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# Staff Nurse Perception of Professional Role Modeling for Student Nurses in the Clinical Learning Environment

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Staff Nurse Perception of Professional Role Modeling for Student Nurses  
in the Clinical Learning Environment

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Doctor of Nursing Practice Final Scholarly Project

In Partial Fulfillment of the Requirements for the Degree

Doctor of Nursing Practice

Otterbein University

2017

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### **Executive Summary**

Acute care settings continue to be the primary setting for undergraduate nursing education clinical experiences. Staff nurses in acute care settings are expected to provide nursing care with pre-licensure nursing students at their side (even though there are little to no incentives for staff nurses to provide mentoring leadership), which most often takes the form of professional role modeling. In addition, there is no clear evaluative expectation that motivates staff nurses to provide contextual role modeling. Without stated expectations, staff nurse perception of the significance of role modeling for pre-licensure non-precepted nursing students may be deficient.

Because fifty-six percent of registered nurses are employed in hospital settings, the purpose of this DNP project was to assess staff nurse perception of professional role modeling for pre-licensure nursing students in the hospital-based clinical learning environment. Information gleaned was used to create a tool to be used by nurse administrators to evaluate staff nurses who work with non-precepted nursing student that includes role modeling expectations.

A mixed method design was used to explore staff nurse perception of professional role modeling in the clinical learning environment. A convenience sample of staff registered nurses (RNs) employed on a number of medical and surgical inpatient units at a Midwest pediatric hospital was the target population.

A 10-item questionnaire containing a 5-point Likert type scale was accessible using an online survey platform to determine the participant's perception of each statement about professional role modeling. Participants also had the opportunity to comment on the statements to offer further insight. Analysis of the data resulted in descriptive and inferential statistics of quantitative data. Content analysis was used to interpret qualitative data.

Staff Nurse Perception of Professional Role Modeling for Student Nurses  
In the Clinical Learning Environment

**Problem Identification**

From the mandates of the Affordable Care Act to the recommendation of the Institute of Medicine Report: *The Future of Nursing*, change is the new norm more than ever (Institute of Medicine [IOM], 2011). The IOM report (IOM, 2011) specifically recommends, as follows, that nurses function at their fullest potential and all nurses must develop leadership related-competencies through professional growth which should be embedded throughout nursing education:

“1) Nurses should practice to the full extent of their education and training; 2) Leadership competencies need to be imbedded throughout nursing education, leadership development and mentoring programs and need to be available for nurses at all levels, and a culture that promotes and values leadership needs to be fostered.” (pp.4;8)

The American Association of Colleges of Nursing (AACN, n.d.) defines working at one’s fullest potential in nursing and in the definition, includes mentoring those in clinical settings who are less experienced, such as student nurses. Staff nurses, however, are not incented to provide mentoring leadership, a form of role modeling conducted in contextual learning environments (clinical). I addition, no clear evaluation processes motivates staff nurses to provide contextual education for student nurses in the clinical learning environment. Without stated expectations staff nurse perception of the significance of their need to role model for student nurses could be deficient. The problem, therefore, is that staff nurses have little to no incentives to provide contextual learning in the form of role modeling and no clear evaluative expectations for role

modeling. The PICOT question is: What are staff nurse perceptions of professional role modeling when working with pre-licensure nursing students.

### **Significance of the Problem**

Acute care settings continue to be the primary setting for undergraduate nursing education clinical experiences. The clinical setting is where identification of working to ones' full potential begins (Billings & Halstead, 2012, p. 314). Staff nurses in acute care settings are expected to provide nursing care with undergraduate students paired with them. Typically, students interact with staff nurses providing care alongside the patient's assigned nurse, concentrating on clinical skills without particular attention given to systems thinking or the development of other leadership traits (Fletcher & Meyer, 2016, p. 122).

Noting this fact and understanding that fifty-six percent of nurses are employed in hospital settings (Budden, Zhong, Moulton, & Cimiotti, 2013), this nurse executive student focused the scholarly project on gathering staff nurse perceptions on what it means to be a professional role model for students in the clinical learning environment within an acute care setting at Nationwide Children's Hospital. Information gleaned was used to develop an evaluative staff nurse tool to be used by nurse administrators that includes role modeling expectations of the staff nurse. Ongoing use of this evaluative tool should promote transformational leadership, an essential component of Magnet designation (American Nurses Credentialing Center, 2017)

### **Clinical Needs Assessment**

Staff nurse role modeling can have a direct effect on the student experience (Brammer, 2006, p. 971). Since the literature provides a variety of clinical experience models evaluation should be conducted by nurse administrators of staff nurses' role modeling behaviors

exhibited with nursing students in hopes of creating a culture that values and promotes professional role modeling and enhances student learning (Patrick, Spence Laschinger, Wong, & Finegan, 2011).

An effective tool to evaluate staff nurse perception of role modeling for student nurses would be developed using the *Clinical Learning Environment, Supervision and Nurse Teacher* (CLES+T) scale (Saarikoski, Isoaho, Leino-Kilpi, & Warne, 2005). Originally used to evaluate student nurses' and clinical teachers' perceptions of effective clinical learning environments, the tool could be adapted to determine what staff nurses perceive as effective components of role modeling for students in the clinical learning environment.

