SENIOR GRADUATING NURSING STUDENTS: CAREER CHOICES IN
GERONTOLOGICAL NURSING IN RESPONSE TO
EXPANDING GERIATRIC POPULATION
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Access to healthcare is needed and wanted by people of all ages and especially by those of the older population. The number of people in the 65 years of age and older population is rapidly growing with their needs expected to have a significant impact on the existing healthcare system and healthcare providers. The impact will be critical given the severe shortage of healthcare providers, especially of nurses and the rate of services being more often provided in non-hospital settings. The objectives of the study were to discover the plans of graduating nursing students as they choose their first place of employment, if they have future plans to pursue a nursing advance practice degree, and if they are very happy with their decision to become a nurse. Data for the study were obtained from a questionnaire presented to senior graduating nursing students. The findings were: (a) Most students prefer a hospital setting. (b) Younger students are three times as likely to seek out the hospital, and 1/3 of the students seek out the hospital setting because they were encouraged to become a nurse. (c) About 70% of the students want to work with their friends while 1/3 will seek the hospital worksite, as it is perceived as being the strongest resource in paying back loans. (d) Nearly 87% are considering the nursing advance practice role, and 52% have interest in the nurse practitioner role. The majority of students identified as very happy with their decision to become a nurse. This study provided insight for schools of nursing as they make curriculum decisions and to businesses as they learn of the preferences and
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I would like to thank those who made this dissertation possible. As in all things in life, there are those who serve as role models and inspiration for achieving goals sometimes perceived as unattainable.

To my parents, Mary Catherine and Wallace Wayne Sharp, who have left this life for another, I have their example of how holding on to a dream with hope and hard work many things can be achieved that bring happiness to life. I learned early in life that hardships and disappointment might create lags and losses, just walking through time, but along the way, a resurgence of energy and the light of possibility can lift the heart and mind to take up the pursuit of meaningful goals.

To my adult children, thank you for your support and your obvious attempts to understand and accept a mother who loves you dearly. To my dear friend, Thomas H. Johns who unknowingly, many years ago, planted the seed of seeing the value of higher education and opened my heart and mind to the wonders of this world.

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To my heavenly Father, I offer my praise and thanksgiving for the courage to dream and recognizing His provision of endurance and substance to obtain.
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CHAPTER 1
INTRODUCTION

The United States population of older persons, 65 years of age and older, is rapidly increasing. The estimated general population in 2010 was 309 million people with 40.3 million (13%) being older people. By 2030, the general population of the United States is expected to grow to 364 million people with 71.5 million (19.7%) being older people. Within 20 years the population of people 65 years of age and older will have increased by 31.2% million people, an increase of 6.7%, and 1 in 5 people will be 65 years of age and older.

The number is significant and is challenging when planning how to meet the healthcare needs of the growing population. The challenge is not solely due to the increasing number of people; according to Age Works (2004), it is largely due to the influx of “baby boomers” and is compounded by the known shortage of healthcare providers in the United States. A shortage in the nursing and medical professions has existed for several years. The shortage is expected to continue over the next two decades. It is predicted that hospital-nursing vacancies will reach 800,000, or 29% of need, by 2020 while the number of available nurses is expected to grow by only 6% (Stanton, 2004).

A concern of this study was: Will there be enough nurses to meet the healthcare needs of the rapidly growing population, specifically the needs of the older population? It is not uncommon for older persons to be simply considered as the age beyond adulthood. However, older persons have unique needs that should be recognized and acknowledged. How quickly can an increase in the number of professional nurses be
achieved and how many of them will be interested and enthusiastic about working with older people? Is there reason to think the nursing profession can be of help in resolving the medical provider shortage? This study was not designed to solve the shortage problems but to gain insight as to the possibility that nurses can make a positive difference toward easing the situation.

Investigation of how the nursing profession can be of help starts with new senior graduating nursing students. They were asked if they have a preference for a worksite setting immediately following graduation and if they anticipate working in a hospital or non-hospital setting after they graduate and what factors may explain their choice?

Historically, new nurses tended to choose the hospital setting as their first employment worksite. However, geriatric care is provided in variety of healthcare settings. In all settings, there is need for providers who are sensitive to the unique needs of older people. The question asked was whether or not nursing students look forward to obtaining a nursing advance practice degree in the future and if they are, whether or not they will choose a practice role with direct impact on the older population. The nurse practitioner and clinical nurse specialist are the nursing advance practice roles that work most directly with the functioning older adult. The nursing advance practice role can provide primary care when primary care physicians are not available. The question became whether or not after completing nursing school is the student happy with the decision to become a nurse. If the new nurse is not happy or content with the choice of becoming a nurse, later they may decide to abandon the practice of nursing for other employment opportunities.

Findings from these research questions and others investigated in this study
provided insight as to what can be expected in the delivery of health-care to people 65 years of age and older from the newest of senior graduating nursing students.

Problem Statement

For the first time in the world’s history, a new phenomenon is faced globally. It is speculated that by 2050 the number of older people in the world will exceed the number of children. It is expected that by 2050, the population of older people will have expanded to 21% (Longley, 2011). Because older people use proportionally many more medical services than the younger population, the number of nurses available is very important in meeting future needs. Currently, the 2011 population of 65 and older people account for 13% of the population but 37% of hospital discharges and 43% of the total number of days of care (NHSR, 2010). To emphasize the unique use of medical services by older people, the same report identified 1.0 million fractures with more than one-half of those fractures being hip fractures happening to people 65 years of age and older.

While the nursing shortage in the United States has been identified for many years, the nursing industry has yet to resolve the shortage using the identified approaches found in the literature (Allen, 2008). A serious question is how the surging number of older people will have their healthcare needs identified through professional assessment and evaluation and how their health-care needs will be met.

The United States is currently undergoing great political and grassroots upheaval as the struggle continues to find the ways and means to bring the cost of healthcare under control. Recently the government passed a healthcare reform bill with the goal of expanding healthcare insurance coverage to the uninsured. This may create additional
shortages in nurses and other healthcare providers as there will be millions of additional people needing services (Fierce Healthcare, 2011).

Statement of Purpose

Hospital Versus Non-hospital Settings

For many years the provision of healthcare services have been largely delivered in the hospital setting. The current economic health of the United States has had an impact on new hospital construction. While there are reported variances in the country, the building of expansive new buildings, often more than hospitals can afford, continues in order to meet the anticipated increase in utilization due to healthcare reform and the anticipated insurance coverage for an additional 32 million people (Fierce Healthcare, 2011). In some cases, hospitals are being renovated.

In either case, hospitals are anticipating receiving less money, providing care for more people, receiving rewards to reduce inpatient volumes, a tighter capital market, and payment for specialties and upgrades. Insight into why there continues to be an investment in hospital construction and renovation is reported by Fierce Healthcare (2006): “hospitals face a lot of competition and can’t afford to run outdated facilities.” While hospitals gear up for increased utilization, it is expected that many healthcare procedures will have to be provided in non-hospital settings. Growth in community healthcare provider based programs is expected and must be planned for in order to meet the emerging need. Nurses will be needed in these healthcare environments.

Non-hospital Settings

Hass (2010) reported that with the impact of healthcare reform, “with its emphasis on prevention and coordinated care, it will produce a shift from hospital to the
community.” The newly passed Patient Protection and Affordable Care Act “isn’t about acute care (hospital care), it’s about care in the community.” Herrick (2010) suggested that “some patients may prefer having the choice to receive treatment for minor conditions in a more convenient setting, such as a retail clinic with evening hours, even if it is by someone other than a traditional medical doctor.”

Providing healthcare services will increasingly have to be met by professional providers in non-hospital settings including skilled nursing units, long-term care facilities, assisted living facilities, surgery centers, urgent care centers, birthing centers, hospices, and home health agencies. Knowing that the majority of nurses work in a hospital and have usually sought out the hospital setting immediately following graduation, it was considered important to discover if that trend will continue or if there was any evidence to suggest that new nurses might show an interest in working with older people in non-hospital employment worksites.

Significance of Healthcare Professional Roles

Doctor Shortage

There is a shortage of primary care physicians. In the 2010 issue of Ideas Changing the World, it was reported that an additional 45,000 primary care physicians will be needed by 2020 to keep up with public demand. Adding to the challenge of having enough physicians to meet the public need is the awareness that the availability of primary care physicians varies by region and among states. Herrick (2010) reported “about twice as many doctors per 1,000 residents in the Northeast than in Texas.”

The medical profession implemented a program intended to reduce the shortage of primary caregivers with the inception of the physician assistant (PA) training program.
(Herrick, 2010). However, Herrick (2010) reported the number has not been sufficient to meet the need. While the need for primary care physicians is well known, Cooper (2007) reported the PA profession clearly sees its future in the specialties rather than in the provision of primary care.

The nursing profession has made an effort to reduce the shortage of primary care providers with the creation of the advance nursing practice role. Nurses who have additional academic and clinical experience fill the advance practice role. Herrick (2010) reported that given the need, the nurse advance practice role has been expanded in recent years in response to the growing need for professionals to provide primary care. Student nurses who graduate from baccalaureate schools of nursing are on the pathway toward obtaining the nursing advance practice degree. Advance practice nurses are already providing primary healthcare, education, and counseling for many older people and the need for their services and their impact on the delivery of healthcare as expected is growing. “While the number of nurse practitioners will increase from about 90,000 in 2000 to as many as 135,000 by 2015, the need is much greater” (Cooper, 2007).

Shortage of Professional Healthcare providers

The literature reported the shortage and growing shortage of all professional health providers. In 2006, Johnson of JWT Employment Communications in “New Survey Underscores Crisis in Shortage of HealthCare Professionals” concluded by encouraging healthcare providers to continue to address aggressively the challenges that were at that time presented because of the identified shortage.

- Based on full time equivalent positions (FTE), the overall vacancy rate for nurses
is 10.1% and 20.8% for occupational therapists and 10.3% for speech therapists.

- The turnover rate among nurses is high at 11.3% and even higher among critical care nurses. Critical care nurses work in the intensive care units of hospitals caring for patients with serious health issues. Because the health conditions of patients in the intensive care unit are considered serious, the ratio of nurse to patient is lowered in order to insure appropriate and timely attention to patient needs. When there are vacancies nurses must care for more patients. When there is a shortage of 10%, 9 nurses have to do the work of 10. On the evening and night shifts the shortages are even more meaningful because the nurse to patient ratio tends to decrease after the day shift. There are more negative outcomes when there are insufficient numbers of nurses to meet patients’ needs (Stanton, 2004).

- Nearly 55% of all open rehabilitation positions take 60 to 90 or more days to fill, including 75% of physical therapist positions, 71% of respiratory professionals, and almost 68% of occupational therapists. These findings have importance when considering care provided to older persons, as many of the health accidents experienced by this population require full team support for recovery. More than 30% of open nursing positions require 60 to 90-plus days to fill, an observation made by Cathy Allman of the National Association of Health Care Recruiters in which she said, “there are simply not enough candidates in the current marketplace to fill open positions” (U.S. Healthcare Shortage: Not Just Nurses, 2006).
(AACN; 2010) in its fact sheet, in which they identified on-going concern about the shortage of Registered Nurses (RN): “The United States is projected to have a nursing shortage that is expected to intensify as baby boomers age and the need for healthcare grows.”

