing students returned the pretest questionnaire. Twenty-nine nursing students returned the posttest questionnaire. Both questionnaires had been pre-coded by an identification number. For the purpose of this study, the nine pretests which did not have a corresponding posttest were eliminated. Therefore, the nonrandom, purposive sample consisted of 29 nursing students who returned both the pretest and
Variables

Dependent variables. The dependent variable (Y) was nursing performance of nursing behaviors. The analysis of variance was used to determine if there was a significant difference between the pretest and posttest scores of the following nursing behaviors as related to the independent variables:

$Y_1 = \text{Leadership} - \text{the ability to guide health team members and delegate responsibility. The degree was determined by summing the nursing students' responses to pretest columns 32, 52, 54, 55, and 69, and summing the nursing students' responses to posttest columns 26, 46, 48, 49, and 63.}$

$Y_2 = \text{Critical care} - \text{the ability to attend to the needs of very ill patients. The degree was determined by summing the nursing students' responses to pretest columns 40, 47, 48, 56, and 58, 66, and 68 and summing the nursing students' responses to posttest columns 34, 41, 42, 50, 52, 59, and 62,}$

$Y_3 = \text{Teaching/collaboration} - \text{the ability to provide information to the patient and work with available resources. The degree was determined by summing the}$
nursing students' responses to pretest columns 30, 33, 34, 41, 43, 57, 59, 60, 66, and 67, and summing the nursing students' responses to posttest columns 24, 27, 28, 35, 37, 51, 53, 54, 60, and 61.

$Y_4 = \text{Planning/evaluation - the ability to coordinate nursing care and determine the affects of implemented nursing care.}$ The degree was determined by summing the nursing students' responses to pretest columns 31, 35, 36, 38, 39, 42, and 64, and summing the nursing students' responses to posttest columns 25, 29, 30, 32, 33, 36, and 58.

$Y_5 = \text{IPR/communication - the ability to convey acceptance and transmit information.}$ The degree was determined by summing the nursing students' responses to pretest columns 37, 44, 45, 46, 49, 50, 51, 53, 61, 62, 63, and 70, and summing the nursing students' responses to posttest columns 31, 38, 39, 40, 43, 44, 45, 47, 55, 56, 57, and 64.

$Y_6 = \text{Professional development - the ability to strive for growth in nursing and display knowledge relevant to nursing.}$ The degree was determined by summing the nursing students' responses to pretest columns 71 through 80, and summing the nursing students' responses to posttest columns 65 through 74.
Independent Variables. The independent variables (X) were selected aspects of a directed studies experience and include:

Extent of actual participation in:

\( X_1 = \text{Leadership} \). This was determined by the nursing students' responses to posttest column 10.

\( X_2 = \text{Critical care skills} \). This was determined by the nursing students' responses to posttest column 11.

\( X_3 = \text{Teaching/collaboration} \). This was determined by the nursing students' responses to posttest column 12.

\( X_4 = \text{Planning/evaluation} \). This was determined by the nursing students' responses to posttest column 13.

\( X_5 = \text{IPR/communication} \). This was determined by the nursing students' responses to posttest column 14.

\( X_6 = \text{Professional development} \). This was determined by the nursing students' responses to posttest column 15.

Extent of satisfaction with the amount of participation in:

\( X_7 = \text{Leadership} \). This was determined by the nursing students' responses to posttest column 16.

\( X_8 = \text{Critical care} \). This was determined by the nursing students' response to posttest column 17.
$X_9 =$ Teaching/collaboration. This was determined by the nursing students' response to posttest column 18.

$X_{10} =$ Planning/evaluation. This was determined by the nursing students' response to posttest column 19.

$X_{11} =$ IPR/communication. This was determined by the nursing students' response to posttest column 20.

$X_{12} =$ Professional development. This was determined by the nursing students' response to posttest column 21.

Extent of the understanding of:

$X_{13} =$ Professional role. This was determined by the nursing students' response to posttest column 22.

Satisfaction with:

$X_{14} =$ Directed studies experience as a whole. This was determined by the nursing students' response to posttest column 23.

Research Tool

The main portion of the research tool was adopted from the Six-Dimension Scale of Nursing Performance, 6-D Scale, developed by Patricia M. Schwirian, Ph.D. The 6-D scale consisted of 51 four-point items grouped into six performance subscales. These subscales and number of items included were leadership, 5 items; critical care,
7 items; teaching/collaboration, 10 items; planning/evaluation, 7 items; interpersonal relations/communication, 12 items; and professional development, 10 items (Schwirian, 1979).

Schwirian established construct validity "through consensus among the developers, consultants, and pilot respondents that the behaviors were, in fact, descriptive of nursing behaviors contributory to good client care" (Schwirian, 1978, p. 348). Schwirian further reports:

Content analysis of the questionnaires that were received from schools of nursing participating in the earlier project phase indicated that the behaviors included in the nurse graduate performance assessment form were representative of the criteria that directors and faculties of schools of nursing had given for "effective nursing performance" and "a successful nurse" (Schwirian, 1978, p. 348).

Schwirian administered the instrument to "new nurse graduates and their immediate superiors" (Schwirian, 1978). Reliability was computed for each of the 6-D subscales using Chronbach's alpha. The reliability values ranged from .844 for the employers' appraisal on the leadership subscale to .978 for the new graduates'
self appraisal on the professional development subscale (Schwirian, 1978). This instrument has not been validated for use with nursing students. For the purposes of this study the 6-D scale was analyzed for content validity by those responsible for implementing the directed studies course. The analysis ascertained that the activities described in the scale were contained in the directed studies experience in the institution where the study took place.

For the purpose of this study the original 6-D scale was modified in the following areas:

1. The four-point scale was replaced by a seven-point Likert-type scale.

2. Response set option indicating not expected in my current job was omitted in this study of student sample.

Pretest and posttest questionnaires were administered to the accessible population. Both questionnaires were divided into specific sections.

Pretest - The pretest was composed of three sections providing such information as:

Section one: demographic data such as sex, age, marital status and number of children and setting of the directed studies experience. Other data included, number
of nursing articles read each month, type of past nursing experience, recipient of another degree, highest level of that degree, time employed in that degree area, employment in the nursing area while attending college, member of professional organizations, and member of college organizations.

Section two: Questions reflecting a seven-point Likert-type scale were used to gather data showing the nursing students' perception of the extent of involvement related to the dependent variables in previous nursing courses. All questions were positively phrased. A ranking of seven indicated the greatest extent of involvement and a ranking of one indicated no involvement.

Section three: This portion consisted of the 6-D scale using a seven-point Likert-type scale. All questions were positively phrased. A ranking of seven indicated a very good performance and a ranking of one indicated a very poor performance.

Posttest - The posttest provided such information as:

Section one: The participants were asked to rank their perception of the extent of opportunity to participate, the amount of participation, satisfaction
with the amount of participation, understanding their role as a professional, and satisfaction with the directed studies experience as a whole. All questions were positively phrased. A ranking of seven indicated a great extent and a ranking of one indicated no extent.