To determine if nurse administrators would support the DNP project, Unit Managers of four medical and surgical acute care units were contacted: Kathy Mohlman RN, MS, Jamie Hillier RN MS, Pamela Creech RN MS, Rhonda Humphrey RN MS as well as the Director of Professional Development, Cheryl Boyd RN, PhD, at Nationwide Children's Hospital. The plan to conduct a survey about professional role modeling and using the information learned to develop a tool to be used by nurse administrators to evaluate staff nurse behaviors of role modeling for pre-licensure nurses was presented. All believed that identified role modeling behaviors could be imbedded in to the staff nurse evaluation process.

## **Literature Review**

### **Clinical Learning Environment Tools**

Evaluation of the clinical learning environment using validated tools is supported in the nursing literature (Dunn and Burnett, 1995; Saarikoski, Isoaha, Leino-Kilpi and Warne, 2005; Chan, 2003). Tools developed by afore-mentioned authors were used to evaluate the pre-

licensure nursing student perceptions of the clinical learning environment. Dunn and Burnett (1995) identified 5 sub-dimensions within their instrument. These included staff-student relationships, nurse manager commitment, patient relationships, interpersonal relationships and student satisfaction (Dunn & Burnett, 1995). The tool Chan (2003) used to evaluate pre-licensure nursing students' perceptions of the clinical learning environment described domains. Domains of involvement with the highest degree of importance are by the student are, students' ability to actively participate in hospital activities and personalization, which focuses on students' ability to interact with staff and feel their welfare is important. *The Clinical Learning Environment and Supervision Scale* instrument created by Saarikoski et al. (2005) supports the subscales identified by Dunn and Burnett (1995) and the domains described by Chan (2003) but emphasized that leadership from both staff and nurse managers were the most important factors perceived by pre-licensure nursing students in determining satisfaction with the clinical learning environment. More recently, an integrative review published by Hooven (2014) included the above mentioned tools as well as two others. Hooven's conclusion also supports that staff nurses have an impact on the clinical learning environment and their elicited perceptions on what learning is important to convey during students' clinical experiences would be valuable.

Overall, the tools found in the literature to evaluate the clinical learning environment of pre-licensure students are largely based on student perceptions and include themes related to staff-student relationships, nurse manager involvement, student feelings of inclusion, environment/attitudes, faculty involvement and student feedback. The results of the surveys conclude that student perceptions are directly related to interactions with the staff nurse and effect their perceptions of the unit, nurse and the system as a whole. While all of the tools asked students' their perceptions of clinical learning experiences, including the impact staff nurses had

on learning, none inquired from staff nurses their perception of the effect professional role modeling had on students' clinical learning environments. Although assessment tools to validate staff nurses' effect on the clinical learning environment and student nurse learning as perceived by pre-licensure nursing students are available and well documented, staff nurse perception of their effect on the clinical learning environment is nominal.

The next part of the literature search used key terms: role modeling, staff nurse perceptions, leadership and professionalism, and incentives.

### **Role modeling**

Role modeling can be described as being a "positive source of influence to aspirants through enhanced motivation or skill attainment" (Morgenroth, Peters, & Ryan, 2015, p. 468). The staff nurse as a role model for pre-licensure nursing students has been in place since the early years of nursing schools and is currently the most common clinical instructional relationship in nursing education (Billings & Halstead, 2012). Billings and Halstead (2012) indicate that faculty to student ratio in the clinical setting is 1:8 to 1:10. The ratio, used for at least the past 30 years, necessitates staff nurses to role model professionalism and leadership activities on the clinical unit when the faculty is not available due to being with another student. Clinical instruction provided on acute care units decreases the ability of instructors to be readily available to students. The staff nurse is left to role model contextual learning for the student. Staff nurse perceptions related to expectations of role modeling for pre-licensure nursing students can "impede or promote student learning" (Brammer, 2006, p. 971). These perceptions can lead to nurses feeling the strain of dealing with students, not in formal preceptor contracts, in addition to their patient assignment. Students assigned to a specific patient can also slow down



the care to be provided by the staff nurse, as well as require the staff nurse to “balance care and student learning” (Veltri, 2014, p. S85).

Role modeling professional and leadership qualities while in the clinical setting is well described in the literature. Perry suggests that “outstanding role models are also exemplary nurses” (Perry, 2009, p. 39). Role modeling is a choice that nurses make each time they are asked to work with students assigned to patients on their unit. Perry (2009) identified four behaviors that are performed by exemplary clinical nurses when role modeling. They include: 1) attending to the little things 2) making connections 3) purposely modeling effective behaviors and 4) affirming the value of others (Perry, 2009, p. 39-40). Perry’s (2009) study involved only exemplary nurses as they were identified by their peers. Both qualitative data and narrative comments identify numerous factors that influence role modeling by the staff nurse (Matsumura, Callister, Plamer, Cox, & Larsen, 2004, p. 297). Qualitative data support the following factors that affect the staff nurse perceptions of students in the clinical environment: “1) student preparation 2) student qualities 3) level of students on the unit 4) role of the instructor and 5) opportunities for staff nurse growth” (Matsumura et al., 2004, p. 299-300). The study describes some of these issues both positively and negatively. The literature indicates ambivalence in choosing to role model professional and leadership qualities by staff nurses. The ambivalence included “staff feels insecure when challenged by students” but also “allows opportunities for mentoring”. Staff stated that “students lighten the load” but “take too much time of staff” (Matsumura et al., 2004, p. 301). Ambivalence may be compounded when students are being allocated to the staff nurses’ patient assignment for the day. With little or no incentives attached to the task, the ambivalence could be enhanced and the clinical learning environment indirectly affected.