Primary Care Physicians – Nursing Advance Practice Roles

It is reported that the primary healthcare provider workforce has been declining for several years and that while 56% of patient visits are for primary care, only 37% of physicians now practice primary care medicine. “Only 8% of medical school graduates go into family medicine.” Recent healthcare reform includes plans to provide medical insurance for approximately 32 million additional people. Sataline and Wang (2010) warned “there won’t be enough doctors to treat the millions of people newly insured under the law.”

In the *Staten Island Advance* (2010), it was reported that approximately 56 million people are medically disenfranchised because of inability to obtain medical services. “Among Medicare beneficiaries, 3 percent, or more than 1.3 million people have difficulty finding a new primary care physician” (*Staten Island Advance*, 2010). When a primary care physician cannot be found or when found is not accepting new patients, people turn to specialist for care. Cross (2007) reported that “anecdotal evidence and new studies indicate that a primary care physician shortage has already begun in some areas” (para. 15) Almost 20% of Americans, 56 million people, lack adequate or have no access to primary care physicians because of the shortage of providers and a majority of these people are insured. Cross reported that the excessive use of specialists represents a driving force in the rising cost of healthcare. Cross
quoted Cropp, the president and CEO of Independent Health located in Buffalo, N.Y.:

The fear is that if we don't re-engineer the rest of the system to improve access to primary care services, what we are going to see is the exact opposite — increases in emergency department use, imaging services and pharmaceuticals, and specialty care that will not be very well coordinated. (para. 21)

In Texas, where primary care physicians, nurses, and other providers are in shorter supply than elsewhere in the country, the chief medical officer at Blue Cross and Blue Shield of Texas is thinking about how to improve the overall health care system. “He has been hitting the road to talk to employers and community groups about the importance of wellness and prevention. Healthy people visit the doctor less” (Cross, 2007, para. 23). However, there continues to be speculation that the rapidly growing number of older people will place an unsustainable burden on the existing healthcare system, largely because of the shortage of professional healthcare providers (Kaiser Health News, 2009).

Another insurance option for older people is the managed care policy. According to MCOL (2010), currently, there are about 68-million people covered by HMO health insurance policies. These HMO policies have less expensive monthly premiums. However, to enjoy the lower cost, the primary care physician (PCP) must provide all medical care, personally or by referral to a specialist of their choice and within the HMO network of participating physicians. The very nature of managed care policies is to reduce the cost of healthcare by carefully monitoring the use of medical services including services provided by a physician. The HMO physician is referred to as “the gatekeeper.”
The Need for Advance Practice Nurses

Murphy Jones LLP (2004) reported that nurse practitioners provide primary care, as they fill the void left by the massive doctor shortage in the United States. They reported the nurse practitioner (NP) or advance practice nurse (APN) is a highly trained registered nurse who usually possesses a master degree or a doctorate in a specialized nursing discipline. With advanced education, experience, and training in the diagnosis, treatment, and management of common illnesses, those nurses in these roles are prepared to manage patients with chronic illness and exacerbation of illness while simultaneously teaching the patient how to stay healthy.

This study provided insight as to whether senior graduating nursing students have any interest in pursuing the nursing advance practice degree. Stokowski (2011) reported that currently 13.2% of nurses hold master degrees or higher. These nurses represent the population of nurses that currently have the potential of providing services as an advance practice nurse.

The Value of Nursing for Older Adults

Kasunic (1979) claimed that the practice of nursing has a direct impact on the quality of life and health for the aging population. This statement, made over 30 years ago, proposed the criticality of encouraging and supporting senior graduating nursing students. “There is importance in helping these students understand the needs of older people and to recognize the contribution they can make in helping older people maintain wellness and achieve recovery from illness” (Kasunic, 1979). Since 1979 the practice of nursing has expanded beyond the traditional role of providing “bedside nursing” now including roles that require additional education and clinical experience. The findings
from this study should be of interest to schools of nursing as they examine their academic curriculum and clinical experience opportunities for student nurses. Clavreul (2011) concluded that “the nursing profession is at a very critical juncture that mirrors challenges faced by doctors at the turn of the 20th century” and identified the struggle to define the nursing profession, believing the time has come for the profession of nursing to work toward a greater level of uniformity and cohesion within itself.

Stokowski (2011) stated that “nursing education is a sizzling hot topic right now. The whole profession of nursing is under the microscope, as hundreds of experts and stakeholders study where nursing fits in and where it’s going in the era of healthcare reform.” Benner et al. (2009) wrote that “the curriculum at many nursing schools, which places heavy emphasis on preparing students for employment in the acute care setting, will need to be rethought.” The study findings will be of interest to the healthcare business community as they seek to recruit nurses to their places of employment; as well as the federal government who have promoted and supported the nursing advance practice role.

The Journal of Advance Practice Nursing (2009) described the establishment and growth of the expanded role:

While the role of Nurse Practitioner was first envisioned for practice based in the rural and under-served community, Nurse Practitioners have worked in a wide variety of settings. Traditionally, most Nurse Practitioners practice in either rural or community based ambulatory care setting.

This study investigated the feelings and attitudes of the senior graduating nursing student as they express being happy or not happy with their decision to become a
nurse. New nurses face unexpected challenges when they perform for the first time as a nurse in their choice of worksite setting. They no longer have faculty looking over their shoulder to ensure they are performing appropriately in the nursing role and in the safe performance of clinical skills. The reality is that a significant number of new practicing nurses leave their first employment worksite, for other employment opportunities soon after assuming the practicing nurse role. HCPPro (2009) reported that “within the first two years of becoming a nurse, more than 60% of [new] nurses end up leaving their first job.” In some cases, they plan to leave the profession of nursing.

Fitzpatrick, Campo, Graham, and Lavandero (2010) reported findings from a survey of critical care nurses. Of the survey sample, 41.1% indicated their intent to leave their current position; 18.4% indicated that they would leave their current position within the next year, and 6.9% indicated an intention to leave the nursing profession. Of the respondents intending to leave the profession, the largest percentage of the total group (3.3%) intended to leave in 3 to 5 years. Table 1 summarizes their findings.

Table 1

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<tr>
<td>No</td>
<td>383</td>
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</tr>
<tr>
<td>Yes</td>
<td>2,706</td>
<td>41.1</td>
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<tr>
<td>In 1-11 months</td>
<td>757</td>
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<tr>
<td>Within next year</td>
<td>452</td>
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<tr>
<td>1-2 years</td>
<td>516</td>
<td>7.8</td>
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<td>2-3 years</td>
<td>370</td>
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<td>3-5 years</td>
<td>611</td>
<td>9.3</td>
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Note. Data adapted from Fitzpatrick et al. (2010).
It is important to understand what makes nurses happy with their employment situations and with the decision to become a nurse and why some nurses are not happy with the decision to become a nurse and why they make the decision to leave nursing practice.

**Theoretical Framework**

**Self-consistency Theory**

Abraham Korman’s self-consistency theory of work motivation and occupational choice was described by Steckroth et al. (1980) and has provided a framework for this research. The core of Korman’s self-consistency theory is that “all things being equal, individuals will seek and obtain satisfying behavioral roles which maximize their sense of cognitive balance or consistency.” High self-esteem is a strong indicator that a person will perform “more effectively and show higher correlations between task liking and success, between reward expectancy and performance, between need fulfillment and satisfaction, and between self-implementation and occupational choice.”

**Self-enhancement Theory**

A close bedfellow of the self-consistency theory is the theory of self-enhancement (Chang, 2007). Self-enhancement theory focuses on the notion that when people feel good about themselves, those feelings will support their ability to maintain self-esteem. For senior graduation nursing students emerging into the role of professional nurse the element of choice to achieve and maintain self-esteem may be a significant element in selecting which human beings they want to care for, choosing the care rendered, and selecting of the employment worksite at which they will care for these patients.
Prediction by Theory

Korman’s (2004) theory of self-consistency and the theory of self-enhancement would suggest that we could expect senior graduating nursing students to pursue those employment activities that will lead them toward a sense of balance or consistency within themselves. It is expected they will pursue current needs and plans with the same significant determination that brought them originally to the profession of nursing. When new student nurses achieve a significant level of self-esteem during the academic and clinical process it is expected they will continue to pursue opportunities that require them to apply the knowledge and skills they have learned, practiced, and performed.

Worksite – Employment Settings

During the academic and clinical experience, student nurses are introduced to healthcare environments where they can apply, implement, and practice what they are learning in courses. While there are usually a variety of clinical environment options, a large amount of time is usually spent in a hospital setting. The opportunities to apply nursing in non-hospital settings are less frequent. John Thibodeau (2008) stated:

Four objectives that I wish to accomplish and achieve during my senior practicum experience are as follows. First, I want to be able to use what I have learned throughout my last four years of school, and use it and apply it to my work and job. I want the hands on experience that allows me to practice my skills and learn my job. By doing this I will create a higher skill level for myself and get more experience and knowledge through my practicum. This will be done by applying the knowledge that I have learned in school and applying it to the real thing. I
want to experience everything that I can, and perform and do all that my scope of practice allows.

Nursing students react and respond to the work environment. Their work experiences become part of their future practice. Of all employment worksite options, the hospital setting requires greater utilization of high-tech skills. The non-hospital setting requires the nurse to perform traditional clinical nursing skills as well as show greater sensitivity to the psychological and social aspects of patients and sometimes their families. It can be expected that what the nurse experiences, and how those experiences are perceived, are critical to the future outcome of the student nurse’s practice. If experiences provide a sense of satisfaction with the role it will maximize the sense of cognitive balance or consistency, which leads to higher self-esteem. The obtainment and maintenance of high self-esteem is believed to be the factor that contributes to the nurse wanting to stay on the job and remain in the nursing profession. If these elements are missing, it can be expected that the nurse will seek other nursing opportunities or abandon the practice of nursing.

This concept is vital to the issue of why a person chooses the profession of nursing, what decision they make when choosing an employment worksite, whether they consider a future advance practice role that has more responsibility and accountability, and can express their feelings of happiness with their decision to become a nurse.

Limitations and Assumptions

In consideration of whether this research study had any limitation that might affect the findings or outcomes, it was recognized that a shortage of nurses and the
anticipated surge in the number of older adults remains a national issue. All 50 of the United States have reported shortages of nurses and the anticipated growth in the population of older adults relative to the other age groups in the population. This research study was limited to nursing students in north Texas and was not assumed to be generalizable to findings in all other states but was expected to project similar findings to the general population of nursing students.

Currently 24 states have adopted the model nurse practice act. According to the National Council of State Boards of Nursing (2011):

State boards of nursing regulate the practice of nursing. In each state, the nurse practice act describes the scope of practice for registered nurses, licensed practical/vocational nurses, and advanced practice nurses. A model nurse practice act has been developed by NCSBN to serve as a guide for boards of nursing.