Section two: This portion consisted of the 6-D scale using a seven-point Likert-type scale. All questions were positively phrased. A ranking of seven indicated a very good performance and a ranking of one indicated a very poor performance. This section is the same as section three on the pretest questionnaire.

A face sheet accompanied each questionnaire. The face sheet identified the researcher, explained the purpose of the study, and informed the respondent that consent to participate in the study was evidenced by its completion and return to a designated place at a designated time. Anonymity and confidentiality were also discussed. For purposes of comparing pretest and posttest scores, an identification number was assigned to each student and placed in the upper right hand corner of both questionnaires.

Data Collection Method

The data for this study were collected during the
fall semester of 1984 using the following process:

1. Permission to ask the nursing students if they would be willing to participate in the study was obtained from the Head of the Department of Nursing at a midwestern university.

2. Permission to administer the questionnaires during a time the nursing students were assembled for class was obtained from the Head of the Department of Nursing at a midwestern university.

3. Permission to ask the nursing students if they would be willing to participate in the study was obtained from the team of faculty of the directed studies experience.

4. Permission to administer the questionnaires during a time the nursing students were assembled for class was obtained from the team of faculty responsible for the directed studies experience.

5. Pretest questionnaires were distributed to the nursing students on the third day they were assembled for class. The face sheet, which asked their willingness to participate in the study, was read aloud by the researcher. The nursing students who agreed to participate in the study, were asked to place the completed questionnaires in a designated box in the
classroom. The researcher was available in the classroom during questionnaire completion time.

6. Posttest questionnaires were distributed to the nursing students at a time the students were assembled for class the week before final exams. The face sheet, which asked their willingness to participate in the study, was read aloud by the researcher. The nursing students who agreed to participate in the study were asked to place the completed questionnaires in a designated box in the classroom. The researcher was available in the classroom during questionnaire completion time.

Data Analysis Procedure

Pretest questionnaires were returned by 38 nursing student respondents. Posttest questionnaires were returned by 29 nursing student respondents. For the purpose of this study, the nine pretests that did not have corresponding posttests were eliminated.

The data were analyzed to 1. provide a descriptive analysis of the nursing students as a group and 2. determine the effects of selected aspects of a directed studies experience on nursing students perceived ability to complete nursing behaviors indicative of nursing
performance.

The descriptive analysis was based on individual responses in section one of the pretest questionnaire. These data are reported in frequency and percentage listings.

The hypotheses were tested using the analysis of variance (ANOVA). For the purpose of this study the level of significance was .05.
CHAPTER 5
Analysis of the Research Findings

This chapter presents a descriptive analysis of the data and the results of hypothesis testing.

Descriptive Analysis

Frequency and percentage listings of the data on nursing students' responses to questions in section one and two of the pretest questionnaire were calculated.

The population for this study consisted of 38 nursing students enrolled in a nursing directed studies experience at the senior level in a baccalaureate program in a midwestern state. The sample consisted of 29 nursing students who returned both the pretest and posttest questionnaires. The data recorded on the questionnaires generated the following descriptive analysis of the participants in the study. Due to rounding numbers to the nearest hundredth, the sum of the individual numbers may not equal one hundred percent.

Sex. The sample consisted of 26 (89.66 percent) females and three (10.34 percent) males.

Age. Fifteen (51.71 percent) respondents reported their age as 20-22 years. Eight (27.59 percent) respondents reported their age as 23-25 years. Six
(20.69 percent) respondents reported their age as over 25 years.

**Marital status.** Respondents who reported that they had never been married numbered 17 (58.62 percent). Married respondents numbered 10 (34.48 percent). One (3.45 percent) respondent reported a divorced status, and one (3.45 percent) respondent reported a separated status.

**Number of children.** Twenty-four (82.76 percent) respondents did not have children. The grouping of one to two children was answered by four (13.79 percent) respondents. The grouping of three to four children was answered by one (3.45 percent) respondent.

**Type of nursing unit.** As indicated by Table 1, page 38, 15 (51.71 percent) respondents' directed studies experience took place in a medical/surgical setting, and one (3.45 percent) directed studies experience took place in an ICU/CCU setting. One (3.45 percent) respondent's directed studies experience took place in a nursing home setting, while two (6.90 percent) respondents' directed studies experience took place in a clinic/student health setting. Two (6.90 percent)
Table 1
Type of Directed Studies Setting By Number and Percentage of Nursing Student Respondent(s)

<table>
<thead>
<tr>
<th>Type of Setting</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical</td>
<td>15</td>
<td>51.71</td>
</tr>
<tr>
<td>ICU/CCU</td>
<td>1</td>
<td>3.45</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>1</td>
<td>3.45</td>
</tr>
<tr>
<td>Clinic/Student Health</td>
<td>2</td>
<td>6.90</td>
</tr>
<tr>
<td>Public/Community Health</td>
<td>2</td>
<td>6.90</td>
</tr>
<tr>
<td>Other - Specify</td>
<td>8</td>
<td>27.59</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.00</td>
</tr>
</tbody>
</table>
respondents' directed studies experience took place in a public/community health setting and eight (27.59 percent) answered "other" and specified its setting as follows: three in a general-small rural hospital and one each in neurology, oncology, obstetrics, operating room, and discharge planning.

**Nursing articles read monthly.** The respondents who read one to three nursing articles numbered six (20.69 percent) while 10 (34.48 percent) read four to six articles monthly. Five (17.24 percent) respondents reported reading seven to nine nursing articles monthly, and eight (27.59 percent) read 10 or more articles per month.

**Type of past nursing experience.** Six (20.69 percent) respondents' reported having had nursing student experience only. Twenty-two (75.86 percent) had nurse aide/technician and nursing student experience, while one (3.45 percent) respondent had licensed practical nursing experience as well as student experience.

**Past degree/work experience.** Twenty-six (89.66 percent) reported holding no degree in another field.
Three (10.34 percent) did hold a degree in another field. Of the three holding another degree, one held an associate degree and two held a baccalaureate degree. One respondent reported zero years of work in the past degreed area, while two reported having worked over two years in the past degreed area.

**Nursing employment during the semester.** Three (10.34 percent) respondents reported they would be employed in the nursing area during the semester of the study while attending college. Those reporting they would not be employed in the nursing area during the semester of this study numbered 26 (89.66 percent).

**Professional organization membership.** Three (10.34 percent) respondents reported being members of South Dakota State University Nursing Student Organization, and three (10.34 percent) respondents were members of Sigma Theta Tau (national nursing honor society). No respondents reported being a member of the National League for Nursing, and no respondents specified membership in any other professional organizations.

**College organization membership.** The respondents
who held a membership to Phi Kappa Phi numbered three (10.34 percent), while one (3.45 percent) respondent was a Mortar Board member. Four (13.79 percent) respondents were members of a social sorority/fraternity. Two (6.90 percent) respondents answered "other" and specified membership as follows: one was a member of Campus Crusade for Christ, and one was a member of the Veteran's Society. No respondents reported being a member of the student senate.

Involvement during previous courses. The mean score for involvement in each nursing behavior in this study during previous nursing courses was as follows: leadership, 3.88; critical care, 3.65; teaching/collaboration, 4.86; planning/evaluation, 4.90; IPR/communication, 5.41; professional development, 5.83.