Role modeling clinical leadership at the nurse manager level “has a direct positive effect on the staff nurse ability to also role model” (Patrick, Spence Laschinger, Wong, & Finegan, 2011, p. 458). The study also reported that the impact of nurse manager leadership is more indirect than direct on staff nurse outcomes. Students in the clinical learning environment have the ability to observe all clinical activities occurring in the environment. This indirect impact could have very positive or detrimental effects on student learning. Perry (2009) identified that exemplary nurses were also exemplary role models. Students observing in these situations would most likely have positive clinical learning experience. Keeling & Templeman (2013, p. 20) report that “student nurses’ observation of role modeling as negative or positive can both have an effect on their own personal view of nursing”. Role modeling leadership in the clinical environment is reported in the literature as directly and indirectly as well as positively and negatively effecting student learning. Role modeling by staff nurses is described within the literature but specific expectations are not identified. It is expected that staff nurses will role model professionalism and leadership qualities for pre-licensure student nurses but these qualities are not clearly identified for the staff nurse. The literature also supports that many variables can affect the staff nurse perception of role modeling.

### **Staff Nurse Perceptions**

Perceptions of staff nurses related to role modeling are most frequently found in literature associated with precepting. Research exploring preceptor’s perception of teaching nursing students revealed that they felt “ill prepared educationally for the teaching role and wanted to be recognized for the time and effort required to precept” (De Fulvio, Stichler, & Gallo, 2015, p. 21). Other findings reported that “staff nurses are aware that they need to include the students, but pressures related to workload and lack of clarity of their role with the student were only a

few of the unsupported areas identified” (Luanaigh, 2015, p. 455). Staff nurses who were provided a capacity building intervention ,”in which staff nurses learn how to interact with learners ”, related to interactions with pre-licensure student nurses “had a positive impact on the students’ perception of the clinical learning environment” (Henderson et al., 2009, p. 180). Staff nurses recognize their role in role modeling for nursing students but information regarding their perceptions of the effect they have on the learning environment and the student appear to be limited in the literature.

### **Leadership and Professionalism**

The literature supports that leadership and professionalism are key elements in role modeling (Perry, 2009, p. 39). Tim Porter-O’Grady refers to good leadership as having “discipline- specific strategies” (Porter-O’Grady, 2011, p. 36). Defining strategies related to role modeling leadership could reduce confusion and discontent for the staff nurses experience. Leadership, as defined between generations, is different. One study of pediatric nurses reported that “the Silent Generation and Baby Boomers have a stronger professional value orientation than Generations X and Y” (Gallegos & Sortedahl, 2015, p. 192). Gallegos and Sortedahl (2015) also reported a higher emphasis was placed on professional values from nurses in management roles compared to staff nurses. The research supports the idea that perceptions between staff and management may be different in relation to role model expectations and perceptions. Professional attributes are also reported to be of “higher value to nurses with more years of experience” (Wynd, p. 257). Wynd’s (2015) work also supports the idea that those in management and administration place a higher value on professional attributes. In addition, studies show that staff nurses are influenced by the leadership of managers and recognize transformational leadership (Andrews, Richard, Robinson, Celano, & Hallaron, 2012, p. 1109).

The traits of transformational leaders include: “1) charisma or idealized influence 2) inspiration and vision 3) intellectual stimulation and 4) individual consideration” (Marshall, 2011, p. 4-5).

### **Incentives**

Very limited literature is available related to incentives for working with prelicensure nursing students. The literature reports staff nurses feel somewhat unprepared and ambivalent in regards to working with student nurses (De Fulvio et al., 2015; Matsumura et al., 2004). To address this issue, development of educational programs to enhance staff nurse understanding of student teaching and provide incentive programs for participation may lead to ideal student experiences and promote safe patient care (De Fulvio et al., 2015). Raines’ (2012) study also suggested that staff nurses enjoy the positive experience they have with students but expect their supervisors to notice the extra work needed for this effort. Some staff nurses who work with students receive incentives while other health care service providers do not offer any reward or incentive for engaging with nursing students as a preceptor or role model (Raines, 2012). Incentives, such as leadership programs, do enhance the professional outcomes of nurses who participate. Improved understanding and awareness of the skills and behaviors related to leadership lead to increase leadership involvement (Abraham, 2011). Incentives can be monetary or in the form of professional development. Both forms are recognized as positive by staff nurses.

The literature supports that pre-licensure nursing students recognize that staff nurses can affect their learning. However, the literature is vague related to staff nurse perception of their effect on students’ clinical learning. Therefore, the idea of developing an adapted version of the Clinical Learning Environment, Supervision and Nurse Teacher (CLES + T) scale tool, based on this literature review and expert opinion as noted under instrument description, to determine

what staff nurses perceive as effective components of role modeling for students in the clinical practice environment speaks to the idea of empowerment via transformational leadership. Thus, a transformational framework follows that supports this executive DNP student's project.