A nurse with licensure in one of these 24 states has immediate reciprocity to practice nursing in any of the other 23 states. Reciprocity allows the nurse to practice in the other states without having to take an exam but rather simply make application. Nurses have to identify current licensure in the state of current residency of practice. Texas is one of the compact states. Given the national approach to nurse licensure, it was expected that strong similarities could occur among senior graduating nursing students living within the 24 compact states.

Assumptions and limitations describe factors that may affect the outcome of a study or are important to interpretation of the study findings. There are factors over which there is control but in some instances not absolute control. It was assumed that
the respondents’ answers to the self-report questionnaire would be accurate. However, the risk of a response being inaccurate was possible, as some participants might have held personal biases in their perceptions.

The ability to read and understand the questions on the questionnaire was assumed to be accomplishable for senior nursing students, given the academic status of the participants. It was assumed that the participants were at the moment in time during which they completed the survey likely giving consideration to future employment placement. However, it was recognized that some senior graduating nursing students might not have anticipated immediate entrance into the employment force due to some personal reasons for delay or to issues related to the market place of employment opportunities. The questions found on the survey were designed to eliminate any threats to the internal and/or external validity of the research or on its quantitative integrity and truthfulness in responses. The survey was designed without evidence of any personal or professional biases.

Definitions of Terms

*Academic courses.* These occur in the academic setting and in this case, in the university school of nursing course curriculum.

*Advance practice nurse.* An advance practice nurse (APN) is a nurse who has successfully completed a baccalaureate degree and made the decision to seek the next higher level of nursing practice. They may choose to seek a traditional master’s in nursing or they may choose the APN option. The APN is a nurse who has participated in an additional (approx.) 60 hours of academic and clinical practice and has as a goal to specialize in a particular area of nursing care.
**Age group.** Participants in the study are identified in age groupings for purposes of convenience of participant sampling.

**Clinical nurse specialist (CNS).** These are nurses prepared to provide specialized services to a variety of people in the population at the advance practice level. They have the option to specialize in areas of health care or medical science that is of particular interest to them. They may also specialize in academic situations as the role carries a large component of education. A number of the CNS nurses specialize in disease management (DM). An example is diabetic DM, because these nurses have expert knowledge and experience with the potential outcomes of the disease. They are charged with the responsibility of educating diabetic patients as to the nature of the disease, about the anticipated course of the disease, and how to successfully manage negative potential outcomes, medication compliance, in essence to understand the disease, its process, and how to manage it in a manner so as to avoid or minimize negative outcomes.

**Clinical setting.** In a baccalaureate, 4-year program, it is in the last 2 years (junior and senior) of study when students are required to participate and perform skills and knowledge with patients in a real clinical setting. Common settings are hospitals and nursing homes. Other clinical settings might be made available depending on what is available to the school of nursing and in the local community.

**Geriatric.** This is the term applied to the person aged 65 years and old seeking medical care, and the term is founded in scientific knowledge.

**Licensed nurse.** Before the nurse can apply for a license she or he must pass exams developed and administered from the agencies that govern the practice of
nursing. If a minimum score is obtained, the student can move forward to apply for licensure. These exams are made available following the students’ completion of an academic and clinical experience offering its own on-going testing process.

*Nurse anesthetist.* These are nurses who become prepared to administer anesthesia to patients undergoing some kind of treatment where it is desirable that the patient is not conscious as in the example of surgery. These nurses are independent practitioners but by law must work under the direction of a medical physician of anesthesia. These nurses may diagnose and prescribe drugs/medication as well as administer drugs/medications, as they deem appropriate for the patient during and following a procedure. These nurses must complete at least one additional semester of clinical practice following completion of the core requirements of the advance practice degree.

*Nurse midwife.* These are nurses prepared to provide prenatal care and the delivery of the babies of pregnant women as APNs. The provided services usually culminate with delivery of the infant occurring in the home of the pregnant women as the chosen place for delivery. The nurse is expected to recognize and identify any delivery issues that might compromise the life and/or health of mother or infant and make alternative delivery arrangements. These nurses are independent practitioners but by law must work under the direction of a medical physician. These nurses may diagnose and prescribe drugs/medication. These nurses must complete at least one additional semester to clinical practice following completion of the core requirements of the advance practice degree.

*Nurse practitioner.* These are nurses prepared to provide primary health care to
a variety people in the population at the advance practice level. They specialize in the population of most interest to them. Examples are pediatric nurse practitioner and adult nurse practitioner. These nurses are independent practitioners but by law must work under the direction of a medical physician. These nurses may diagnose and prescribe drugs/medication. These nurses must complete at least one additional semester to clinical practice following completion of the core requirements of the advance practice degree.

*Nursing home.* This is a place of residence for people who need long-term care. They are admitted and pay the cost privately or with the help of Medicaid.

*Nursing.* Nurses are required by state law to meet an identified minimum of knowledge, identified through a testing process, and if they achieve a passing score, they are given a license. The license is required as protection to the consumer in regard to the provision of care. The provision of care can be hands on or educational when the goal is to instruct the “patient” in how to provide self-care. The profession of nursing is composed of several levels which are (1) licensed practical (or vocational) nurse (one year academic/clinical); (2) associates degree (two years academic/clinical); (3) baccalaureate degree (four years academic/clinical and usually over 120 hours); (4) masters of nursing (if taken in semester sequence – 2 years and usually 60+ hours); (5) advance practice nurse (if taken in semester sequence – 2 years and usually 60+ hours); (6) nurse practitioner (an additional semester of clinical training); (7) Doctor of Philosophy in nursing (another 2 years of training – mostly academic); (8) Doctor of Nursing is exclusive for clinical nurses (requires an additional 2 years of education).

*Rehabilitation.* This is often part of a skilled nursing unit plan of care and
provided within the skilled nursing unit. However, rehabilitation can be a unit within a hospital setting as well as a freestanding facility.

*Senior graduating nursing student.* A nursing baccalaureate program is structured like other baccalaureate programs. The first year students are freshman who move forward until the fourth and senior year. A senior graduating nursing student is a senior level student enrolled and participating in a school of nursing program. The senior semester has two levels, and for the purposes of this study, the study was made available to senior graduating nursing students anticipating completion of the program within a matter of weeks and those anticipating graduation at the end of the following semester. Both levels were considered senior graduating nursing students.

*Skilled nursing unit.* This is a section within the nursing home for people who need care and services provided by licensed profession caregivers on a short term basis. Length of stay can be anywhere from a few days to a few months.
CHAPTER 2
LITERATURE REVIEW

Population aging is a worldwide phenomenon. It is speculated that by 2050 the number of older people in the world will exceed the number of children. Currently, 13% of the United States population are people 65 years of age and older. It is expected that by 2050 the population of older people will have expanded to 21% (Longley, 2011). Because older people use proportionally many more medical services, than the younger population, having a sufficient number of nurses available to provide healthcare is very important in order to meet future anticipated needs.

The purpose of this research was to investigate the reasons senior nursing students graduating from university-level baccalaureate schools of nursing make their career choices and employment decisions. Of interest was discovering why they choose to work in a particular setting, hospital versus non-hospital, if they have potential goals for future advance nursing roles, and if they leave their respective schools of nursing feeling happy and content with their decision to become a nurse. The literature review presents the issues related to the aging population and how new nurses respond to existing and emerging roles.

The Aging, Growing Population

Transgenerational Design Matters (TDM, 2009) is an organization that advocates, advances, and promotes helping people of all ages and abilities be able to “age-in-place” with ease, grace, and dignity. TDM stated that “for the first time in history, people aged 65 and over will soon outnumber children under the age of 5,” and “throughout the world today, there are more people aged 65 and older than the entire
populations of Russia, Japan, France, Germany and Australia – combined.”

Furthermore, TDA added the following statistics:

- By 2030, 55 countries are expected to see their 65 and older population at least 20% of their total.
- By 2040, the global population is projected to number 1.3 billion older people – accounting for 14% of the total.
- By 2050, the U.N. estimates that the proportion of the world’s population age 65 and over will more than double, from 7.6% today to 16.2%.

The Centers for Disease Control (CDC, 2003) in their Public Health and Aging Trends in the United States and Worldwide stated that the population proportion of seniors aged 65 years and older was “projected to increase from 12.4% in 2000 to 19.6% in 2030”. The number of seniors aged 65 years and older was “expected to increase from approximately 35 million in 2000 to an estimated 71 million in 2030”, and the number of people aged 80 years and older was “expected to increase from 9.3 million in 2000 to 19.5 million in 2030”.

Prior to this report, some years earlier in 1974, the United States Congress established the National Institute of Health (NIH) who was charged with the mission to improve the health and well-being of older American's through research (Suzman, 2005). It continues working to understand the nature of aging and how to extend the healthy active years of life. Suzman (2005) also said:

An interest in demographics and economics aspects of population aging was present from the NIH’s inception. An awareness of the changing and expanding population was an intrinsic part of the program. Awareness of a growing
population, an aging population, continues to carries with it a responsibility to anticipate how the needs of the aging population will be met.

The Nursing Shortage

In the early 1990s in countries around the world, including the United States, talk about a phenomenon referred to as the nursing shortage began. In May of 2001, Stone and Wiener reported that the ratio of people able to provide care to the people most likely to need care, the elderly population, would decrease by 40% from 1990 to 2050. The Nursing Institute of the University of Illinois (2001) identified that “demographic changes may limit access to healthcare unless the number of nurses and other caregivers grows in proportion to the rising elderly population.” On October 18, 2007 the Center for Nursing Advocacy identified several factors, cited from several researchers that combined to produce the ongoing shortage.

One reason for the shortage, according to Dana Beth Weinberg (2003), was created by a cut in nursing positions due to the effects of managed care, which had limited public and private sector insurance reimbursements rates and placed many hospitals and care facilities in a threat of financial hardship. The approach by hospital management was to, in most cases, restructure staffing patterns. Many nursing tasks were assigned to unlicensed assistive personnel, or they were not done at all. The short staffing and restructuring drove away nurses who experienced burnout from working understaffed and trying to balance the delivery of quality of care with increasing workloads (Rosseter, 2010).

By 2005, roughly half a million American registered nurses had either left the workforce or were still employed but not as practicing nurses. Additionally the nursing
workforce was rapidly aging, with nurses leaving the profession for retirement reasons (Rosseter, 2010). When the need grew alarmingly great, there was an increased interest in providing support and funding for potential nursing students. However, efforts to increase the population of practicing nurses have not been sufficient to end the shortage. Rosseter (2010) of the American Association of Colleges of Nursing, in a Nursing Shortage Face Sheet, claimed that a contributing factor to the sustained nursing shortage was the fact that nursing colleges and universities continue to struggle to expand enrollment.