Ability to perform nursing behaviors - pretest and posttest. The nursing students, as a group, ranked their ability to perform each nursing behavior higher on the posttest than on the pretest. The mean and standard deviation for each behavior are tabulated in Table 2, page 42. The difference in mean scores from pretest to posttest for each nursing behavior is as follows: leadership, 1.89; critical care, 3.96; teaching/
Table 2

Ability to Perform Nursing Behaviors by Pretest and Posttest Mean and Standard Deviation

<table>
<thead>
<tr>
<th>Nursing Behavior</th>
<th>Pretest</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard Deviation</td>
<td>Mean</td>
<td>Standard Deviation</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>23.90</td>
<td>4.15</td>
<td>25.79</td>
<td>4.05</td>
<td></td>
</tr>
<tr>
<td>Critical care</td>
<td>28.38</td>
<td>6.41</td>
<td>32.34</td>
<td>7.64</td>
<td></td>
</tr>
<tr>
<td>Teaching/collaboration</td>
<td>49.86</td>
<td>8.13</td>
<td>54.34</td>
<td>9.58</td>
<td></td>
</tr>
<tr>
<td>Planning/evaluation</td>
<td>36.93</td>
<td>5.07</td>
<td>38.86</td>
<td>6.31</td>
<td></td>
</tr>
<tr>
<td>IPR/communication</td>
<td>69.10</td>
<td>7.48</td>
<td>74.24</td>
<td>6.20</td>
<td></td>
</tr>
<tr>
<td>Professional development</td>
<td>58.03</td>
<td>6.94</td>
<td>60.76</td>
<td>5.51</td>
<td></td>
</tr>
</tbody>
</table>
collaboration, 4.448; planning/evaluation, 1.93; IPR/communication, 5.14; and professional development, 2.73.

**Summary of descriptive analysis.** The typical respondent was female, between 20 and 22 years of age, had never been married, and did not have children. Over one-half of the respondents' directed studies experience took place in a medical/surgical setting. The typical respondent did not hold a degree in another area but did have nurse aide and nursing student experience. The typical respondent did not belong to any professional or college organizations but read four to six nursing articles monthly. The majority of respondents were not employed in the nursing area during the semester of the study. The respondents' scores indicated they had the most involvement in professional development and the least involvement in critical care during previous nursing courses. The nursing students, as a group, ranked their ability to perform each nursing behavior higher after having completed the directed studies experience.

**Testing of Hypotheses**

The objective of this study was to determine if
selected aspects of a directed studies experience affected nursing students' perceived ability to perform nursing behaviors indicative of nursing performance. The testing method used was the analysis of variance (ANOVA). For the purpose of this study the significance level was set at .05. For purposes of presenting the results, each null hypothesis will be stated followed by a statement of the results of the testing method.

**Participation in nursing activities.**

**Null hypothesis 1.** There is no difference between the pretest and the posttest scores related to leadership activities and the participation in leadership activities.

The level of probability obtained by the ANOVA for this variable was .2488, therefore, p > .05. The null hypothesis was not rejected (Appendix C, Table 3).

**Null hypothesis 2.** There is no difference between the pretest and the posttest scores related to critical care activities and the participation in critical care activities.

The level of probability obtained by the ANOVA for this variable was .5885, therefore, p > .05. The null hypothesis was not rejected (Appendix C, Table 4).
Null hypothesis 3. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and the participation in teaching/collaboration activities.

The level of probability obtained by the ANOVA for this variable was .0445, therefore, $p < .05$. The null hypothesis was rejected (Appendix C, Table 5).

Null hypothesis 4. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and the participation in planning/evaluation activities.

The level of probability obtained by the ANOVA for this variable was .1442, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 6).

Null hypothesis 5. There is no difference between the pretest and the posttest scores related to IPR/communication activities and the participation in IPR/communication activities.

The level of probability obtained by the ANOVA for this variable was .7807, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 7).

Null hypothesis 6. There is no difference between the pretest and the posttest scores related to professional development activities and the participation
in professional development activities.

The level of probability obtained by the ANOVA for this variable was .0903, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 8).

Satisfaction with amount of participation in nursing activities.

Null hypothesis 7. There is no difference between the pretest and the posttest scores related to leadership and satisfaction with the amount of participation in leadership activities.

The level of probability obtained by the ANOVA for this variable was .2772, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 9).

Null hypothesis 8. There is no difference between the pretest and the posttest scores related to critical care activities and satisfaction with the amount of participation in critical care activities.

The level of probability obtained by the ANOVA for this variable was .0028, therefore, $p < .05$. The null hypothesis was rejected (Appendix C, Table 10).

Null hypothesis 9. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and satisfaction with the amount
of participation in teaching/collaboration activities.

The level of probability obtained by the ANOVA for this variable was .6448, therefore, p > .05. The null hypothesis was not rejected (Appendix C, Table 11).

Null hypothesis 10. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and satisfaction with the amount of participation in planning/evaluation activities.

The level of probability obtained by the ANOVA for this variable was .2802, therefore, p > .05. The null hypothesis was not rejected (Appendix C, Table 12).

Null hypothesis 11. There is no difference between the pretest and the posttest scores related to IPR/communication activities and satisfaction with the amount of participation in IPR/communication activities.

The level of probability obtained by the ANOVA for this variable was .7137, therefore, p > .05. The null hypothesis was not rejected (Appendix C, Table 13).

Null hypothesis 12. There is no difference between the pretest and the posttest scores related to professional development activities and satisfaction with the amount of participation in professional development activities.

The level of probability obtained by the ANOVA for
this variable was .1454, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 14).

**Understanding of the professional role.**

Null hypothesis 13. There is no difference between the pretest and the posttest scores related to leadership activities and enhancement of understanding the professional role.

The level of probability obtained by the ANOVA for this variable was .0974, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 15).

Null hypothesis 14. There is no difference between the pretest and the posttest scores related to critical care activities and enhancement of understanding the professional role.

The level of probability obtained by the ANOVA for this variable was .0014, therefore, $p < .05$. The null hypothesis was rejected (Appendix C, Table 16).

Null hypothesis 15. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and enhancement of understanding the professional role.

The level of probability obtained by the ANOVA for this variable was .2303, therefore, $p > .05$. The null
hypothesis was not rejected (Appendix C, Table 17).

Null hypothesis 16. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and enhancement of understanding the professional role.

The level of probability obtained by the ANOVA for this variable was .2647, therefore, \( p > .05 \). The null hypothesis was not rejected (Appendix C, Table 18).

Null hypothesis 17. There is no difference between the pretest and the posttest scores related to IPR/communication activities and enhancement of understanding the professional role.

The level of probability obtained by the ANOVA for this variable was .6084, therefore, \( p > .05 \). The null hypothesis was not rejected (Appendix C, Table 19).

Null hypothesis 18. There is no difference between the pretest and the posttest scores related to professional development and enhancement of understanding the professional role.

The level of probability obtained by the ANOVA for this variable was .1181, therefore, \( p > .05 \). The null hypothesis was not rejected (Appendix C, Table 20).