## **Project Description and Design**

### **Theoretical Framework**

Transforming leadership described by Burns suggests that leaders embrace values; values grip leaders. The stronger the value systems, the more strongly leaders can be empowered and the more deeply leaders can empower followers. He also states "transformational dynamic that mutually empowers leaders and followers involves motivation and creativity, conflict and power, but at its heart lie values" (Burns, 2003, p. 211). Transforming leadership includes two actions that result in transformational leadership. The first is the transaction between the leader and follower. And second, transactions can result in transformation of not only the follower but the leader (Burns, 1978). More recent views of transformational leadership suggest that "leaders transform groups through system control" (Porter-O'Grady & Malloch, 2015, p. 450).

Throughout the IOM (2011) report, recommendations are made to improve and increase leadership skills and opportunities for nurses at all levels of education. Using Burn's concepts of transaction and transforming as their basic reference, these recommendations can possibly be accomplished.

Application of transformational leadership as a theoretical framework is appropriate as transformational leadership encourages the input of all (e.g., staff nurse perception of role modeling in the clinical learning environment) and transformational leadership is a component of the Magnet Model developed by the American Nurses Credentialing Center for Magnet

recognition. The model “guides the transition of Magnet principles to focus health care organizations on achieving superior performance as evidence by outcomes” (American Nurses Credentialing Center [ANCC], 2014, p. 1). Transformational leadership components include a) idealized influence b) inspirational motivation c) intellectual stimulation and d) individualized consideration. All nurses in the health care system from the staff nurse to the chief nursing officer are expected to incorporate the components of a transformational leader.

### **Purpose and Objectives**

The goal of the project was to identify staff nurse perception of professional role modeling for pre-licensure nursing students in the clinical environment.

Objectives included:

- 1) Develop criteria for professional role modeling to be included in the staff nurse evaluation tool.
- 2) Identify deficits in nurses’ perceptions that could be enhanced by creating a leadership continuing education opportunity related to role modeling for staff nurses when working with pre-licensure nursing students.

### **Method**

The DNP project explored staff nurse perception of professional role modeling in the clinical learning environment. A 10 item questionnaire using an online survey platform and a 5 point Likert scale was used to determine the perceptions of participants related to the importance of each statement on professional role modeling. The questionnaire was developed by the DNP student and was based on key criteria identified within validated clinical learning environment tools related to the staff nurse role modeling leadership in the clinical learning environment. A

committee of experts then reviewed and adapted the tool. The committee consisted of expert nurse executives and nurse educators.

### **Target Population and Sample**

Convenience sampling was used for the project. This nonrandom sampling allowed for easier recruitment and less risk of sampling error related to qualitative data collection. Target population was registered nurses (RN) who were employed on medical and surgical inpatient units at a Midwest pediatric hospital. There were approximately 160 RNs employed on the four, 25-30 bed units, with an average of six to nine RNs assigned to patients at any given time. Each unit accepts student nurses from at least three different nursing programs. Student nurses are on the four units, 24 to 48 hr/week, during the times of 7:00 a.m. to 11:00 p.m. All RN's are required to engage with student nurses within the clinical learning environment. Staff RNs from all four units were invited to participate. This included full time; part time and contingent staff RN's. Advance practice nurses and nurse managers were not being asked to participate because they do not work directly with prelicensure student nurses.

A letter was developed inviting nurses to participate (appendix A). The letter included the purpose of the project as well as the specific times and dates the survey was available. The letter stated that completing the survey was regarded as informed consent. Registered nurses had the opportunity to email or speak with the DNP student to clarify any questions or concerns they may have regarding participation. The DNP student visited the units throughout the day that the survey opened to answer any questions and deal with any technical issues.

### **Instrument**

The questionnaire developed by the DNP student to survey the participants was used (appendix B). The questionnaire was developed based primarily on the CLES+T which

was developed in 1995 and validated in 2012 (Bos, Alinaghizadeh, Saarikoski, & Kaila, 2012), The Clinical Learning Environment Scale (CLES)(Dunn & Burnett, 1995) , and the Clinical Learning Environment Inventory (CLEI) developed and validated by Dominic Chan in 2003(Chan, 2003). Common themes were identified from all three tools to develop the survey tool used in the DNP project. The survey was reviewed by three doctorally-prepared nurses for evaluation of content validity.

Demographic data was collected that included the following:

- Age range
- Years of experience as an RN
- Gender
- Employment status (FT/PT/contingent)
- Primary shift worked
- Years having prelicensure students assigned to their patient workload
- Certification
- If the participant has taken the preceptor course
- Primary unit assigned
- Highest degree completed

The demographic data was collected to compare with the statements. These demographics were chosen to enhance the transferability of the survey to other acute care settings that may not be pediatric. The demographic questions reflect characterizations that can be applied to most medical/surgical acute units.



The questionnaire also contained 10 statements which the participant responded to using a five point Likert-type scale. Statements on the questionnaire reflected themes that directly related to the effect of staff nurses role modeling behaviors in the clinical learning environment. Participants had the opportunity to provide additional comments about the statements at the conclusion of the survey.