A measurement that identifies clearly the number of senior student nurses approaching the practice of nursing, as an employment choice, is the number of students who take the National Council Licensure Examination Test (NCLEX; Kaplan Nursing). The NCLEX is required of all senior graduating student nurses wanting to obtain licensure to practice nursing. The exam is a “must do.” Kaplan Nursing stated “the number of nursing candidates taking the NCLEX decreased 31.3% from 1995 to 2002.”

This decrease might seem discouraging until one learns from workforce analyst Buerhaus (2008) in the Journal of the American Medical Association, that over the next 20 years it is expected that the average age of the RN will continue to increase, expecting to be 44.5 years by 2012 with nurses in their 50s accounting for almost one quarter of the registered nurse population. The U.S. Bureau of Labor Statistics (BLS, 2009) projected that more than 581,500 new RN positions will be created through 2018 which is expected to increase the RN workforce by 22%. The size of the nursing workforce will plateau as large numbers of registered nurses retire. At the same time,
the expected growth in the older age population is expected to surge, which is a predictor of a “large and prolonged shortage of nurses in the latter half of the next decade.”

Impact of the Economic Downturn

As the anticipated shortage of nurses was being followed, the United States experienced an economic downturn beginning in 2006. The outcome of this national event has resulted in creating new variables within the nursing shortage crisis. Bruyn (2010) wrote how the economy has made employment immediately following graduation and licensure more challenging than it has been in the past. A significant number of nurses continue to work when they are the sole or primary income providers for their family. It is cited that the existing challenge for finding swift employment is not necessarily determined by any reduction in the workforce but rather current practicing nurses keeping their jobs longer than retiring. Bruyn suggested that in some geographical areas nurses might need to relocate to areas where higher demand exists. Bruyn added, “While most nurses are employed by hospitals, senior nursing (student) graduates are being advised to keep their options open when looking for a job.”

In the March 2008 issue of the Council on Physician and Nurse Supply, an independent group of healthcare leaders from the University of Pennsylvania, suggested that an additional 30,000 student nurses would need to be graduated annually to meet the countries emerging healthcare needs. The Robert Wood Johnson Foundation (2010) confirmed that report in discussing that the number of baby boomer nurses scheduled to begin retiring before 2020 will lead to increasingly difficult market changes for healthcare services as America ages and nurses are in high demand.
Employment Worksite Options: Hospital Versus Non-hospital

In the Health Guide USA (2006), consideration is given as to where and at what percentage of increase the nursing workforce will be needed, given the rapidly growing number of older people who are expected to need nursing care. Health Guide USA included the percentages summarized in Table 2 in its list.

Table 2

Worksites - Anticipated Future Needs for Nurses

<table>
<thead>
<tr>
<th>Worksite</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office</td>
<td>39.0</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>39.0</td>
</tr>
<tr>
<td>Outpatient Care Centers</td>
<td>34.0</td>
</tr>
<tr>
<td>Employment Services</td>
<td>27.0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>22.0</td>
</tr>
<tr>
<td>Nursing Care Facilities</td>
<td>20.0</td>
</tr>
</tbody>
</table>

*Note. Health Guide USA (2006).*

With these projections comes the suggestion that while the anticipated need for nurses in physician offices and outpatient care centers increases, competition for the positions is likely because these employment opportunities offer regular daytime working hours and more comfortable working environments than hospitals offer. The anticipated needed growth in employment services speaks to healthcare and nursing services provided in an industry/business environment (Stokowski, 2011). These employment opportunities are also expected to be highly competitive because wages in these environments tend to be relatively higher and offer better flexibility in work hours. In all cases the licensed, registered nurse with a bachelor’s degree will likely have the
best opportunity for employment (Stokowski, 2011).

Of similar demand will be nurses willing to work in areas identified as underserved such as inner cities and rural areas (Health Guide USA, 2006). The initial findings from the National Sample Survey of Registered Nurses conducted in 2008 were published by the U.S. Department of Health and Human Services’ Health Resources and Services Administration (2010). Table 3 summarizes the statistics for the percentages of registered nurses employed by setting.

Table 3

<table>
<thead>
<tr>
<th>Worksite</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Agencies</td>
<td>6.4</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>10.5</td>
</tr>
<tr>
<td>Public/Community Health</td>
<td>7.8</td>
</tr>
<tr>
<td>Hospital</td>
<td>62.2</td>
</tr>
<tr>
<td>Nursing Home - Extended Care</td>
<td>5.3</td>
</tr>
<tr>
<td>Academics - Education</td>
<td>0.8</td>
</tr>
<tr>
<td>Other Worksites</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Note. U.S. Department of Health and Human Services, Health Resources and Services Administration (2010)

Stanton (2004) reported for the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ) that new medical technologies and a declining average length of stay (in the hospital) have led to increases in the amount of care required by patients. Stanton found that new medical technologies send patients more quickly into the outpatient settings, while patients still in the early stages of recovery are more quickly discharged to skilled nursing facilities or back to their home. From 1980 to 2000 the average length of a hospital stay was 7.5 days. A
decade into the 21st century the average hospital stay has fallen to closer to 4.9 days (Stanton, 2004). Consequently, hospitals tend to have higher overall concentrations of sick people who need more care.

An increasing proportion of sophisticated procedures, once done only in hospitals, are now done in physicians’ offices, outpatient care centers, and freestanding ambulatory surgical and emergency centers (Stokowski, 2011). Stanton (2004) also cited a growing need for nurses in nursing care facilities because of the increasing number of elderly persons who require long-term care. Many referrals to nursing facilities are due to the financial pressure placed on hospitals to discharge patients as soon as possible. Also, with the financial benefits of payments made according to medical diagnoses (DRGs) and earlier hospital discharges result in a larger portion for profit.

Given the known diseases often found among the aging population, it is expected that more nurses will be needed to provide care for older people needing rehabilitation for stroke, head injuries, and dementia, including Alzheimer’s disease. In regard to the growing need for nursing in the community setting, home healthcare “is expected to increase rapidly in response to the growing number of older persons with functional disabilities, consumer preference for care in the home, and technological advances that make it possible to bring increasingly complex treatments into the home” (Health Guide USA, 2006). Regarding the emerging need, “the type of care demanded would require nurses who are able to perform complex procedures” in a variety of environments (BLS, 2009).
Impact of Wages and Employment Benefits on Worksite Choices

Investigations of reasons that attract nurses to work in specific employment environments include wages and employment benefits. The BLS’s 2010-2011 *Occupational Outlook Handbook* reported registered nurses’ median annual earnings as $62,450. The middle earning 50% of nurses earned between $51,640 and $76,570 per year. The lowest earning 10% earned less than $43,410 per year, and the highest earning 10% of nurses earned more than $92,240. The average registered nurse’s salary in Texas is $53,940, and this salary is considered the highest in the nation relative to the cost of living. In the more rural areas of Texas, the median salary is over $60,000 (Nursing Schools). The median annual earnings in the industries employing the largest number of registered nurses were found to be the following by median income (Table 4).

Table 4

*Nurses Median Annual Income*

<table>
<thead>
<tr>
<th>Worksite</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Services - Business - Occupational Health</td>
<td>$68,160</td>
</tr>
<tr>
<td>General and Surgical Hospitals</td>
<td>$63,880</td>
</tr>
<tr>
<td>Home Health Agencies</td>
<td>$58,740</td>
</tr>
<tr>
<td>Physician Office</td>
<td>$59,210</td>
</tr>
<tr>
<td>Nursing Care Facilities (Nursing Home)</td>
<td>$57,060</td>
</tr>
</tbody>
</table>

*Note. U.S. BLS 2010-2011 Occupation Outlook Handbook*

These identified issues are all considered elements that have impact on the nursing profession. They are likely to have both a direct and indirect influence on nurses as they make decisions related to their work experience. Therefore, finding out
what leads nurses into working in alternative settings versus hospital settings and into working in settings with significant numbers of older, aging adults continues to be relevant to the field of nursing.

Are New Nurses Interested in Working with Older People?

Given the projections regarding the surging number of older people in the United States, concern has been expressed over the likelihood of enough nurses being available and willing to work with this population. Inquiry, albeit limited, has been made as to whether poor attitudes toward senior adults might be a contributing factor to the delivery of poor care. Peter Salmon (2008) identified two different strategies for improving nurse’s interactions with older patients. One strategy included arranging special periods, such as reality orientation, in which a high level of appropriate interaction is encouraged, and another strategy was to improve nurses’ attitudes or to choose nurses who already held positive attitudes toward working with older patients. Salmon reported that the results were consistent with the view that “formal reality orientation periods can improve the quality of nurses’ interactions with elderly patients, but are inconsistent with the view that choosing nurses that already have a positive attitude toward the elderly makes any significant difference.”

Nursing Advance Practice Role - Impact of the Doctor Shortage

There is a shortage of primary care physicians. In the May, 2010 issue of Ideas Changing the World, an additional 45,000 primary care physicians were reported as being needed by 2020 to keep up with public demand. Coile (2003) provided early predictions of the emerging shortage of physicians due to a number of factors and identified that most baby boomer students went to medical school after the expansion
movement of the early 1970s when the United States had a focus on producing a significant increase of physicians. That effort was successful by increasing the number of licensed physicians by almost 30%. Coile suggested that given the age of the physicians, many should have begun to retire by 2010 and identified physicians’ reports of their cost of practice continuing to increase and reaching levels that have begun to affect the logic of having a medical practice.

It is reported that at one time insurance companies, through managed care, had created difficult financial challenges but through time payments became more generous. However, at the same time, the physicians have faced reductions in compensation for providing care to Medicare and Medicaid patients. Because the Center for Medicare and Medicaid had the goal to reduce physician payments, a movement to abandon Medicare and Medicaid patients began. In the face of these financial factors many physicians have moved into alternative employment, training to become part-time or full-time administrators and physician executives or working with hospitals, consulting firms, and drug companies. With the moves it was recognized that on an hourly basis these physicians potentially would be making less money. However, the moves continued to be attractive as it made it possible for physicians to leave behind the hassles of a traditional physician’s lifestyle and long hours.

In a 2009 study reported by the American Medical Association (AMA), only 2% of the graduating classes of medical schools entered residency training in primary care. The AMA also reported that:

Many older primary care physicians are dying, and not being replaced by new physicians. Many physicians are “throwing in the towel,” retiring much earlier
than originally planned. Some have left the stress and demands of private practice, and teach full time.

Cooper (2007), a physician, claimed that:

During the past 35 years, the roles for nurse practitioners (NPs) and physician assistants (PAs) have evolved in parallel with the roles that physicians have come to play. Shifting needs in primary care and expanding opportunities in specialty medicine have been the dominant trends. Future directions will be influenced additionally by the deepening physician shortage. NPs are preparing for this future by developing doctoral-level training programs in comprehensive care, whereas PAs are adding training opportunities in specific specialties. Yet, neither discipline has expanded its training capacity to the degree that will be required, and, like physicians, neither will have a supply of practitioners that will match future demand. Coordinated planning to increase the educational infrastructure for physicians, NPs, and PAs is essential.