Satisfaction with the directed studies experience as a whole.
Null hypothesis 19. There is no difference between the pretest and the posttest scores related to leadership activities and satisfaction with the directed studies experience as a whole.

The level of probability obtained by the ANOVA for this variable was .0922, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 21).

Null hypothesis 20. There is no difference between the pretest and the posttest scores related to critical care activities and satisfaction with the directed studies experience as a whole.

The level of probability obtained by the ANOVA for this variable was .0628, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 22).

Null hypothesis 21. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and satisfaction with the directed studies experience as a whole.

The level of probability obtained by the ANOVA for this variable was .1204, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 23).

Null hypothesis 22. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and satisfaction with the directed
studies experience as a whole.

The level of probability obtained by the ANOVA for this variable was .664, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 24).

Null hypothesis 23. There is no difference between the pretest and the posttest scores related to IPR/communication activities and satisfaction with the directed studies experience as a whole.

The level of probability obtained by the ANOVA for this variable was .9162, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 25).

Null hypothesis 24. There is no difference between the pretest and the posttest scores related to professional development and satisfaction with the directed studies experience as a whole.

The level of probability obtained by the ANOVA for this variable was .5594, therefore, $p > .05$. The null hypothesis was not rejected (Appendix C, Table 26).

Summary of hypotheses testing. The rejection of the null hypotheses based on the method of testing used implied acceptance of the following research hypotheses:

1. There is a difference between the pretest and the posttest scores related to teaching/collaboration
activities and the participation in teaching/collaboration activities \( (Y_3:X_3) \).

2. There is a difference between the pretest and the posttest scores related to critical care activities and satisfaction with the amount of participation in critical care activities \( (Y_2:X_8) \).

3. There is a difference between the pretest and the posttest scores related to critical care activities and enhancement of understanding the professional role \( (Y_2:X_{13}) \).

The following null hypotheses were not rejected at the .05 level of significance:

1. There is no difference between the pretest and the posttest scores related to leadership activities and the participation in leadership activities \( (Y_1:X_1) \).

2. There is no difference between the pretest and the posttest scores related to critical care activities and the participation in critical care activities \( (Y_2:X_2) \).

3. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and the participation in planning/evaluation activities \( (Y_4:X_4) \).

4. There is no difference between the pretest and
the posttest scores related to IPR/communication activities and the participation in IPR/communication activities ($Y_5:X_5$).

5. There is no difference between the pretest and the posttest scores related to professional development activities and the participation in professional development activities ($Y_6:X_6$).

6. There is no difference between the pretest and the posttest scores related to leadership activities and satisfaction with the amount of participation in leadership activities ($Y_7:X_7$).

7. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and satisfaction with the amount of participation in teaching/collaboration activities ($Y_8:X_9$).

8. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and satisfaction with the amount of participation in planning/evaluation activities ($Y_9:X_{10}$).

9. There is no difference between the pretest and the posttest scores related to IPR/communication and satisfaction with the amount of participation in IPR/communication activities ($Y_{10}:X_{11}$).
10. There is no difference between the pretest and the posttest scores related to professional development activities and satisfaction with the amount of participation in professional development activities ($Y_6:X_{12}$).

11. There is no difference between the pretest and the posttest scores related to leadership activities and enhancement of understanding the professional role ($Y_1:X_{13}$).

12. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and enhancement of understanding the professional role ($Y_3:X_{13}$).

13. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and enhancement of understanding the professional role ($Y_4:X_{13}$).

14. There is no difference between the pretest and the posttest scores related to IPR/communication activities and enhancement of understanding the professional role ($Y_5:X_{13}$).

15. There is no difference between the pretest and the posttest scores related to professional development and enhancement of understanding the professional role
16. There is no difference between the pretest and the posttest scores related to leadership activities and satisfaction with the directed studies experience as a whole ($Y_6:X_{13}$).

17. There is no difference between the pretest and the posttest scores related to critical care activities and satisfaction with the directed studies experience as a whole ($Y_2:X_{14}$).

18. There is no difference between the pretest and the posttest scores related to teaching/collaboration activities and satisfaction with the directed studies experience as a whole ($Y_3:X_{14}$).

19. There is no difference between the pretest and the posttest scores related to planning/evaluation activities and satisfaction with the directed studies experience as a whole ($Y_4:X_{14}$).

20. There is no difference between the pretest and the posttest scores related to IPR/communication activities and satisfaction with the directed studies experience as a whole ($Y_5:X_{14}$).

21. There is no difference between the pretest and the posttest scores related to professional development activities and satisfaction with the directed studies experience as a whole ($Y_1:X_{14}$).
experience as a whole ($Y_6: X_{14}$).
CHAPTER 6

Summary, Conclusions, Implications, Limitations, and Recommendations

The purpose of this chapter is to present:

1. A summary of the research problem and design,
2. A summary of the major findings and conclusions as related to the objective of the study,
3. A statement of implications derived from the research findings and conclusions,
4. A statement of limitations of the study, and
5. Recommendations for further research.

Summary of the Research Problem and Design

Bridging the gap or easing the transition between the role of nursing student and that of the professional has become a common concern of educators and hospital nursing directors. Programs to ease this transition are being implemented throughout the country. The transition program in this study is entitled directed studies.

A review of the selected literature indicated a deficiency in the novice professional's leadership ability, clinical performance, development and modification of nursing care plans, and ability to meet the patient's psychological needs. Directed studies
experiences were designed to allow nursing students to gain practice in these areas. Directed studies gave the opportunity for improvement of nursing performance with regard to communication skills, teaching skills, leadership skills, problem solving, psychomotor skills, and professional development. Therefore, the problem under investigation in this study was to determine to what extent selected aspects of a directed experience affect nursing students' perceived ability to complete nursing behaviors indicative of nursing performance.

Pretest and posttest questionnaires were designed and administered to 38 nursing students at a selected institution in a midwestern state. The questionnaires gathered data which, through testing with the ANOVA, attempted to predict the effects of selected aspects of a directed studies experience on students' perceived ability to complete nursing behaviors indicative of nursing performance. Twenty-nine corresponding pretest and posttest questionnaires were returned by the respondents included in the nonrandom sample for the study.

Twenty-four null hypotheses related to selected effects of the independent variables to the corresponding dependent variables were generated. The selected
independent variables were the amount of participation in the individual nursing behaviors, satisfaction with the amount of participation in the individual nursing behaviors, enhancement of understanding the professional role, and satisfaction with the directed studies experience as a whole. The corresponding dependent variables were the six nursing behaviors of leadership, critical care, teaching/collaboration, planning/evaluation, IPR/communication, and professional development.

A descriptive analysis of the general characteristics of the respondents indicated that the typical respondent was female, between 20 and 22 years of age, had never been married, and did not have children. Over one-half of the respondents' directed studies experience took place in a medical/surgical setting. The typical respondent did not hold a degree in another field but did have nurse aide and nursing student experience. The respondent did not belong to any professional or college organizations but read four to six nursing articles monthly. The majority of respondents were not employed in the nursing area during the semester of study.