### **Human Subject Protection**

Institutional review boards from both Otterbein University and Nationwide Children's Hospital provided approval via expedited review. An online survey platform, Qualtrics, was chosen for ease of use by the participants. Qualtrics provides more than 100 question types, statistical analysis, offline and mobile distribution, and the option for anonymity when taking surveys. The facility being utilized provides an email address and computer access to all employees. The questionnaire was available as a link on the invitation to participate letter emailed to staff nurses by the Program Manager for each unit. The participant could go to the survey site via the link on the letter anonymously. The anonymous link did not collect the name or email address. If there was concern regarding IP addresses being a identifier, there was an option on the survey to anonymize responses and IP addresses was not recorded. No personal information will be collected within the demographic data such as name or email address.

### **Timeline**

The proposed timeline for the project was developed with input from stakeholders. The actual timeline was congruent with the proposed timeline.

The following table indicated the expected month of activity initiation and completion. Utilizing the table recommended by Moran (Moran et al., 2014, p. 311) the following timeline was developed. The survey was closed on January 31, 2017.

## Project Timeline

Project Phase	Milestone	Estimated Month of Completion							
		June	July	Aug	Sept	Oct	Nov	Dec	Jan
Initiation	Project Proposal Approved			x					
	Investigate and Identify online survey platform				x				
Planning	Meet with committee regarding plan			x					
	Assessment Tool development and approval				x				
	Communication plan completed and approved					x			
	IRB approval					x			
	Approval of online survey platform					x			
	Survey platform approved						x		
	Implementation	Communication with nurse manager regarding survey						x	
Communication with staff nurses regarding survey							x		
Administer survey									x
Closing	Close survey								x

**Budget**

The budget for the project was minimal and is reflected in the following table recommended by Moran (Moran et al., 2014, p. 313). The proposed budget included information for an online as well as a written survey. The online platform used was Qualtrics and available for use by Otterbein University students at no additional cost. A paper-based questionnaire was not utilized. This was positive in that 99 nurses responded to the survey which would have cost additional dollars if a paper-based questionnaire would have been used. Added to the budget was food in the form of cookies, provided to the participants on the opening day of the survey and after the close of the survey in the amount of \$200.00 total for each offering. Andrew Kerr, Instructor of Math and Statistics at Columbus State Community College, assisted with the statistical analysis and interpretation. Although he provided the service at no cost, a thank you \$100.00 gift card was provided.

Budget Table 14

Item/Service	One-time Cost	On-going Cost
Professional Services: <ul style="list-style-type: none"> <li>• statistical analysis assistance</li> </ul>	\$ 100.00	0
Recruitment/thank you materials <ul style="list-style-type: none"> <li>• Cheryl's Cookies</li> </ul>	\$ 200.00	0
<b>Total</b>	\$300.00	

### Financial Impact

Retention of registered nurses is fiscally important to health care systems. The cost to orient a new graduate registered nurse in acute care can cost as much as 36,000 dollars per nurse (Trepanier, Early, Ulrich, & Cherry, 2012, p. 209). Patient care units with a low nursing retention rate cost health care systems. The literature supports transformational leadership as having a positive effect on retention (Roberts-Turner et al., 2014). Magnet designated hospitals focus on the concept of transformational leadership as a Magnet Model Component (American Nurses Credentialing Center [ANCC], 2014). Magnet expectations clearly indicate that all nurses are leaders and should exhibit the traits of a transformational leader. These traits include “those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity” (ANCC, 2014, p. 4). Health care systems that practice transformational leadership from the Chief Nursing Officer to the staff nurse leading a quality improvement team exhibit improved recruitment and retention rates (Clavelle, Drenkard, Tullai-McGuinness, & Fitzpatrick, 2012). The goal of the project was to investigate the perceptions of staff nurses related to role modeling for prelicensure nursing students and develop an evaluation tool to evaluate role modeling to be used by nurse administrators. Development of leadership skills may be supported by increased awareness of role modeling behaviors. This in-turn can

lead to more satisfied staff and enhance retention. A long-term benefit could be an increase recruitment of new graduates who recognize staff nurse satisfaction related to utilization of transformational leadership abilities.

## Outcomes and Evaluation

### Data Analysis

The questionnaire was available to RNs for 12 days. At the completion of the twelfth day 99 RNs had responded to the instrument, 90 fully completed all of the items. Two participants did not complete one demographic question related to taking the preceptor course. Statistical analysis included data from all 92 participants. The Kendall-Tau statistics used only available data and did not include missing data.

Demographic data results are presented in the Tables 1-9.

**Table 1 Age Range**

Age Ranges	Percent	Count
20-30 years	35.87%	33
31-40 years	38.04%	35
41-50 Years	15.22%	14
>50 years	10.87%	10
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 2 Years of Experience as an RN**

Years of experience	Percent	Count
< one year	14.13%	13
1-5 years	27.17%	25
6-10 Years	17.39%	16
11-20 years	25.00%	23
21-30 years	6.52%	6
>30 years	9.78%	9
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 3 Gender**

Gender	Percent	Count
male	4.35%	4
Female	95.65%	88
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 4 Employment Status**

Employment status	Percent	Count
Full time	79.35%	73
Part time	17.39%	16
Contingent	3.26%	3
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 5 Primary Shift Worked**

Primary Shift	Percent	Count
7am-3pm	18.48%	17
3pm-11pm	5.43%	5
11pm-7am	1.09%	1
7am-7pm	42.39%	39
7pm-7am	31.52%	29
Other	1.09%	1
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 6 Years with Students assigned to Workload**