The Advance Practice Nurse

Nurse Practitioners

Browser (2011) claimed:

The scope of what nurses can do medically has been growing for the past decade, at a time when the pool of primary care, or family doctors, has been shrinking. And now the need for professionals to do basic family medicine has never been greater. In 2014, when key provisions of the federal health care reform law kick in, it's estimated 32 million Americans who currently have no health insurance will be able to buy coverage. And the experts tell us that's going
to make the shortage of primary care physicians worse. There isn't much disagreement over expanding the scope of practice of nurse practitioners these days.

Clinical Nurse Specialist

There are approximately 69,000 clinical nurse specialists (CNSs) in the United States, practicing in settings across the span of healthcare delivery systems; the current demand for the CNS far exceeds the supply. CNS is an advanced practice nurse (APN) who holds a master’s or doctoral degree in a specialized area of nursing practice. The area of clinical expertise may be in:

- A population (e.g. pediatrics, geriatrics, women’s health)
- A setting (e.g. critical care, emergency room)
- A disease or medical subspecialty (e.g. diabetes, oncology)
- A type of care (e.g. psychiatric, rehabilitation)
- A type of health problem (e.g. pain, wounds, stress)

In addition to the conventional nursing responsibilities, which focus upon helping patients to prevent or resolve illness, the CNS’s scope of practice includes diagnosing and treating diseases, injuries and/or disabilities within his/her field of expertise. The CNS provides direct patient care, serves as expert consultants for nursing staffs, and takes an active hand in improving health care delivery systems.

Should New Graduating Nursing Students Be Thinking About a Nursing Advance Practice Role in the Future?

The value of the advance practice nurse is not unique to the United States. The role is gaining recognition and support globally. In 2001, several years ago, the role was being identified as having value in the delivery of healthcare worldwide. In a
position statement from American Nursing Leaders:

Nurse specialists play an essential role in delivering palliative care in a variety of settings and circumstances in the United Kingdom and other parts of the world. Recognizing the work of pioneering advanced practice nurses in the United States, the Promoting Excellence in End-of-Life Care national program of The Robert Wood Johnson Foundation convened a group of acknowledged leaders in American nursing to consider the state of advanced practice nursing in palliative care and make recommendations for future development of this specialty focus of nursing practice.

Willard and Glaser (2007) stated that developing an expanded role for nurses is not a new concept. Historically, nurses have often taken on additional responsibilities out of necessity, with little if any additional training or supervision, and nurses have always worked to meet the changing needs of their patients. Other practitioners frequently take on expanded roles, and midwives have long been recognized for their important role in maternal and child health, while clinical officers provide medical services in many settings with shortages of physicians. In support of these expanding roles for nurses, the World Health Organization (WHO) recently compiled recommendations and guidelines for task shifting that support an expanded role for nurses and other health facility staff in resource-limited settings.

Malone (2010) stated:

With health care reform a reality, there is a special urgency in our discussions. As noted in this latest Reflection & Dialogue, “Time and focus are critical. Nursing must not be distracted from its core mission of providing safe, quality patient care...”
and of stepping forward when the nation, through its legislative structure, has identified nurses as primary providers of care services.” (para. 3)

Given the growing expansion in the number of older persons in the United States, there is growing support from APN programs to support the older person’s unique needs. Fulton (2011) reported on the launch of the American Nurses Association – specialty Nursing Association Partners in Geriatrics – REASON (Resourcefully Enhancing Aging in Specialty Nurses). This program provides learning opportunities on an on-going basis related to caring for aging populations.

Happy and Content with Decision to Become a Nurse

Another emerging element of factors that contribute to the nursing shortage is related to the turnover of new nurses. Madkour (2009) found that when novice nurses begin hospital employment are asked to care for multiple patients and to make critical decisions for the first time in their career, about 20% of the newly licensed nurses quit within their first year. The phenomena is apparently significant to the point that some hospitals have initiated programs to support new nurses due to believing that without some variety of “safety net” the high nurse attrition will continue. In some cases, the safety net can be as simple as a mentoring program between more experienced nurses and the new graduates. Contributing to the stress felt by new and experienced nurses are other changes emerging in the provision of patient care.

Black and associates (2009), in recent research, found 4.2% of the 2.9 million registered nurses licensed to practice in the United States were working in non-nursing employment and 12.1% were not working at all. Nurses not working cited retirement (44.6%) and home and family obligations (38.4%) as the reason for not participating in
the labor market. More than 27% cited burnout or stressful work environments, 23.4% the physical demands, 20% inadequate staffing, and 20% said inconvenient scheduling were reasons for not working.

Further findings were for nurses working outside of nursing, they predominantly cited career change (65.8%), burnout/stressful work environment (41.3%), scheduling challenges or working too many hours (38.7%), better pay in non-nursing employment (31.4%), inadequate staffing (30.8%), and the physical demands of working in nursing (25.8%) as reasons for seeking employment outside of the nursing workforce.

In regard to the responses of new nurses to their first employment as a practicing nurse, Black et al. found that “nurses who had been out of school the least amount of time were the most likely to be working outside of nursing due to concerns with the nursing workplace.”

Staples (2009) is known for speaking out on issues related to comments made by nurses related to their nursing practice. Staples stated that:

Some days it is extraordinarily clear why you went into this profession; you are on top of your game, the decisions are coming quickly and easily, your intuition is bang on and you know, without a shadow of a doubt, you are doing exactly what you were born to do - to nurse. You are making a difference and it feels great!

Then there are the “other days” when you wonder, every moment of the day, why you are here. What were you thinking to choose a profession that would put in you the fire of stressed doctors, sick people, worried families, difficult and sometimes even unsafe work environments? A profession that
would have you routinely deal with things that “normal” people wouldn’t deal with for any amount of money, and to go through all of that during hours when “normal” people are sleeping and on special occasions to boot! Nursing - caring for others, giving of yourself to ease another’s pain and suffering - a difficult job made even more difficult if you strive to excel in the profession. Some days you want to quit; I know you do because I did too.

In 2009, Lippincott’s Nursing Center surveyed 3,266 nurses who had been licensed for 18 months or less to learn how many new nurses are leaving their positions, why they are leaving, and what facilities can do to retain them. Eight-five percent of those surveyed worked in hospitals. The 610 nurses who had already left their first nursing job cited these reasons:

- Poor management 42%
- Stressful working conditions 37%
- Desire to experience a different clinical area 34%

Almost 13% said they worked mandatory overtime, and 51% said they worked voluntary overtime. About two-thirds of nurses said their work interfered with family life from 1 to 4 days per month.

New nurses also reported experiencing significant on-the-job hazards, including:

- Verbal abuse 62%
- Bruise or contusion 46%
- Needle-stick injury 25%
- Cut or laceration 21%

About 25% said it was "difficult or impossible" to do their jobs at least once a week.
because of a lack of supplies. Although most newly licensed nurses seemed satisfied with their career choice, a significant minority (41%) said they would choose a different path if they were to do it over again.

The researchers concluded that "investing in better orientation and management may be the key" to retaining newly licensed RNs in hospitals. Peterman (2011), COO and Chief Nursing Officer at the University of Kansas Hospital, said:

Nationwide, the average one-year retention of new nurses is in the mid-80 percent range. Our rate over the first five years is 95 percent, so we are very happy with the success of our program. We recognize the future of our profession is in these young nurses and it is very important that we support them as they enter the profession and encourage them to stay in nursing.
CHAPTER 3

METHODS

The design of this study is non-experimental, descriptive, quantitative, and cross-sectional. The source of the data is collected through a twenty-question survey analyzed through frequency distribution tables and multivariate analysis using logistic regression for the predictive independent variables. It was a convenience sample as the sample participants were from two North Texas universities’ schools of nursing.

This research study population was senior graduating nursing students who were approaching the end of their academic and clinical experience of becoming a nurse. The sample of senior graduating nursing students were enrolled and participating in a baccalaureate degree granting nursing program in North Texas. A twenty (20)-question questionnaire was developed to investigate three themes. One: Do senior graduating nursing students have a preference for their first nursing employment worksite? If they do, what influences those preferences? Secondly: Do senior graduating nursing students plan to pursue a nursing advance practice degree in their future? If they do, what influences them in making those plans? And thirdly: As senior graduating nursing students complete the four year academic and clinical experience from a university school of nursing are they very happy with their decision to become a nurse?

Sampling

The participants in the study are senior graduating nursing students enrolled in university-level baccalaureate schools of nursing in north Texas. Random selection of all senior nursing students enrolled in Texas university-level baccalaureate schools of nursing was not possible as it was recognized that the number of potential participants
would be larger than could be reasonably managed. Therefore, the sample was drawn from two universities’ schools of nursing in north Texas who were willing to provide the researcher with access to their senior graduating nursing students.

The number of students available to complete the questionnaire was 231 senior graduating nursing students enrolled at two different university-level baccalaureate-nursing programs in north Texas. One group of nursing students attended a university in a metropolitan community and one group was from a non-metropolitan area.

Data Collection and Acquisition Methods

The purpose of the data analysis is to conduct a systematic inquiry that could provide insight regarding plans and behaviors of new senior graduating nursing students as they begin their new professional career. The goal was to produce findings that would show the strengths or weakness of the relationships between the various dependent and independent variables.

An Internet review of the six major universities in North Texas was conducted. Information was obtained as to the basic demographics of the schools of nursing, names of the schools’ leaders, and how to contact the appropriate administrators. All Internet sites provided email contact information. An email was sent to the deans of all of the six university schools of nursing in the north Texas area. The dean was advised of the researcher’s identity and purpose of the study and advised that a phone call would follow the email within a few days.

Two university-level baccalaureate schools of nursing responded to the inquiry stating they believed the research study could be of interest to their leadership. A sample of the developed consent form and questionnaire were provided to the two
participating schools prior to conducting the study. These documents were provided with an explanation of how accessing the students would be accomplished in the briefest of time so as to not interfere with academic activity.

The agreement for access to the students was very straightforward. The researcher traveled to the respective campuses, went to the designated area, and was given permission to talk to students. Students were asked to sign the consent form, complete the questionnaire, leaving both with the researcher.

All questionnaires and consent forms were collected. The two universities’ schools of nursing participants produced a total sample size of 231. The questionnaires were color coded with a small colored dot placed on the corner of the questionnaire during the data compiling process solely for the reason of being able to keep the questionnaires separated into their respective schools. The color-coding was done in anticipation of potentially needing to identify data by school in the data analysis process. The questionnaires were also numerically coded to ensure the data management would be reliable. Those questionnaires and consent form have been retained for safekeeping.

Data Analysis

The research study data statistics were analyzed using frequency tables and description. Multivariate analysis using logistic regression models were employed with the goal of explaining the impact of the potentially predictive independent variables on the likelihood of senior graduating student nurses:

- Seeking employment in a hospital versus non-hospital setting
- Having future plans to pursue a nursing advance practice degree
- Feeling happy and content with their decision to become a nurse
Using a web-based, on-line statistical resource the data obtained through the collection process was analyzed and findings produced for review. What did I expect to find?