Major Findings and Conclusions

The major findings and conclusions as related to
the objective of the study were:

**Major findings.** Three of the independent variables with corresponding dependent variables were found to be significant at the .05 level of probability. These variables were:

1. A difference between pretest and posttest scores related to teaching/collaboration activities \( (Y_3) \) and the amount of participation in teaching/collaboration activities \( (X_3) \),

2. A difference between pretest and posttest scores related to critical care activities \( (Y_2) \) and satisfaction with the amount of participation in critical care activities \( (X_8) \), and

3. A difference between pretest and posttest scores related to critical care activities \( (Y_2) \) and enhancement of understanding the professional role \( (X_{13}) \).

**Conclusions.** An analysis of the data indicated that selected aspects of a directed studies experience may contribute to the nursing students' perceived ability to complete nursing behaviors indicative of nursing performance. More specifically, the amount of participation in teaching/collaboration activities may
contribute to the nursing students' perceived ability to perform teaching/collaboration activities, the satisfaction with the amount of participation in critical care activities may contribute to the nursing students' self ranked perceived ability to perform critical care activities, and enhancement of understanding of the professional role may contribute to nursing students' perceived ability to perform critical care activities.

Implications of Research

Major implications of this study were:

1. The amount of participation in activities such as providing information to patients and working with families and community agencies was a significant finding. This may be an indication for nursing educators to continue to stress the importance of teaching and collaboration activities during the directed studies experience. Perhaps participating in these activities is one way to help the nursing student move from nursing student role to professional role with better preparation for these activities.

2. Satisfaction with the amount of participation in critical care activities was found to be significant. Since performance of critical care activities is a
complex area, perhaps nursing educators should design a specific part of the directed studies experience to emphasize these activities in an attempt to facilitate the performance of these activities. It may be beneficial for the nursing student to spend a concentrated amount of time performing technical procedures and using mechanical devices. This may be a way to improve performance of these activities and, therefore, help ease the nursing student into the professional role.

3. Enhancement of understanding the professional role as related to performance of critical care activities was significant. This may imply that as a nursing student adopts the professional role, the improvement in performance of critical care activities occurs. Critical care activities ordinarily require nursing students to apply a variety of concepts to provide care for very ill patients. Perhaps, the professional role should be emphasized during a directed studies experience, and this in turn could help ease the role of nursing student to that of the professional.

Limitations of the Study

The limitations of the study are:
1. The sample was nonrandomly selected, therefore, the generalization of the findings and conclusions are limited to the sample.

2. The wording of the questionnaires may have been interpreted differently by the respondents, thus producing various responses.

3. The questionnaires were administered to one group of nursing students attending one university in a midwestern state. Consequently, the findings reflect responses of nursing students whose characteristics may be homogenous in nature.

4. The variables selected for analysis are limited in number and may not fully explain all factors that may affect the nursing students' perceived ability to perform nursing behaviors indicative of nursing performance.

5. The sample size was small which leads to low statistical power.

6. The variations which existed between the pretest and the posttest means may have been so small the analysis of data did not reflect the change.

7. Although the means of the posttest scores were higher than the means of the pretest scores, it was not determined if that difference was significant before analyzing the difference between pretest and posttest
scores as related to the selected aspects of a directed studies experience.

**Recommendations for Further Study**

The researcher recommends the following areas for further study:

1. This study should be replicated using a random sample from a variety of educational institutions.

2. A follow-up study of the presented sample at a selected time period after employment may provide additional information regarding the directed studies' effect on easing the role transition.

3. A study using other independent variables, e.g., confidence in performing activities, as related to the presented dependent variable may provide additional information in regard to students' perceived ability to perform nursing behaviors.

4. A study of the faculties' perception of change in nursing students' performance from beginning to completion of the directed studies experience as related to expected nursing behaviors.

5. A study of the preceptors' perceptions of the nursing students' performance at the completion of the directed studies experience as compared with performance
expected of novice professionals.

6. A correlation study between faculty, preceptor, and nursing student perceptions of the student's performance of nursing behaviors.

7. A study to determine whether there is a significant difference in means scores of the pretest and the posttest questionnaires for each nursing behavior.
Selected References


APPENDIX A

PRETEST
Dear Directed Studies Student:

I am a graduate student in nursing at South Dakota State University. I am conducting research regarding directed studies in nursing. As a student in directed studies, you are being asked to participate in this study.

Your willingness to participate in the study will be indicated by your completion of the questionnaire and the return of it to your instructor at the end of this class period. Complete the questionnaire as honestly as possible. Your confidentiality will be protected as the data results will be analyzed and reported as a group. Anonymity will be further assured since you are not asked to sign your name to the questionnaire.

Should you be interested, the results of this research can be obtained at Briggs Library, South Dakota State University by May, 1985. Thank you for your cooperation.

Sincerely,

TRUDY CRAWFORD, R.N.
Graduate Student
South Dakota State University
The following questions seek to obtain some general information. Please select the most appropriate response and write the number in the blank to the left of the question.

(4) 1. What is your sex?
   1) Female
   2) Male

(5) 2. What is your age?
   1) 20-22
   2) 23-25
   3) Over 25

(6) 3. What is your marital status?
   1) Never married
   2) Widowed
   3) Divorced
   4) Separated
   5) Married, living with spouse

(7) 4. How many children do you have?
   1) 0
   2) 1-2
   3) 3-4
   4) 5 or more

(8) 5. In what type of nursing setting will your directed studies experience take place?
   1) Medical/Surgical
   2) ICU/CCU
   3) Nursing Home
   4) Clinics/Student Health
   5) Public/Community Health
   6) Other - Specify ______________________

(9) 6. On the average, how many nursing articles do you read each month?
   1) 0
   2) 1-3
   3) 4-6
   4) 7-9
   5) 10 or more

(10) 7. What type of past nursing experience have you had?
    1) Student experience only
    2) Nurses aide/tech and student experience
    3) L.P.N. and student experience

(11) 8. Do you hold a degree in another field?
     1) No (if not, omit #9 and #10)
     2) Yes (if so, answer #9 and #10)

(12) 9. What is the highest level of degree you have obtained?
     1) Technical
     2) Associate Degree
     3) Baccalaureate
     4) Masters
(13) 10. How many years did you work in your past degree area?
   1) 0
   2) 1 month - 11 months
   3) 1 year
   4) 2 years
   5) Over 2 years

(14) 11. Will you be employed in the nursing area this semester while attending college?
   1) Yes
   2) No

12. To what professional nursing organization do you belong? Check (√) all that apply.
   (15) S.D.S.U.N.S.O.
   (16) N.L.N.
   (17) Sigma Theta Tau
   (18) Other - Specify

13. To what college organizations do you belong? Check (√) all that apply.
   (19) Phi Kappa Phi
   (20) Mortar Board
   (21) Student Senate
   (22) Social Sorority/Fraternity
   (23) Other - Specify

This section contains a list of specific areas in which nurses are involved. Please indicate the extent of involvement you have had in each of the following areas from your previous nursing courses. Place a check (√) in a box to indicate your response. Two examples are given below.

Example 1: To what extent are you satisfied with college student life?

Great Extent [ √ ] No Extent

Example 2: Rate your degree of involvement in extracurricular activities.