Years with student	Percent	Count
<1year	18.48%	17
1-5 years	31.52%	29
6-10 years	19.57%	18
11-20 years	19.57%	18
21-30 years	6.52%	6
>30 years	4.35%	4
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 7 Highest Nursing Degree Earned**

Highest Degree	Percent	Count
Associate	18.48%	17
Bachelors	69.57%	64
Masters	11.96%	11
DNP or PhD	0.00%	0
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 8 Attended Preceptor Course**

Preceptor Course	Percent	Count
Yes	43.33%	39
No	56.67%	51
<b>Total</b>	<b>100</b>	<b>92</b>

**Table 9 Certification**

Certification	Percent	Count
No	58.70%	54
CPN	38.04%	35
Other (not PALS or ACLS)	3.26%	3
<b>Total</b>	<b>100</b>	<b>92</b>

The demographics of the Midwest Pediatric Hospital as supported by data submitted in their Magnet Designation Report is noted as follows:

- 19% of Staff RN's have obtained a national certification
- 75% have a Bachelor's Degree
- 19% have an Associate's Degree
- 3% have a Master's Degree
- 2% have a Doctoral Degree
- 2% have a Diploma of Nursing

Analysis of the Likert-type scale data and written response involved content analysis and correlational statistics (Moran, Burson, & Conrad, 2014, p. 336). There were 25 narrative responses. Narrative analysis was utilized "to identify patterns leading to themes identified by staff nurses' comments (Terry, 2012, p. 174). Narrative analysis was attempted by the DNP student. Reduction of the written comments into themes revealed similar ideas from the participant comments. This is described in Table 10.



Comparison of the word cloud with the positive and negative responses was revealing. A common theme related to students and instructor not being available for specific learning opportunities was evident. Staff stated that they did not have time to “go looking” for students. Another theme was related to timing and patient load. Nurses identified that a heavy patient load limited their ability to work with the student effectively.

The Likert-type scale items were analyzed utilizing ordinal level data. The literature does support treating each item as interval-level data, which “allows for more sophisticated statistical analysis” (Burns & Groves, 2009, p. 411). Using ordinal level data analyzed from the Likert-type scale made it possible to rank items and link themes from the narrative analysis. The relationship between variables was viewed two at a time. The aim was to investigate the characteristics of one group, the staff nurse which by definition is a correlational study. Correlational statistics were used for comparison. The Spearman rank correlation is a non-parametric test that is used to measure the degree of association between two variables. It does not make any assumptions about the distribution of the data and is appropriate correlational analysis when the variables are measured on a scale that is at least ordinal. The Spearman was utilized to note any correlation between the demographic items and the declared statement. Upon application of Spearman rank correlation no statistical relevance was noted. All Likert data was assigned values 1 through 5 to the responses “always”, “most of the time”, “sometimes”, “rarely”, and “never”. Comparisons were made using a two sample t-test (Salkind, 2017, p. 320). All hypotheses were performed at the 0.05 significance level. This indicates that the probability is less than five percent that the relationship between the variables is only due to chance (Salkind, 2017, p. 324). In addition to hypothesis tests, 95% confidence intervals were



calculated for each comparison. Application of the Spearman rank correlation did not account for data that is tied in ranking, neither concordant nor discordant.

The Kendall Tau accounts for ties in ranking and was utilized. The Spearman correlation ranking did not reveal any statistically significant data. The Kendall Tau did reveal statistical significance, p-value less than 0.05 for three of the comparisons. Survey question "What is your age range" when compared to "I look forward to having a student nurse assigned to my patients on the unit" had a p-value of 0.017. Survey question "How many years of experience do you have as an RN" and survey statement "I look forward to having a student nurse assigned to my patients on the unit" had a p-value of 0.0271. Survey question "what is your gender" and statements "I am aware of my responsibilities in regards to working with non-precepted students" and "I include the student in conversations with their clinical instructor" had p-values of 0.0054 and 0.0048 respectively. It should be noted that, Gender had a wide variability with only 4 males and 88 females.

## **Outcomes**

Success of the project was determined by the opportunity for improvement. The goal was to collect data that identified themes that can be improved upon by creation of continuing education opportunities to enhance role modeling by staff nurse working with prelicensure nursing students. The data revealed that staff nurses' perceptions related to role modeling correlates with age and experience. The older and more experienced the nurse, the more they look forward to working with students. The survey results indicated that one third of the respondents, those 20-30 year age range, did not always look forward to working with students. The survey results indicated only 37% of respondents were always "aware of their responsibilities in working with non-precepted nursing students" which was also the percentage

for “I am aware of the student learning needs while they are in the clinical learning environment”. Another deficit is the perception of the nurse to “Include the student in professional discussion regarding the patient and unit activities” which was only 28% “always”.

The comments data reveal a theme from the staff nurses’ on constraints that limit their ability to create an effective clinical learning environment. Time, availability and expectations related to students and instructors were identified as negative to engaging effectively with students. No comments were provided by nurses in the 20-30 year age range. It was also noted that the comments section at the end of the survey was only used by those 31 years or older (65% of the respondents). The deficits identified offer opportunity for continuing educational development to enhance role modeling by staff nurses for non-precepted nursing students.

Identification of deficits in nurses’ perception related to professional role modeling for prelicensure nursing students was shown within the data. No discussion of role modeling or professionalism was noted in the comments section of the survey. Also noted within the comments was a theme of barriers staff nurses’ perceived as affecting their effectiveness with the students.

