

DOCUMENT RESUME

ED 101 817

JC 750 173

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TITLE Associate Degree Nurse Preparation and Nursing Service Needs: An Incidental Paper.
PUB DATE Jan 75
NOTE 14p.

EDRS PRICE MF-\$0.76 HC-\$1.58 PLUS POSTAGE
DESCRIPTORS *Associate Degrees; Continuous Learning; Curriculum Development; Employee Attitudes; Employer Attitudes; Employment Problems; Employment Qualifications; Health Occupations; *Health Occupations Education; *Junior Colleges; *Literature Reviews; *Nurses; Role Perception; Teacher Attitudes

ABSTRACT

Associate degree nursing programs were first established in 1953. At the same time, diploma programs and baccalaureate programs were preparing nurses with the potential for licensure as registered nurses. Recently, there has been a decline in diploma programs and an increase in associate degree programs. Associate degree programs emphasize action in specific situations rather than theoretical explanations. A review of the literature pertaining to associate degree nursing programs reveals a large gap between what students of such programs are taught and the duties they are expected to perform on the job; this results in long adjustment periods during which the employer must provide continuous supervision. The primary cause of this situation is that the term "beginning practitioner" is interpreted differently by educators, employers, and new graduates. In order to solve this problem, training institutions and employers must establish better avenues of communication and educators must alter their curricula to meet employer needs. Furthermore, educators must realize that preparing any individual for specific duties may lead to skill obsolescence and should develop continuing education programs to encourage life-long professional development. (DC)

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ASSOCIATE DEGREE NURSE PREPARATION

AND NURSING SERVICE NEEDS:

AN INCIDENTAL PAPER

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January, 1975

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INTRODUCTION

According to DeChow (1970) the rationale for the associate degree nurse came with the first position paper of the American Nurses' Association on education for nursing in 1965. This was some 12-years after the initial research and establishment of some of these programs. Simultaneously there were diploma programs and baccalaureate programs preparing nurses with the potential for licensure as registered nurses. Three types of programs continue although there has been a decline in diploma programs and an increase in associate degree programs.

The content in associate degree nursing courses focuses upon knowledge required to allow the nurse to identify and act appropriately in common patient problems. This involves content of an empirical nature which is concerned with facts and interrelationships between facts that can be demonstrated. The pivotal point is the rationale for action in specific situations rather than the theoretical explanation. Considerations are more oriented to practical management than toward levels of abstraction. This is consistent with the concept of nursing as an applied science built upon selected content from the biologic, physical, social, and behavioral sciences.

Johnson (1966) delineates the associate degree nurse as having command of a body of knowledge relevant to concrete specific patient problems and nursing action. She knows certain patient problems can and do occur under certain conditions. She further knows certain nursing actions are indicated in certain situations. Throughout her educational program she acquires the scientific base for recognizing the existence of a problem and the ability to implement a course of action. An efficient and effective course of action depends upon adaptability, flexibility, use of knowledge as well as perceptual and cognitive ability. Montag (1966) advises that the associate degree

nurse is prepared as a technical nurse to give direct care to patients and is not prepared to assume managerial functions such as supervision and guidance of auxiliary personnel.

DeChow (1970) refers to the associate degree nurse as technique oriented and dealing with, "common recurring nursing problems, standardized nursing actions and medically delegated techniques, and patterns of intervention in patient care which yield predictable results." This nurse utilizes established, readily communicated nursing knowledge from the physical, biological, behavioral, and medical sciences. To identify patient needs, plan and implement care, she uses a problem solving methodology. In other words, the associate degree nurse focuses upon provision for

- 1) the physical comfort and safety of the patient,
- 2) the patient experiencing common nursing problems stemming from physiological malfunctioning, psychological difficulties, social discontent, and/or rehabilitative needs, and
- 3) the patient who needs instruction regarding the technical aspects of care and prevention of common illnesses and disability.

In meeting these responsibilities the associate degree nurse needs intellectual competence as well as high level manual competence. Associate degree nursing educators are held responsible for designing a program which includes the appropriate content for functions and competencies which the associate degree nurse can be expected to have.

Montag (1966) contends that the designation "nursing personnel" is used in employing agencies and implies that all personnel do nursing and so so equally well. Agencies employing registered nurses make relatively little differentiation in their expectations according to the basic educational programs of nurses. The common objective of all nursing education programs is

to prepare nurses who can provide a direct service to patients. Much activity has been generated by nursing educators to make contributions to differentiating characteristics which are unique to nurse graduates according to their educational preparation.