Great Degree [ ] No Degree

(24) 14. Leadership (e.g., guiding others and delegating responsibility).

Great Extent [ ] No Extent

(25) 15. Critical Care Skills (e.g., suctioning, catheter care, IV care).

Great Extent [ ] No Extent

(26) 16. Teaching/Collaboration (e.g., providing information to patients/working with families and community agencies).

Great Extent [ ] No Extent
(27) 17. Planning/Evaluation (e.g., coordinating plan of care/determining effectiveness of care).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(28) 18. Interpersonal Relationships/Communication (e.g., developing a therapeutic environment/exchanging facts and ideas with others).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(29) 19. Professional Development (e.g., accountability).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

This section contains a list of activities in which nurses engage with varying degrees of frequency and skill. Place a check (✔) in a box to indicate how well you believe you perform these activities.

(30) 20. Teach a patient's family members about the patient's needs.

Very Well [ ] [ ] [ ] [ ] Very Poorly

(31) 21. Coordinate the plan of nursing care with the medical plan of care.

Very Well [ ] [ ] [ ] [ ] Very Poorly

(32) 22. Give praise and recognition for achievement to those under your direction.

Very Well [ ] [ ] [ ] [ ] Very Poorly

(33) 23. Teach preventive health measures to patients and their families.

Very Well [ ] [ ] [ ] [ ] Very Poorly

(34) 24. Identify and use community resources in developing a plan of care for a patient and his family.

Very Well [ ] [ ] [ ] [ ] Very Poorly

(35) 25. Identify and include in nursing care plans anticipated changes in patient's condition.

Very Well [ ] [ ] [ ] [ ] Very Poorly

(36) 26. Evaluate results of nursing care.

Very Well [ ] [ ] [ ] [ ] Very Poorly
<table>
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<th>Very Poorly</th>
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<tbody>
<tr>
<td>(37) 27.</td>
<td>Promote the inclusion of the patient's decisions and desires concerning his care.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(38) 28.</td>
<td>Develop a plan of nursing care for a patient.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(39) 29.</td>
<td>Initiate planning and evaluation of nursing care with others.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(40) 30.</td>
<td>Perform technical procedures: e.g., oral suctioning, tracheostomy care, intravenous therapy, catheter care, dressing changes, etc.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(41) 31.</td>
<td>Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background, and sensory deprivations.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(42) 32.</td>
<td>Identify and include immediate patient needs in the plan of nursing care.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(43) 33.</td>
<td>Develop innovative methods and materials for teaching patients.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(44) 34.</td>
<td>Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.</td>
<td>Very Well</td>
<td></td>
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<td>(45) 35.</td>
<td>Seek assistance when necessary.</td>
<td>Very Well</td>
<td></td>
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<tr>
<td>(46) 36.</td>
<td>Help a patient communicate with others.</td>
<td>Very Well</td>
<td></td>
<td></td>
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<tr>
<td>(47) 37.</td>
<td>Use mechanical devices: e.g., suction machines, Gomco, cardiac monitor, respirator, etc.</td>
<td>Very Well</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
38. Give emotional support to family of dying patient.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

39. Verbally communicate facts, ideas, and feelings to other health team members.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

40. Promote the patient's right to privacy.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

41. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

42. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

43. Explain nursing procedures to a patient prior to performing them.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

44. Guide other health team members in planning for nursing care.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

45. Accept responsibility for the level of care provided by those under your direction.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

46. Perform appropriate measures in emergency situations.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

47. Use teaching aids and resource materials in teaching patients and their families.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly

48. Perform nursing care required by critically ill patients.
   - Very Well [ ] [ ] [ ] [ ] [ ] [ ] Very Poorly
49. Encourage the family to participate in the care of the patient.

Very Well

Very Poorly

50. Identify and use resources within your health care agency in developing a plan of care for a patient and his family.

Very Well

Very Poorly

51. Use nursing procedures as opportunities for interaction with patients.

Very Well

Very Poorly

52. Contribute to productive working relationships with other health team members.

Very Well

Very Poorly

53. Help a patient meet his emotional needs.

Very Well

Very Poorly

54. Contribute to the plan of nursing care for the patient.

Very Well

Very Poorly

55. Recognize and meet the emotional needs of a dying patient.

Very Well

Very Poorly

56. Communicate facts, ideas, and professional opinions in writing to patients and their families.

Very Well

Very Poorly

57. Plan for the integration of patient needs with family needs.

Very Well

Very Poorly

58. Function calmly and competently in emergency situations.

Very Well

Very Poorly

59. Remain open to the suggestions of those under your direction and use them when appropriate.

Very Well

Very Poorly
60. Use opportunities for patient teaching when they arise.

61. Use learning opportunities for on-going personal and professional growth.


63. Accept responsibility for own actions.

64. Assume new responsibilities within the limits of capabilities.


66. Demonstrate self-confidence.

67. Display a generally positive attitude.

68. Demonstrate knowledge of the legal boundaries of nursing.

69. Demonstrate knowledge of the ethics of nursing.

70. Accept and use constructive criticism.
APPENDIX B

POSTTEST
Dear Directed Studies Student:

I am a graduate student in nursing at South Dakota State University. I am conducting research regarding directed studies in nursing. As a student in directed studies, you are being asked to participate in this study. Your willingness to participate in the study will be indicated by your completion of the questionnaire and the return of it to your instructor at the end of this class period. Complete the questionnaire as honestly as possible. Your confidentiality will be protected as the data results will be analyzed and reported as a group. Anonymity will be further assured since you are not asked to sign your name to the questionnaire.

Should you be interested, the results of this research can be obtained at Briggs Library, South Dakota State University by May, 1985. Thank you for your cooperation.

Sincerely,

TRUDY CRAWFORD, R.N.
Graduate Student
South Dakota State University
QUESTIONNAIRE FOR DIRECTED STUDIES STUDENTS

Identification Number [ ] [ ] [ ]

The following questions are related to your directed studies experience. Please place a check (√) in a box to indicate your response. Two examples are given below.

Example 1: To what extent are you satisfied with college student life?

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

Example 2: Rate your degree of involvement in extracurricular activities.

Great Degree [ ] [ ] [ ] [ ] [ ] No Degree

1. To what extent did you have the opportunity to participate in each of the following areas during your directed studies experience?

(4) Leadership (e.g., guiding others and delegating responsibility).

Great Extent [ ] [ ] [ ] [ ] No Extent

(5) Critical Care Skills (e.g., suctioning, catheter care, IV care).

Great Extent [ ] [ ] [ ] [ ] No Extent

(6) Teaching/Collaboration (e.g., providing information to patients/working with families and community agencies).

Great Extent [ ] [ ] [ ] [ ] No Extent

(7) Planning/Evaluation (e.g., coordinating plan of care/determining effectiveness of care).

Great Extent [ ] [ ] [ ] [ ] No Extent

(8) Interpersonal Relationships/Communication (e.g., developing a therapeutic environment/exchanging facts and ideas with others).

Great Extent [ ] [ ] [ ] [ ] No Extent

(9) Professional Development (e.g., accountability).