Senior graduating nursing students, in a baccalaureate school of nursing, are influenced by independent variables leading to their preferences for a worksite following graduation, their future plans for nursing advance practice roles, and how they feel after successfully completing four years of academic and clinical work. Why are the findings of any importance? Why of any significance?

It was anticipated that the research study would provide insight and explanation as to if new senior graduating student nurses would follow the established trend of seeking out a hospital as their first employment worksite. Also, to answer questions as to if elements in a student’s personal life, in their family life, and in their academic and clinical experiences influence those decision. The findings were also expected to show if any of the chosen independent variables have any impact or none at all on decisions the students make as they look forward into their future plans, giving thought to pursuing the nursing advance practice role, and if when finished with their academic and clinical experiences they are very happy and with their decision to become a nurse.

Instrument

A hard-copy paper questionnaire, utilizing ordered-category items and a Likert-type scale was developed. The full list of survey questions can be found in Appendix B. The use of a questionnaire is deemed a valuable data collection tool because of the following reasons:

- Wider range and distribution than interviews
- Ease of administration to participants
• Economy of effort
• Facilitation of the collection of a large amount of data
• Allowing for collection of relatively unexplored problems
• Enhancing the collection of personal preferences
• Elimination of variation in question responses

   The developed survey tool was reviewed by practicing nurses and the dissertation committee members for approval prior to implementation to ensure its validity. In addition to gaining insight as to the nursing student’s preference for an employment worksite, questions were asked to identify if the senior graduating nursing students had goals of pursuing further education looking toward obtaining a nursing advance practice degree. A third question was included in order to determine if graduating students were happy and content with their decision to become a nurse?

Dependent Variables

Hospital Versus Non-hospital

   Hospitals and their employees provide emergency care and major healthcare interventions. Major healthcare interventions are identified as surgery and medical interventions that support people toward recovery and wellness. Within the hospital setting are levels of care identified by the intensity of care needed. Care and services are provided until health needs are no longer considered medically necessary. Non-hospital settings are many as follow:

• Nursing home – long-term care: This non-hospital facility provides long-term care for people with chronic ailments, people with disabilities, and those with health conditions that are not expected to improve. The facility population
tends to be people 65 years of age and older. The decision to seek nursing home placement is often related to the inability or non-existence of family members to provide care.

- Nursing home – skilled nursing: These are healthcare facilities that provided rehabilitation care and services to patients following discharge from a hospital. The intent of service is to continue the rehabilitation program that had been started in the hospital. Services rendered may include nursing and allied health services. Skilled licensed professionals must provide the services. The goal is to prepare the patient for return to their private home or to make a decision that return to home is not an option. In those cases when return to home is not an option, alternative living arrangements that include remaining in the nursing home on a long-term basis are considered.

- Rehabilitation: These healthcare facilities have a focus on recovery from disease or accident that have affected the musculature-skeletal elements of the human body. They may be found in a designated area in a hospital physical plant or as freestanding facilities in the community.

- Birthing center: These are healthcare facilities that provide care in the delivery of babies. While a viable practice option for nursing practice, older persons do not use birthing centers.

- Free standing surgery center: Surgery is a medical intervention that spans a wide range of critical and lifesaving interventions to common and routine procedures. Critical and lifesaving interventions are dedicated to the hospital setting. Much of all other surgery needs can be performed in a freestanding
community surgery center. These centers are often more geographically convenient for the consumer and can be more cost efficient.

- **Urgent care center:** Many healthcare issues are handled in the physician office. The physician office has scheduled days and hours. These days and hours do not always accommodate the need of people who find themselves ill or suffering an accident when the physician office is “closed.” These care centers are staffed with medical and nursing personnel who provide care and services to people who have “after hour” needs.

- **Home health agency:** These agencies are in the continuum of care, providing healthcare and services toward the end of a spell of illness and recovery or to provide services to avoid hospitalization. A skilled licensed provider renders care. To be eligible to receive home health services the patient must be homebound – not driving and unable to leave the home without difficulty. The services must be ordered by a physician and are subject to a certification period of three months. Should it be determined that more time is needed the certification period can be extended. Services may include a nurse, physical therapy, occupational therapy, and speech therapy.

- **Physician office:** Many healthcare services are provided in the physician office. The office may be the practice of an individual physician or a group practice. The office has scheduled days and hours of operation. The physician, nurses, and the support staff are found in a physician’s office.

**Metropolitan Worksite Location Versus Non-Metropolitan Worksite Location**

A metropolitan area has a dense population, an urban core with an outlying area.
Highways, housing, and neighborhoods link the urban core and outlying areas. A metropolitan area has a greater element of economics than smaller communities. The population is 50,000 or more. Because of the physical size of a metropolitan area it tends to offer more variety in the types of healthcare facilities and work opportunities for nurses. A non-metropolitan worksite location is one within a community with a population of 10,000 to 49,999. It is not prepared to offer all the amenities of the larger metropolitan area. Given the reduced size and available resources, the variety and number of healthcare facilities provide less work opportunities for nurses than in the metropolitan area.

1. Interest in pursuing the advance practice-nursing role.
2. Very happy or not happy (Other) with the decision to become a nurse.

Independent Variables - Factors

The survey questions contained variables that were thought to have influence on decision-making related to employment worksite choices made by senior graduating nursing students. The questions were identified as:

1. Demographic and personal characteristics thought to influence the employment choice decisions made by new graduating nursing students in relationship to choosing a hospital or non-hospital worksite setting. The six independent variables were: Age, gender, ethnicity, marital status, a nurse already in the family, first generation to achieve baccalaureate degree in the family.

2. Personal life and family factors were factors within the personal life and family of a student nurse thought to influence the employment choice decisions made
by new graduating nursing students in relationship to choosing a hospital or non-hospital worksite setting. The seven independent variables were: Someone or something inside or outside of the family encouraged the student to become a nurse; wanting to work close to home; working with friends; any job to be employed; needs opportunity to practice clinical skills; have a commitment to pay back loans; an opportunity to work with patients who are of interest to me.

3. External “experience” factors were factors outside of the demographics, personal characteristics, and family of a student nurse thought to influence the employment choice decisions made by new graduating nursing students. The three independent variables were: Took courses in gerontology; had a positive clinical experience with people 65 years and older; prefer to work in either a metropolitan community or non-metropolitan area.

Independent Variables - Definitions

Terms used on the questionnaire and the rationale for why they were used.

Age. The nursing students were expected to range in age, those just graduated from high school to those later in life who may be starting a new career.

Gender. Nurses can be male or female.

Ethnicity. It is common for people to feel more comfortable around others with similar backgrounds. Ethnicity issues could be an influence when making employment worksite choices or attempting to choose an employment opportunity that provides opportunity to work with a particular group of people.

Married. Nurses can be married or not married.
Family member is already a nurse. It is common for younger family members to be aware of the type of work done by older family members. As younger family members reach the age of making their own decisions in regard to their life goals they may choose a similar career pathway or from family life experiences choose another pathway.

First generation to graduate with a baccalaureate degree in their family. Completing a degree is a long, arduous, and expensive endeavor. Tradition can be a powerful support to students engaging the challenge of becoming a nurse. Students with family members who have achieved a baccalaureate degree usually have greater success in completing the course of education. F generation baccalaureate students have a greater dropout rate.

Members of the family and non-members of the family who provide encouragement. Members of a family as well as people external to the family may have influence on student nurses decisions. Those influences can impact the decision to go to nursing school or influence decisions the student nurse makes as they choose their first employment opportunity. If they do, are those influences of significance?

Geographical location to home. How close is an employment worksite to home? With cost of commuting, distance can impact decisions. In small communities available employment worksites may be limited or not exist. Will the student nurse after graduation want to live close to family and friends, in a familiar community, or will they want to establish themselves in a new community?

Opportunity to work with friends. Some people find employment in new unknown worksites, among people they do not know. Others prefer to work in a familiar area with
people they already know. It was speculated that the possibility of working with friends might make a significant impact on employment choices.

*Any job to be employed.* Given the current economic challenges even with a nursing shortage, in some geographical areas nursing jobs may be hard to find. New nurses may have to consider relocation to obtain a nursing position.

*Need to practice clinical skill.* Student nurses learn nursing clinical skills in the last 2 years of nursing education. The confidence to perform skills correctly, as a practicing nurse, varies. The element of confidence in performance of skills can be significant when new nurses are making employment worksite choices.

*Need to pay back loans.* The cost of obtaining a college degree becomes more expensive every year. It is important student nurses recognize their individual cost as they start school and have in mind a commitment to pay back any loans. The negative option of defaulting on a loan should be avoided as it can compromise the well-being of the nurse.

*Working with patients of interest to the student nurse.* The art and science of nursing prepares student nurses to provide care and services to a variety of people of all ages. Nurses often work with a specific group of people with specific needs for their entire career. Some nurses change their practice focus as they move forward in their careers. Will a preference of working with patients who are of particular interest to the student nurse influence employment choice decisions?

*Having taken courses in gerontology.* Academic courses prepare student nurses for their future role as practicing, licensed nurses. Until recently, studies of older people were included in studies of the “adult.” Studies in gerontology identify the unique traits,
behaviors, and needs of older people. Could courses in gerontology influence senior graduating nursing students’ career employment decisions?

Having had a positive clinical experience when caring for an older adult 65 years of age and older. If nursing students have positive clinical experiences when caring for older adults, the experiences could influence their choice of first employment worksite and perhaps promote an interest and enthusiasm in providing care and services to the older population.

Working in a metropolitan or non-metropolitan community. Healthcare is needed in all geographically locations. As nurses consider employment options and make career decisions they choose a worksite. Will students show a preference for a community setting by preference and will those decisions be in areas that are experiencing the greatest nursing shortage?

Validity and Reliability

The survey method is identified as one of the most common types of quantitative, social science research. In regard to validity, or the accuracy of the actual measuring procedure, care was given to measure what the study was designed to measure. In regard to reliability, the measurement findings were expected to generate consistent results between participants each time the survey was administered; the greater the reliability, the less measurement error. The validity of this study related to it being population-specific, the findings would not be applicable to other populations of seniors in college and enrolled in other programs of study.

In regard to internal validity, survey research tends to be stronger in reliability and weaker on validity (Babbie, 2007); therefore effort was made to ask only relevant
questions; carefully selected questions of what should be measured. When considering internal validity, effort was made to achieve a high level of accuracy wanting to show that variation in the independent variables had impact on the dependent variables. Consideration to face validity was made by recognizing that the survey and findings were a reasonable way to gain the desired data and the questionnaire’s design was appropriate for its intended use.

Consideration was made about the various and alternative explanations that might exist to explain or answer the research questions. The samples of students were provided with the same survey questions in a standardized format to ensure that even in different settings the results would be reliable between settings. Using this approach was expected to increase the potential for questionnaire consistency and administration, thereby increasing reliability.