Johnson (1966) makes a distinction between nurses from various educational programs primarily in terms of the content of their curricula. When content is specified as the determiner of distinguishing one nurse from the other it is done so in relation to the depth of the content. Thus, the extent of ability each nurse has is commensurate with her amount of knowledge. In this regard, the associate degree nurse having developed a moderate level of proficiency in skills and the baccalaureate degree nurse having knowledge greater than her skill in utilizing it.

Aydelotte (1970) believes that the differences in graduates from various nursing programs is due largely to differences in intelligence rather than exposure to a particular type of educational program. To a great extent these so-called differences are probably of our own making. Shared communication and exchange of talent can be beneficial in narrowing the knowledge gap between nursing education and nursing service. Richards (1972) has pointed out that nursing leaders are of the opinion that there is little difference in graduates according to length of their preparation, especially in leadership potential, responsibility, intelligence, emotional stability, or sociability.

The viewpoint of nursing educators revolves primarily around the cognitive aspects. Skills acquisition, which is the legacy of nurse preparation, receives little attention. The importance also of affective components lacks appropriate attention.

REVELANT STUDIES

The "chasm between nursing service and nursing education" was discussed by Myers and Pott (1968). They state that the "beginning practitioner" means one thing to educators, another to employers, and still another to the new graduate. Nursing education in the past included an apprenticeship and nursing service directors continue to look for this type of graduate. Nursing educators claim they are giving the student sufficient background to enable beginning levels of nursing practice today. Recognition is being given to the present situation that new graduates are prepared academically but not necessarily in clinical experience. In spite of this, nursing service leaders continue to search for the graduate of the past whose education included an apprenticeship.

Sister Anne Benedict Moore (1967) conducted a study of 16 hospital departments of nursing service employing a total of 100 associate degree nurses in the San Francisco Bay area. Personal interviews were carried out with a key nursing person in each of the 16 hospitals according to a 25-item questionnaire used as a guide during the interviews. Results indicate that in 15 of the 16 hospitals, associate degree nursing graduates are being used in positions for which they have not been academically prepared. Sister Anne found that functions of general staff nurses were not differentiated. The same job description applied to nurses regardless of pre-service preparation. None of the hospitals had a job description specifically for associate degree nurses.

Confusion about nursing education and practice was studied by Krueger (1971). She constructed an 88-item questionnaire which behaviorally described functions expected of new graduate nurses. An 87 percent return was treated

by computer cluster analysis using correlation techniques. The results indicated that utilization of nurses was not related closely to their educational preparation. Suggested reasons for the discrepancy included the reluctance of organized nursing to clearly delineate types of nursing, the education required for each type of nurse, and failure to assert its belief that all nursing education should be in the general system of education. In conclusion, she found that more questions were raised than answered.

A study in Canada under the direction of Crysler (1972) found that the majority of graduates of two-year nursing programs needed additional practical job experience following graduation to bring their level of performance up to that of three-year program graduates. Thus, their recommendation was to increase practical experience of the undergraduates in the associate degree programs.

After gathering data from three associate degree programs in Tennessee, Miller (1974) concluded that recent graduates of associate degree nursing programs are functioning at least part of the time in ways for which they are not prepared. The source of his data consisted of 94 usable questionnaires returned from 190 questionnaires mailed. He observed the divergence in work role perception between associate degree faculty and nursing service directors when considering the associate degree nurse. The expectation of the educator is that the associate degree graduate will plan, implement, and evaluate nursing care. Nursing service directors, on the other hand, utilize associate degree nurses to some extent in supervisory functions. He raises a very pertinent question: Whose expectations for the associate degree nurse should be changed - - - - educator or employer?

Martel and Edmunds (1972) studied new graduates on specific nursing activities at the University of Chicago hospitals and clinics. Their observations revealed that the beginning practitioner was not prepared to function independently nor to assume responsibilities of leadership. They developed a nurse-internship program with the primary aim to assist the new graduate to adjust to the role of registered nurse in staff nurse positions. Specific goals of the program centered around the ability to perform nursing skills with ease and a feeling of comfort. Each participant was encouraged to assist in development of her own program for meeting specific needs. Findings, in relation to associate degree graduates, indicated that six to eight months were required for adjustment.