### **Barriers**

Limitations related to utilization of the qualitative method included dependence on subjective data (Terry, 2012, p. 89) as expected. Subjective data limited some measurements and led the researcher to connect themes and develop conclusions. The possible lack of logical reasoning by the participants and limited statistical analysis led to possible questions on validity of results. Limitations related to utilization of the Likert scale include the limited statistical analysis that could be applied. There were also limitations to a convenience sample as noted by the number of those working night shift that did not interact with students. Use of quantitative statistical

analysis was challenging. The initial data using the Spearman rank correlation indicated no statistically relevant results. The Kendall Tau coefficient did provide some value although still provided minimal data with statistical significance. With n=92 only 25 participant provided comments at the conclusion of the survey. This limited the ability to identify data from the text that could lead to identification of themes to support or not support the survey statements.

### **Facilitators**

Facilitators of the project include the utilization of qualitative research. Qualitative research enabled the DNP researcher “to attempt to make sense of a specific experience” (Terry, 2012, p. 86). Providing sense to chaotic issues is a positive outcome within the nursing community. This was evident with the themes that were identified and the ability to see trends in the data provided. Offering the opportunity for nurses to share their concerns related to role modeling for pre-licensure student nurses provided a sense that someone cares about the situation. This was evident by statements made to the DNP student by the staff nurses that had taken the survey. They verbalized comments supporting concern for the topic surveyed.

The facility in which the project was conducted places a very high value on evidenced based practice. Increasing the number of units participating in the survey increased the possible response rate times four.

### **Conclusions and Recommendations**

Information learned from the survey was used in the development an evaluation tool for unit managers to evaluate staff nurse role modeling behaviors with prelicensure nursing students (Appendix C). The tool, in draft form, was reviewed by the managers of the units who participated in the survey. These unit managers stated that the tool could be utilized by the clinical leaders (CL). Clinical leaders, staff nurses in leadership positions on the unit, are able to

observe the interactions between the staff nurse and nursing students more frequently than program managers. The CLs provide input to staff nurse evaluations. The evaluation tool has also been reviewed, in draft form, by the administrator within the Professional Development Department at Nationwide Children's Hospital in relation to building the continuing education activities.

Identification of deficits in nurses' perceptions related to professional role modeling for prelicensure nursing students was shown within the data. No discussion of role modeling or professionalism was noted in the comments section of the survey. The data did not overwhelmingly support that staff nurses are aware of their responsibilities when working with prelicensure nursing students nor did they always feel that they exhibited role modeling through professional discussions with the students in relation to patient care and unit activities. Also noted within the comments was a theme of barriers staff nurses' perceived as affecting their effectiveness with the students, the most common being availability of the student.

Continued evaluation of age and years of experience related to "looking forward to working with nursing students" needs to be investigated with more depth. An evaluation of why nurses who are younger with less experience do not look forward to working with nursing students needs to be completed. Also examining for a link between this issue and if they have or have not taken the preceptor course would provide useful information.

Further detail needs to be obtained in relation to the barriers that staff nurses' perceived as affecting their interactions with students. Perceived barriers of any kind hinder quality interactions. Removal of these barriers could lead to a more effective interaction between the staff nurse and the student nurse.

### **Transferability**

The ability of the survey to be transferred to another hospital system is an option requiring minimal changes. The ability to gather data with the tool in extended care facilities (ECF) could be accomplished with some revisions to the tool to reflect the ECF environment. The questionnaire did not focus on pediatrics. The demographic data was relevant to nurses who work in acute care settings. The project including the survey, evaluation tool and continuing education activities are sustainable items. These tools, with some adjustments can be utilized for quality improvement related to enhance outcomes related to staff nurse role modeling behaviors with students. Magnet Designated hospitals can promote quality improvement through enhancement of transformational leadership skills.

### **Future Directions**

Development of a continuing education activity is underway to promote an increase understanding of role modeling in prelicensure non-precepted students. Nationwide Children's Hospital has agreed to sponsor the continuing education activity and unit managers have agreed to have their nurses attend the activity. Topics to begin the educational series will be:

- Understanding the role of the staff nurse in working with non-precepted students
- Inclusion of non-precepted nursing student in professional discussion
- Communicating with students and clinical instructors

Enhancing the professional role modeling of the staff nurse to the fullest potential will continue to be the goal.

The unit managers stated that the tool could be utilized by the clinical leaders (CL) and also recommended that staff nurses self- assess their role modeling behaviors utilizing the tool. Enhancing the role modeling of the staff nurse to the fullest potential will continue to be the goal.

## Appendix A

Dear Staff Nurse,

I am asking for your participation in an online survey related to your perception of role modeling leadership qualities for nursing students who are assigned to your unit for clinical (non-precepted students). The survey is anonymous and contains 10 questions using a 1-5 point Likert scale, with an option for comments. The survey will take approximately 10 minutes to complete. If you chose to participate, a code/link to access the anonymous survey online is provided at the bottom of this letter. Demographic data is part of the survey, and this data will not identify your specific answers when results are disseminated. The survey platform will not identify your email or phone number (if you choose to do the survey on your smart phone). Also, comments will not be shared in a manner that reveals your identity. Utilizing the code and signing on to the on-line survey will be regarded as consent.