Protection of Human Subjects

In keeping with the expectations of the governing body of the University of North Texas, this proposed study was presented to the Institutional Review Board (IRB). The confidentiality of the names and identities of any participants were held in strictest confidentiality. This research study did not contain any experimental aspects and carried no physical threats to the participants. The anticipated threat of emotional or mental distress was considered minimal.

However, even though harmful exposure was considered zero to minimal consideration was given to providing full disclosure of the study purpose and process. Prior to administration of the questionnaire participants were informed that their participation was strictly voluntary. Participants were informed prior to participation that
there would be no penalties for participation, non-participation, or withdrawing from participation in the research study. Participants were advised of the potential benefits and potential risks, as appropriate. If the participant experienced any psychological discomfort considering or actually participating in the survey, he or she was encouraged to withdraw without fear of penalty to self or by the school of nursing hosting the data collection.

Participants knew in advance that following completion of the survey they were free to discuss any feelings or thoughts they had that might have been related to the survey or the process. The participants were informed, prior to administration of the survey, as to the purpose of the study and how the outcome of the topic is intended to be of contribution to the United States government, schools of nursing, nurses, and those professionals who focus on care and service delivery to older and aging adults.

Summary

The findings from the study provide insight into the aspects in a nursing student’s life that make an impact on their decisions made as they complete their under-graduate degree. The dichotomous questions on the questionnaire were used to produce frequency tables, and ultimately logistic regression tables that identify the predictive relationship between elements in students’ lives and their decision in choice of first worksite employment; future plans to pursue a nursing advance practice degree and if they are happy with their decision to become a nurse. The research findings contribute to understanding what healthcare providers can expect from new nurses as they join the ranks of the existing nursing population in meeting the healthcare needs of a rapidly growing older population.
CHAPTER 4
ANALYSIS AND DISCUSSION OF THE RESULTS

The purpose of this study was to predict factors that influence the plans and behaviors of new senior graduating nursing students as they make decisions and choices in regard to their first employment worksite, if they have future plans to pursue a nursing advance practice role, and if they are very happy with their decision to become a nurse. In this chapter, the descriptive tables and logistical regression tables are based on the data obtained from the survey questionnaire. The statistical analysis was accomplished by SPSS to determine the descriptive statistics and multivariate logistic regression analysis. The findings were expected to show the strengths or weakness of the relationship between the various dependent and independent variables.

1. Investigate the association between independent variables thought to influence senior graduating nursing student’s decisions for where they want to work, hospital vs. non-hospital. New graduating senior nursing students usually seek work in hospitals. Will new nurses choose non-hospital worksites knowing that more services have to be provided in the non-hospital setting due to rapid growth in the older age population?

2. Investigate graduating nursing student’s interest in pursuing a nursing advance practice degree in the future. An advance practice nurse can provide primary care. The nurse practitioner and clinical nurse specialist can be of significant support to older people age 65 and older.

3. Identify if senior graduating nursing students have significant feelings of happiness with their decision to become a nurse. New nurses face new
challenges. A new job, if not entered into with a strong sense of happiness and positive enthusiasm, can lead to loss of the new nurse to other employment opportunities within the first year or two of employment.

Exploratory Research Questions

Research Question 1: Nurses work in a variety of healthcare settings. There are employment opportunities in the hospital and non-hospital settings. Do senior graduating nursing students have any interest in working in non-hospital settings or will they follow the trend of seeking the hospital as their first employment experience?

Research Question 2: Nurses bring their knowledge, talents, and experience to patients in a variety of worksites. In their careers, nurses have many practice opportunities. The nursing profession has established an advance level of nursing practice to help meet the shortage of medical providers who provide primary care. The role of advance practice nursing is an option. Will any of the students have an interest in pursuing an advance practice degree, working as a nurse practitioner or clinical nurse specialist in the future?

Research Question 3: A nursing program cannot fully prepare the student nurse for the realities of being a working nurse. Without the supervision and support of experienced faculty members, new nurses often feel unexpected pressures. The pressures of a practicing nurse are discovered very quickly. Loss of nurses is reported as high as 60% in the first crucial years. Positive emotional feelings are indicators of potential success when facing new challenges. Will the student nurses report feelings of happiness with their decision to become a nurse? Therefore, a number of variables were included in the data analysis presented in this chapter.
Variables

Dependent Variables

Nurses work in a variety of healthcare settings, providing care and services to people with a variety of healthcare needs. Each worksite has a specific focus in what services they provide. The settings are identified as either hospital or non-hospital. For many years new nurses have chosen the hospital setting largely because most medical care requiring diagnostic and surgical interventions were provided exclusive in the hospital setting. There is currently a movement for a large number of healthcare services are provided in a non-hospital setting. Is there any indication that new nurses have interest in a non-hospital setting given the emerging changes?

Given the known physician shortage the nursing profession has developed and established the nursing advance practice role. The nurse practitioners and clinical nurse specialist make a significant contribution to meeting the healthcare needs of the current population and are expected to make an even great contribution in response to the rapid growth in older persons.

There is a significant element in loss of new nurses after a year or two of practice. On-going efforts are made by employers to establish the ways and means to achieve successful nurse retention. The first years of employment are very demanding and can be exhausting. Feelings and emotions are strong elements when making employment decisions. If the new nurse is very happy with the decision to become a nurse will it contribute to reducing the loss of new nurses?

With these considerations, the dependent variables were potential employment worksite options, interest in pursuing the advance practice-nursing role for the senior graduating nursing student, and whether the graduating senior nursing student was
happy or not happy with the decision to become a nurse.

Independent Variables

It was believed that sixteen chosen independent variables would impact senior graduating nursing students’ employment decisions. The variables were demographic, personal preferences, and external “experiences.” The variables were represented in the data as follows:

1. Age – younger or older
2. Gender – male or female
3. Ethnicity – White or not White
4. Married or not married
5. A family member is already a nurse – yes or no
6. Student is first generation to graduate – yes or no
7. Student was encouraged to become a nurse – yes or no
8. It is important to work close to home – yes or no
9. It is important to work with friends – yes or no
10. I’ll take any job to be employed – yes or no
11. It’s important to practice nursing clinical skills – yes or no
12. I am committed to pay back loans – yes or no
13. I must work with patients of interest to me – yes or no
14. I took courses in gerontology – yes or no
15. I had a good clinical experience – yes or no
16. I want to work in a metropolitan area – yes or no
Findings for the Dependent Variable - Worksite Choice

Six independent variables represented the potential factors of influence for new nurses making a decision about where they want to work. The dependent variable, Hospital Versus Non-hospital, could be influenced by the demographic and personal characteristics of the nurse that included age, gender, ethnicity, marital status, a nurse already in the family, and being first generation to achieve baccalaureate degree in the family (Table 5).

Table 5

Demographic Characteristics of the Sample

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25 years old - younger group</td>
<td>139</td>
<td>60.2</td>
<td>60.2</td>
</tr>
<tr>
<td>26-57 years old - older group</td>
<td>92</td>
<td>39.8</td>
<td>100</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
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</tr>
<tr>
<td>Female</td>
<td>196</td>
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</tr>
<tr>
<td>Ethnicity</td>
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<td></td>
</tr>
<tr>
<td>White</td>
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<td>67.5</td>
<td>67.5</td>
</tr>
<tr>
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<tr>
<td>Marital Status</td>
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<tr>
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<td>36.3</td>
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</tr>
<tr>
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<td>58.9</td>
<td>99.6</td>
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<tr>
<td>First generation to achieve a baccalaureate degree in your family</td>
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<td>81</td>
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<td>148</td>
<td>64</td>
<td>99.1</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.9</td>
<td>100</td>
</tr>
</tbody>
</table>
Age

Of the two cited age groups the younger age group (18-25) 13 out of 231 students accounted for 60% of the student nurses in the sample. The older age group, including all students from age 26 to 57 years of age, 92 out of 231 accounted for 40% of the student nurses responses. Older people were not absent from the nursing programs, but there are not as many of them as of younger students. The findings indicated that people seeking to become nurses tend to be younger rather than older.

- The findings that nearly 40% of the nursing students were 26-57 years old is much different than in the past when nearly all nursing students would have been found in the younger group (18-25). It has been noted that the average age of students has been increasing in recent years. Many of those now entering nursing as older students are reported as working toward a second career that offers job security while others are reported to be fulfilling a lifelong dream. However, according to Hammond (2011) the findings that nearly 60% are 18-25 years of age are not unexpected findings in this study when it is reported that, “Typically, students in baccalaureate nursing programs are younger.” While the percentage of older students (26-57) is less than the younger group (18-25) older nursing students are seen as a future asset in the workplace where they are found to bring maturity and their life experiences to their work. Maze (2008) reports, “The older nurse can communicate with the patients on a level that has a world of depth that younger nurses may still need to grow into.”

Gender

Of the two possibilities females accounted for a far greater number of senior nursing students. 196 out of 231 accounted for nearly 85% of the senior nursing
students. Males accounted for 35 out of 231 or only 15% of the senior nursing students. In this study findings indicated that by a large margin senior nursing students tend to be female.

- Historically nursing was a masculine career despite the profession now being essentially female-dominated. The enrollment of men into schools of nursing has been increasing through the years. Hammond (2011) reports that from 2008 to 2009 male enrollment peaked at 13.8%. There is no question that the nursing profession continues to have males as an under-represented gender. The National Sample Survey of Registered Nurses (2010) found that approximately 5.4% of practicing nurses are men and “that number is on the rise.” The number of practicing male nurses is expected to increase as it is more generally learned that nursing provides many good employment opportunities and good pay.

Ethnicity

Of the two cited groups, White vs. not White, the White group at 156 out of 231 accounted for 67.5% of the responding student nurses. The not White group at 75 out of 231 accounted for 32.5% of the senior nursing students.

- The need for more minority nurses has been known for years. Many articles have been written to describe the shortage and the need to encourage minorities to seek nursing as a career. Hammond (2011) reports that while the majority of baccalaureate nursing students are White (at approximately 73.7%) “Minority representation in nursing school baccalaureate programs has increased nearly 7% from the year 2000 to the year 2009.” So, while this study finds the number
of not White students is significantly less than the White students there is reason to anticipate the disparities to become less over time.

- Marital status: Of the two cited groups, not married accounted for a significant number of senior nursing students, as 147 out of 231 accounted for 63.6% of the responses. The married group at 84 out of 231 accounted for 36.3%. The non-married group is nearly twice as large as the married group. The findings would indicate that people seeking to become nurses tend to not be married.

- With time the opportunity for a married student to be a nursing student has dramatically changed. In “Married Student Nurses?” published in the American Journal of Nursing (1942), the following was argued: “Traditionally, married women have not been admitted to schools of nursing. Those who married, while students, faced dismissal, left of their own accord, or kept their marital status unrevealed.” The article cited a school catalog from those days: “The executive committee of the faculty considers it inadvisable to admit or retain married women.” It was the event of World War II, when men were away in the military, that the issue of married women being admitted to nursing school was again considered. While the restrictions of those days are long gone, the tradition of most female nursing students being unmarried continues to be the majority.