Great Extent [ ] [ ] [ ] [ ] No Extent
2. To what extent did you participate in each of the following areas during your directed studies experience?

(10) Leadership (e.g., guiding others and delegating responsibility).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(11) Critical Care Skills (e.g., suctioning, catheter care, IV care).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(12) Teaching/Collaboration (e.g., providing information to patients/working with families and community agencies).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(13) Planning/Evaluation (e.g., coordinating plan of care/determining effectiveness of care).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(14) Interpersonal Relationships/Communication (e.g., developing a therapeutic environment/exchanging facts and ideas with others).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(15) Professional Development (e.g., accountability).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

3. To what extent are you satisfied with the amount of participation you had in each of the following areas during your directed studies experience.

(16) Leadership (e.g., guiding others and delegating responsibility).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(17) Critical Care Skills (e.g., suctioning, catheter care, IV care).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent

(18) Teaching/Collaboration (e.g., providing information to patients/working with families and community agencies).

Great Extent [ ] [ ] [ ] [ ] [ ] No Extent
(19) Planning/Evaluation (e.g., coordinating plan of care/determining effectiveness of care).

Great Extent | | | | | | No Extent

(20) Interpersonal Relationships/Communication (e.g., developing a therapeutic environment/exchanging facts and ideas with others).

Great Extent | | | | | | No Extent

(21) Professional Development (e.g., accountability).

Great Extent | | | | | | No Extent

4. To what extent do you believe your understanding of your role as a professional was enhanced during your directed studies experience?

(22) Great Extent | | | | | | No Extent

5. To what degree are you satisfied with your directed studies experiences as a whole?

(23) Very Satisfied | | | | | | Very Dissatisfied

This section contains a list of activities in which nurses engage with varying degrees of frequency and skill. Place a check (✓) in a box to indicate how well you believe you perform these activities.

(24) 6. Teach a patient's family members about the patient's needs.

Very Well | | | | | | Very Poorly

(25) 7. Coordinate the plan of nursing care with the medical plan of care.

Very Well | | | | | | Very Poorly

(26) 8. Give praise and recognition for achievement to those under your direction.

Very Well | | | | | | Very Poorly

(27) 9. Teach preventive health measures to patients and their families.

Very Well | | | | | | Very Poorly

(28) 10. Identify and use community resources in developing a plan of care for a patient and his family.

Very Well | | | | | | Very Poorly
(29) 11. Identify and include in nursing care plans anticipated changes in patient's condition.  

| Very Well | | | | | | Very Poorly |

(30) 12. Evaluate results of nursing care.  

| Very Well | | | | | | Very Poorly |

(31) 13. Promote the inclusion of the patient's decisions and desires concerning his care.  

| Very Well | | | | | | Very Poorly |

(32) 14. Develop a plan of nursing care for a patient.  

| Very Well | | | | | | Very Poorly |

(33) 15. Initiate planning and evaluation of nursing care with others.  

| Very Well | | | | | | Very Poorly |

(34) 16. Perform technical procedures: e.g., oral suctioning, tracheostomy care, intravenous therapy, catheter care, dressing changes, etc.  

| Very Well | | | | | | Very Poorly |

(35) 17. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background, and sensory deprivations.  

| Very Well | | | | | | Very Poorly |

(36) 18. Identify and include immediate patient needs in the plan of nursing care.  

| Very Well | | | | | | Very Poorly |

(37) 19. Develop innovative methods and materials for teaching patients.  

| Very Well | | | | | | Very Poorly |

(38) 20. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.  

| Very Well | | | | | | Very Poorly |

(39) 21. Seek assistance when necessary.  

| Very Well | | | | | | Very Poorly |
22. Help a patient communicate with others.
   Very Well | | | | | | | Very Poorly

23. Use mechanical devices: e.g., suction machines, Gomco, cardiac monitor, respirator, etc.
   Very Well | | | | | | | Very Poorly

24. Give emotional support to family of dying patient.
   Very Well | | | | | | | Very Poorly

25. Verbally communicate facts, ideas, and feelings to other health team members.
   Very Well | | | | | | | Very Poorly

26. Promote the patient's right to privacy.
   Very Well | | | | | | | Very Poorly

27. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.
   Very Well | | | | | | | Very Poorly

28. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.
   Very Well | | | | | | | Very Poorly

29. Explain nursing procedures to a patient prior to performing them.
   Very Well | | | | | | | Very Poorly

30. Guide other health team members in planning for nursing care.
   Very Well | | | | | | | Very Poorly

31. Accept responsibility for the level of care provided by those under your direction.
   Very Well | | | | | | | Very Poorly

32. Perform appropriate measures in emergency situations.
   Very Well | | | | | | | Very Poorly
33. Use teaching aids and resource materials in teaching patients and their families.

Very Well | | | | Very Poorly

34. Perform nursing care required by critically ill patients.

Very Well | | | | Very Poorly

35. Encourage the family to participate in the care of the patient.

Very Well | | | | Very Poorly

36. Identify and use resources within your health care agency in developing a plan of care for a patient and his family.

Very Well | | | | Very Poorly

37. Use nursing procedures as opportunities for interaction with patients.

Very Well | | | | Very Poorly

38. Contribute to productive working relationships with other health team members.

Very Well | | | | Very Poorly

39. Help a patient meet his emotional needs.

Very Well | | | | Very Poorly

40. Contribute to the plan of nursing care for the patient.

Very Well | | | | Very Poorly

41. Recognize and meet the emotional needs of a dying patient.

Very Well | | | | Very Poorly

42. Communicate facts, ideas, and professional opinions in writing to patients and their families.

Very Well | | | | Very Poorly

43. Plan for the integration of patient needs with family needs.

Very Well | | | | Very Poorly
(62) 44. Function calmly and competently in emergency situations.

Very Well | | | | | | | | Very Poorly

(63) 45. Remain open to the suggestions of those under your direction and use them when appropriate.

Very Well | | | | | | | | Very Poorly

(64) 46. Use opportunities for patient teaching when they arise.

Very Well | | | | | | | | Very Poorly

(65) 47. Use learning opportunities for on-going personal and professional growth.

Very Well | | | | | | | | Very Poorly


Very Well | | | | | | | | Very Poorly

(67) 49. Accept responsibility for own actions.

Very Well | | | | | | | | Very Poorly

(68) 50. Assume new responsibilities within the limits of capabilities.

Very Well | | | | | | | | Very Poorly


Very Well | | | | | | | | Very Poorly

(70) 52. Demonstrate self-confidence.

Very Well | | | | | | | | Very Poorly

(71) 53. Display a generally positive attitude.

Very Well | | | | | | | | Very Poorly

(72) 54. Demonstrate knowledge of the legal boundaries of nursing.

Very Well | | | | | | | | Very Poorly
(73) 55. Demonstrate knowledge of the ethics of nursing.

Very Well | | | | | | | | | | Very Poorly

(74) 56. Accept and use constructive criticism.