Brock (1974) investigated attitudes toward the associate degree graduate in a nursing service setting. She concluded that there was prejudice toward the associate degree graduate from other hospital staff. As a result of this she revised the approach in her own institution toward orientation of the associate degree graduate. This included education about this type of nursing program for the staff and slowly giving responsibility under supervision to the associate degree graduate. She found that these methods helped both the staff accept the associate degree graduate and the adjustment process of these graduates.

Identification of perceptions of competence and need for guidance and supervision in associate degree nurse graduates was studied by Goldstein (1973). He found they were prepared academically to assume new roles but lacked the clinical experience except under supervision. The least competent area mentioned by the respondents was when performing teaching activities. The most competent area was felt to be communication activities.

Studies indicate acknowledgement of performance expectations by health care agencies. These include cognitive, affective and skill components. King (1971) states that the successful passing of licensure examinations for three types of nursing graduates indicates some common learning experiences. She believes that it is necessary to bring together this discovery of knowledge, communication of knowledge, and its application to nursing in order to comprehend and engage in the designated role of registered nurse. From this standpoint, a conceptual frame of reference can refer to a manner of thinking about the real world of nursing in relation to the setting in which nurses are employed.

VARIETIES OF APPROACHES TOWARD SOLUTION

According to Abdellah (1970), the major problem in measuring quality in nursing is the lack of instrumentation to measure nursing behavior directly. The absence of instrumentation to measure nursing performance has implications upon both nursing education and nursing practice. This in itself may be one prime reason for the gap in nursing service expectations and the products from educational institutions. Smith (1964) suggests that nursing practice can be measured more indirectly than directly. It seems that this would measure the effects of nursing behavior rather than the actual performance which is a priori to any evaluation of nursing performance. Abdellah (1970) further states that future lines of attack in the approach to studying role conflict in nursing involves several questions. One of these is: "How can the conflicting roles between nurse practitioners and nurse educators be resolved?"

Work expectations of associate degree nursing graduates were developed by the nursing faculty at Oakland City College and reported by Aasterud and Guthrie (1964). The purpose of this was to acquaint the hospital staff

members with an understanding of the purposes of associate degree nursing. Ten years have elapsed since this explicit enumeration of expectations of associate degree graduates, however, the model is appropriate to the present with adaptations to meet changing situations.

Transition from the nursing student status to the graduate status is threefold, that is, it involves nursing service, nursing education, and the individual nursing student. Recommendations for an orderly movement has been outlined by Ashkenas (1973). These are:

- 1) Nursing education programs should seek ways to maintain and improve communications with the agencies where students have clinical experience and also where they are hired as graduates.

- 2) Curriculum and teaching methods should be reviewed periodically and students allowed more input into their own learning opportunities.

- 3) Nursing education programs should evaluate the progress of their nursing graduates in service agencies and change accordingly.

According to Goldstein (1973), when ranking in descending order the means to improve their performance in all activities, guidance and supervision was listed first most often by the graduates. He felt that new roles for nurses must overcome barriers of education and seek innovations in curriculum which demonstrate the team concept. In addition to this, continuing education must be structured so as to encourage professional advancement through the educational program.

Davidson (1974), believes that the staff nurse should be eliminated or broken up into three separate levels. This would provide for better care of the patient and also provide the associate degree graduates with the opportunity to adjust to the institution at a lower level of responsibility, while

allowing the more experienced nurse the chance to assume more responsibility. This system allows the associate degree graduate content before clinical assessment and judgement are expected. Organization of activities is learned before planning is attempted. Team nursing, in her opinion, does not do this.

IMPLICATIONS FOR LIFE LONG LEARNING

It is recognized that a difference exists in the expectations of agency personnel and the intent of associate degree nursing educators regarding the performance of their graduates. In some instances there may be differences in terminology since there are variances in agencies and the educational institutions as to primary goals toward the constituents served. In each group this may lead to differences in what is wanted and what is being prepared. The nature of these elements are not defined.

There is no satisfactory answer for agencies in resolution of the dilemma between nurse preparation and agency needs. The purpose of the agency is to provide service to the consumer. Their right to expect that their employees will provide competent service is a perennial situation. The educational institution has a dual obligation in a democratic society also to prepare the individual to adapt to change. Educational programs must reflect change. At present this implies that the individual will experience change and growth as preparation for an unpredictable future.

The complexity of current societal needs negates preparing any individual for specificity. To do so may lead to his obsolescence. Certainly it is understood that educational institutions have an obligation to the individual in relation to his perception of a societal role. A more pertinent matter for consideration is the way in which provisions can be made for life long learning through continuing education.

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