The survey will open on: January 19<sup>th</sup>, 2017 at 8 am

The survey will close on: January 31st, 2017 at 5pm

The purpose of this survey is to meet the requirements of a Doctor of Nursing Practice (DNP) project being implemented by Tammy Montgomery RN, MS, DNP-student, at Otterbein University. Feel free to contact me with any questions at [tamara.montgomery@otterbein.edu](mailto:tamara.montgomery@otterbein.edu). Survey results will be shared at the conclusion of the project, April of 2017.

Thank you for your consideration,

Tammy Montgomery RN, MS

Otterbein University

DNP student

[tamara.montgomery@otterbein.edu](mailto:tamara.montgomery@otterbein.edu)

Online survey Link:

[https://otterbein.col.qualtrics.com/SE/?SID=SV\\_9HveOBJRE9emX8p](https://otterbein.col.qualtrics.com/SE/?SID=SV_9HveOBJRE9emX8p)

## Appendix B

### Professional Role Modeling Survey

Q1 What is your age range?

- 20-30 years (1)
- 31-40 years (2)
- 41-50 years (3)
- greater than 50 years (4)

Q2 How many years of experience do you have as an RN?

- Less than 1 year (1)
- 1-5 years (2)
- 6-10 years (3)
- 11-20 years (4)
- 21-30 years (5)
- greater than 30 years (6)

Q3 What is your gender?

- Male (1)
- Female (2)

Q4 What is your employment status?

- Full time (1)
- Part time (2)
- Contingent/call in (3)

Q5 What is your primary shift worked?

- 7am-3pm (1)
- 3pm-11pm (2)
- 11pm-7am (3)
- 7am-7pm (4)
- 7pm-7am (5)
- other (6)

Q6 How many years have you had nursing students assigned to your patient workload.

- Less than 1 year (1)
- 1-5 years (2)
- 6-10 years (3)
- 11-20 years (4)
- 21-30 years (5)
- greater than 30 years (6)

Q7 The highest nursing degree I have earned is:

- Associate degree (1)
- Bachelor's degree (2)
- Master's degree (3)
- DNP or PhD (4)

Q8 I have attended the preceptor course

- Yes (1)
- No (2)

Q9 I have a national nursing certification:

- No (1)
- Certified Pediatric Nurse (2)
- Other (please do not count PALS or ACLS) (3)

Q10 I look forward to having a student nurse assigned to my patients on the unit.

- always (1)
- most of the time (2)
- Sometimes (3)
- rarely (4)
- never (5)

Q11 I make certain the student feels I am approachable.

- always (1)
- Most of the time (2)
- sometimes (3)
- rarely (4)
- Never (5)

Q12 I project a positive image of the unit to the student nurse.

- always (1)
- most of the time (2)
- sometimes (3)
- rarely (4)
- Never (5)

Q13 I am able to provide a good learning environment for the student nurse.

- always (1)
- Most of the time (2)
- sometime (3)
- rarely (4)
- Never (5)

Q14 I role model professionalism while working with student nurses.

- always (1)
- Most of the time (2)
- sometimes (3)
- rarely (4)
- Never (5)



Q15 I am aware of the student learning needs while in they are in the clinical learning environment.

- always (1)
- most of the time (2)
- sometimes (3)
- rarely (4)
- Never (5)

Q16 I include the student in professional discussion regarding the patient and unit activities.

- always (1)
- Most of the time (2)
- sometimes (3)
- rarely (4)
- Never (5)

Q17 I am aware of my responsibilities in regards to working with non precepted students.

- always (1)
- most of the time (2)
- sometimes (3)
- rarely (4)
- never (5)

Q18 I include the student in conversations with their clinical instructor.

- always (1)
- most of the time (2)
- sometimes (3)
- rarely (4)
- never (5)

Q19 I provide a professional environment for the student to support their learning.

- Always (1)
- most of the time (2)
- sometimes (3)
- rarely (4)
- never (5)

Q20 Please provide comments on any or all of the survey questions:

Appendix C: Professional Role Modeling Evaluation Tool

**The purpose of the tool is the evaluation of staff nurses' professional role modeling with prelicensure, non-precepted, nursing students by unit managers.**

Key: 1=Always 2=Most of the time 3=Sometimes 4=Rarely 5=Never

**The staff nurse:**

1. **Looks forward to having a student nurse assigned to patients and on the unit.**  
1      2      3      4      5
2. **Make certain that he/she is approachable to the student nurse**  
1      2      3      4      5
3. **Project a positive image of the unit to the student nurse**  
1      2      3      4      5
4. **Able to provide an encouraging learning environment for the student nurse**  
1      2      3      4      5
5. **Role models professionalism while working with student nurses (e.g. communicating with health care professionals, delegating care, interacting with patients and families)**  
1      2      3      4      5
6. **Aware of the student learning needs while in the clinical learning environment (e.g. expect clinical goals and objectives)**  
1      2      3      4      5
7. **Includes the student in professional discussions regarding the patient and unit activities**  
1      2      3      4      5
8. **Aware of my responsibilities in regards to working with non precepted student nurses.**  
1      2      3      4      5
9. **Includes the student in conversations with their clinical instructor**  
1      2      3      4      5
10. **Provides a professional environment for the student to support their learning**  
1      2      3      4      5

**Comments:**

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