Very Well | | | | | | | | | | Very Poorly
APPENDIX C

ANALYSIS OF VARIANCE
STATISTICAL DATA
Table 3
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Leadership and Participation in Leadership Activities

<table>
<thead>
<tr>
<th>Source</th>
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Table 4
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Critical Care Skills and Participation in Critical Care Activities

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Least Squares Analysis of Variance of Difference
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Teaching/Collaboration Activities

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Table 6
Least Squares Analysis of Variance of Difference
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Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to IPR/Communication and Participation in IPR/Communication Activities

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Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Professional Development and Participation in Professional Development Activities

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### Table 9

**Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Leadership and Satisfaction with Amount of Participation in Leadership Activities**

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### Table 10

**Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Critical Care Skills and Satisfaction with Amount of Participation in Critical Care Activities**

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Table 11
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Teaching/Collaboration and Satisfaction with Amount of Participation in Teaching/Collaboration Activities

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Table 12
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Planning/Evaluation and Satisfaction with Amount of Participation in Planning/Evaluation Activities

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Table 13

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to IPR/Communication and Satisfaction with Amount of Participation in IPR/Communication Activities

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Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Professional Development and Satisfaction with Amount of Participation in Professional Development Activities

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### Table 15
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Leadership and Enhancement of Understanding the Professional Role

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Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Critical Care Skills and Enhancement of Understanding the Professional Role

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Table 17

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Teaching/Collaboration and Enhancement of Understanding the Professional Role

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Table 18

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Planning/Evaluation and Enhancement of Understanding the Professional Role

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Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to IPR/Communication and Enhancement of Understanding the Professional Role

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### Table 20

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Professional Development and Enhancement of Understanding the Professional Role

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### Table 21

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Leadership and Satisfaction with Directed Studies Experience as a Whole

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### Table 22

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Critical Care Skills and Satisfaction with Directed Studies Experience as a Whole

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p > .05
Table 23
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Teaching/Collaboration and Satisfaction with Directed Studies Experience as a Whole

<table>
<thead>
<tr>
<th>Source</th>
<th>Degrees of Freedom</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>5</td>
<td>575.59592476</td>
<td>115.11918495</td>
<td>1.98</td>
</tr>
<tr>
<td>Within Groups</td>
<td>23</td>
<td>1339.64545455</td>
<td>58.24545455</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>1915.24137931</td>
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</tr>
</tbody>
</table>

*p > .05

Table 24
Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Planning/Evaluation and Satisfaction with Directed Studies Experience as a Whole

<table>
<thead>
<tr>
<th>Source</th>
<th>Degrees of Freedom</th>
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<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
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<td>70.64514107</td>
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<td>Within Groups</td>
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<tr>
<td>Total</td>
<td>28</td>
<td>1023.86206897</td>
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</tbody>
</table>

*p > .05
### Table 25

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to IPR/Communication and Satisfaction with Directed Studies Experience as a Whole

<table>
<thead>
<tr>
<th>Source</th>
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<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
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<td>0.01128527</td>
<td>0.29</td>
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<td>Within Groups</td>
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<td>0.90909091</td>
<td>0.03952569</td>
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<tr>
<td>Total</td>
<td>28</td>
<td>0.96551724</td>
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<td></td>
</tr>
</tbody>
</table>

p > .05

### Table 26

Least Squares Analysis of Variance of Difference Between the Pretest and Posttest Scores Related to Professional Development and Satisfaction with Directed Studies Experience as a Whole

<table>
<thead>
<tr>
<th>Source</th>
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<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
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<td>Within Groups</td>
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<td>602.64545455</td>
<td>26.20197628</td>
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<tr>
<td>Total</td>
<td>28</td>
<td>707.79310345</td>
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</tr>
</tbody>
</table>

p > .05
APPENDIX D

PERMISSION LETTERS
American Journal of Nursing  
555 West 57th Street  
New York, New York  10019  

ATTN: Copyright Editor  

Dear Editor:  

I am working toward a Master's degree in nursing at South Dakota State University. The topic I have chosen for my thesis deals with a Directed Study course and its affect on selected factors of nursing performance.

Ward, Mary Jane and Mark Fetter, Instruments For Use in Nursing Education Research, WICHE, 1979, lists the American Journal of Nursing Company as the copyright holders of the Six Dimensional Scale of Nursing performance. I would like your permission to use and modify the 6-D Scale developed by Patricia M. Schwirian, Ph.D. The major modification would be the use of a seven point Likert-type scale. My plan is to administer the 6-D Scale in late August, 1984, to senior nursing students.

Thank you for your time and effort in assisting me. I look forward to hearing from you.

Sincerely,

TRUDY CRAWFORD, R.N.  
Graduate Student
Dear Dr. Schwirian:

I am working toward a Master's degree in nursing at South Dakota State University. The topic I have selected for my thesis deals with selected factors of nursing performance related to a Directed Study course.

I am aware the American Journal of Nursing Company holds the copyright to the Six Dimensional Scale of Nursing Performance published in Mary Jane Ward and Mark Fetter's book entitled Instruments For Use In Nursing Education Research, WICHE, 1979. I would, also, like your permission to use and modify the 6-D Scale. The major modification would be the use of a seven point Likert-type scale. I would appreciate any information regarding revisions or updates of the 6-D Scale that may have been completed since 1978. My plan is to administer the 6-D Scale in late August, 1984, to senior nursing students.

I have read your 1978 publication in Nursing Research, entitled "Evaluating the Performance of Nurses: A Multidimensional Approach." I would appreciate your effort in sending me your unpublished report entitled "Prediction of Successful Nursing Performance: The Ohio State University-Division of Nursing (PHS-HEW) Study." Any other information you could send me regarding your research in this area would be beneficial to my study.

Thank you for your time and effort in assisting me. I look forward to hearing from you.

Sincerely,

TRUDY CRAWFORD, R.N.
Graduate Student
I am working toward a Master's degree in nursing at South Dakota State University. The topic I have selected for my thesis is to what extent does directed study affect selected factors of nursing performance.

It is my desire to administer a pre-test/post-test questionnaire to the directed study students of fall semester, 1984. The Six Dimensional Scale of Nursing Performance will be utilized. I would like your permission to conduct the study during a time when the directed study students are assembled for class. The scale designer sets the administration time at 10-15 minutes. I will provide all needed materials. If this is permissible I will conduct the pre-test in early September and the post-test in early December.

Thank you for your time and effort in assisting me. I look forward to hearing from you.

Sincerely,

TRUDY CRAWFORD, R.N.
Graduate Student

DONNA L. RITTER
Advisor
Directed Study Team

Dear Directed Study Team:

I am working toward a Master's degree in nursing at South Dakota State University. The topic I have selected for my thesis is to what extent does directed study affect selected factors of nursing performance.

It is my desire to administer a pre-test/post-test questionnaire to the directed study students of fall semester, 1984. The Six Dimensional Scale of Nursing Performance will be utilized. I would like your permission to conduct the study during a time when the directed study students are assembled for class. The scale designer sets the administration time at 10-15 minutes. I will provide all needed materials. If this is permissible I will conduct the pre-test in early September and the post-test in early December.

Thank you for your time and effort in assisting me. I look forward to hearing from you.

Sincerely,

TRUDY CRAWFORD, R.N.
Graduate Student

DONNA L. RITTER
Advisor