**Family Member is a Nurse**

For family member is a nurse, more senior nursing students did not have a nurse in their family, as with 122 out of 231 student nurses, or 58.9%, who reported that they did not have a nurse in their family. Students who reported that they did have nurses in their families represented 40.7% (94 out of 231) of the nursing students.
• The findings from this portion of the survey were not statistically significant. However, review of information and comments found in various nursing blogs on the Internet indicate it is not uncommon to find that student nurses have other nurses in their family. In an Allnurses.com (2008) discussion board, comments from the question “Is nursing hereditary?” revealed a number of beliefs about the career choice being one that runs in families with posts including “Yep, my Aunt is an RN,” “My sister-in-law is an RN,” “My Aunt is an RN, but that’s about it.” Raines (2008) identified that in some situations nursing careers run in the family she profiling a family where both parents and their two children are nurses. These comments suggest that if there is a nurse in the family they do have an influence on the student’s career decisions.

First Generation to Achieve a Baccalaureate Degree

First generation to achieve a baccalaureate degree in your family: Of the two options there were 148 out of 231, or 64%, of the student nurses reporting that they were not the first generation to achieve a baccalaureate degree in their family. Thus, 81 out of 231 accounted for about 35% of the students reporting they are the first in their generation to graduate with a baccalaureate degree. Nearly twice as many students report they were not the first generation to achieve a baccalaureate degree.

• Tradition plays a significant role in supporting an individual in their choices and decisions. Consideration was given as to whether the nursing students were typical of research findings relating to success in completing a baccalaureate degree and whether the academic achievements of family members made an impact on their decision to become a nurse. Young,
Johnson, Hawthorne, and Pugh (2011) reported findings by McCarron and Inkelas (2006) that 71.6% of non-first generation students reach their academic goals while only 37.9% of first generation students are successful. In this study 64% of the sample participants came from families where others had already obtained a baccalaureate degree while 35% did not. While there is some statistical variance the trend from other research findings and the findings from this study are similar.

Partial Summary – Demographic and Personal Characteristics

Of the six independent variable included in the demographics of this study the findings indicated that people seeking to become nurses tend to be younger (18-25) rather than older (26-57) and that nursing students by a large margin tend to be female. In regard to ethnicity, the study findings show that the number of minority students (not White) is significantly less than Whites. However there is reason to believe that the percentage gap may be slowly closing. Also, the study findings indicate that people seeking to become nurses are not usually married and tend to not be the first in their family to achieve a baccalaureate degree.

Findings for Personal Life and Family Factors

A number of factors within the personal lives and families of student nurses were thought to influence the employment choice decisions made by new graduating nursing students in relationship to choosing a hospital or non-hospital worksite setting (Table 6). The seven independent variables were: Someone inside of the family or someone or something outside of the family encouraged the student to become a nurse; wanting to work close to home; working with friends; any job to be employed; needs opportunity to
practice clinical skills; have a commitment to pay back loans; an opportunity to work with patients who are of interest to me.

Related to someone within the family (family member) encouraging the student to become a nurse, 121 out of 231 or 52.4% of the senior nurses reported that there was not a family member who encouraged them to become a nurse. Only 110 out of 231, or 47.6%, reported a family member did encourage them to become a nurse. As seen in the above table, a parent was the family most likely to encourage the student to become a nurse.

For someone or something outside of the family encouraging the student to become a nurse, the response of yes occurred for 133 out of 231 and accounted for 57.6% of the student nurses’ responses, and the response of no occurred for 98 out of 231 and accounted for 42.4% of the student nurses responses. There was only a variance of 15% between the two options.

- The findings from this study regarding if family members or others outside of the family influenced student nurses was not statistically significant when looking at frequency distribution. However, review of information and comments found in various nursing blogs on the Internet indicate revealed that it is not uncommon to find that family member or someone outside of the family influence-nursing students in their decisions. Allnurses.com (2008) comments posted on the general discussion forum for the question “Is nursing hereditary?” included “Yep, my Aunt is an RN,” “My sister-in-law is an RN,” “My Aunt is an RN, but that’s about it,” “My cousin is a Home Health Aide (HHA), my sister-in-law is a medical assistant,” “My mother-in-law was a HHA for over 15 years.” Others reported,
“My mother and grandmother were nurses, they inspired me to pursue nursing”; “I got hooked on nursing in the military, I am a medic and was deployed to Kosovo in 00-01, after working in the ER in a combat support hospital I fell in love with the pace and the challenge of nursing”; “My mom thinks it was my awesome pediatrician who influenced me.”

For working close to home, the student nurses responded that yes, working close to home was important to them, because 154 out of 231, or 66.7%, responded as such. Also, 46 out of 231, or 19.9%, reported being neutral with the idea, and 28 out of 231, or 12%, reported they did not think working close to home was an important consideration. The yes report occurred at 66.7% and was more than twice as strong as those that were neutral or did not think it important (32%).

- The findings from this study that working close to home was important to the student nurse were not surprising. Having long commutes to work and back home can take a significant amount of time, taking time away from family and other interest. Gioia (2010) suggested that less time spent in commuting encourages family bonding. Many people dread highway traffic, the rush hour, and the expense of lengthy travel. In these times of economic constraints the cost of long computes has fallen into disfavor. Bizymoms (2007) suggested that less stress with getting to and from work can result in being able to perform better in the job.
Table 6

*Frequencies for the Personal Life and Family Factors*

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A member of the family encouraged you to become a nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>15</td>
<td>13.6</td>
<td>13.6</td>
</tr>
<tr>
<td>A child</td>
<td>1</td>
<td>0.9</td>
<td>14.5</td>
</tr>
<tr>
<td>Parent</td>
<td>70</td>
<td>63.6</td>
<td>78.2</td>
</tr>
<tr>
<td>Grandparent</td>
<td>9</td>
<td>8.2</td>
<td>86.4</td>
</tr>
<tr>
<td>Sibling</td>
<td>10</td>
<td>9.1</td>
<td>95.5</td>
</tr>
<tr>
<td>Aunt</td>
<td>3</td>
<td>2.7</td>
<td>98.2</td>
</tr>
<tr>
<td>Uncle</td>
<td>1</td>
<td>0.9</td>
<td>99.1</td>
</tr>
<tr>
<td>A first cousin</td>
<td>1</td>
<td>0.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone or something outside of the family encouraged the student to become a nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>133</td>
<td>57.6</td>
<td>57.6</td>
</tr>
<tr>
<td>No</td>
<td>98</td>
<td>42.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Working close to home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>154</td>
<td>66.7</td>
<td>66.7</td>
</tr>
<tr>
<td>Neutral</td>
<td>46</td>
<td>19.9</td>
<td>86.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>28</td>
<td>12.1</td>
<td>98.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Working with friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>34</td>
<td>14.7</td>
<td>14.7</td>
</tr>
<tr>
<td>Neutral</td>
<td>88</td>
<td>38.1</td>
<td>52.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>105</td>
<td>45.5</td>
<td>98.3</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>1.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Any job to be employed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>86</td>
<td>37.2</td>
<td>37.2</td>
</tr>
<tr>
<td>Neutral</td>
<td>70</td>
<td>30.3</td>
<td>67.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>72</td>
<td>31.2</td>
<td>98.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Need opportunity to practice clinical skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>162</td>
<td>70.1</td>
<td>70.1</td>
</tr>
<tr>
<td>Neutral</td>
<td>52</td>
<td>22.5</td>
<td>92.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>14</td>
<td>6.1</td>
<td>98.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Have a commitment to pay back loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>87</td>
<td>37.7</td>
<td>37.7</td>
</tr>
<tr>
<td>Neutral</td>
<td>53</td>
<td>22.9</td>
<td>60.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>87</td>
<td>37.7</td>
<td>98.3</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>1.7</td>
<td>100.0</td>
</tr>
<tr>
<td>An opportunity to work with patients who are of interest to me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>206</td>
<td>89.2</td>
<td>89.2</td>
</tr>
<tr>
<td>Neutral/no opinion</td>
<td>16</td>
<td>6.9</td>
<td>96.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>3.0</td>
<td>99.1</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>231</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>
For working with friends, the greatest number of student nurses responded disagree (or no) at 105 out of 231, or 45.5%, with the idea of working with a friend was important when making employment site choices. But 88 out of 231, or 38.1%, were neutral, and only 34 out of 231, or 14.7%, reported that working with friends was important when making employment choices.

- Weston (2007) reported that working with friends not only can enhance job performance but friends are often the “magnets that lure us to a new job and the ties that bind us when we might otherwise break away.” At the same time, there are people who think it is more fun to start a “new job and become friends with co-workers.” In an Internet blog, Penelope (2006) reported, “You will like your job more if you make a friend at work” and “No job is perfect but having a co-worker to vent and share ideas with is priceless.” Having friends on the job can create mixed experiences even negative outcomes but the positive outcome of having friends at work is claimed as what makes work more interesting.

About any job to be employed, this variable was essentially equally divided between yes it is important, neutral, and no it is not important. The yes responses accounted for 86 out of 231, or 37.2%; neutral accounted for 70 out of 231, or 30.3%; and no accounted for 72 out of 231, or 31.2%.

- Given the current economic downturn, high unemployment rates, daily media reports on the economy, and the known nursing shortage, it could be speculated there would be no unemployment among licensed nurses. However, it is reported there are some geographical areas in the United States were the number of available nursing jobs are less than needed. Would a new nurse take
any job to be employed? The findings from this study were not statistically significant. Mulligan (2009), a full time recruiter for a national staffing company, reported, “It never ceases to amaze me to hear the responses we get from some unemployed individuals that we call regarding open positions. ‘Nah, that’s not for me,’ they say.” Mulligan added “there are a multitude of reasons to not turn down a potential job opportunity” and “Some people are looking for a career, some are looking for a paycheck.” While the concern of employment versus non-employment was not a significant issue in this study, it may be that unemployed nurses would seek work within their profession rather than taking any job to be employed.

For needing the opportunity to practice clinical skills, a significant response by the senior nursing students was observed with 162 out of 231, or 70.1%, agreeing they need an opportunity to practice clinical skills. Another 52 out of 231, or 22.5%, were neutral, and 14 out of 231, or 6.1%, did not report a need for more opportunity to practice skills. The variance was significant and indicated the student nurses feel strongly about needing an opportunity to practice clinical skills. This variable was considered a strong element when senior nursing students are making employment site choices.

- Nursing clinical skills are a very important component in the delivery of healthcare. All schools of nursing are required to have a lab for students to practice the various clinical skills used in the nursing practice. Parker (2011) stated that:

  All nurses, regardless of their professional designation or specialty, are
expected to possess certain basic skills. These basic skills are divided into three categories: providing medical treatment to patients; educating patients and the public and administering follow-up care to patients and their caregivers.

Many skills provide comfort and safety. Other skills are considered higher technology interventions and can make a difference in supporting life versus death. Safe performance of nursing clinical skills is stressed throughout the nursing academic program. It is not surprising that findings from this study indicate over 70% of students indicated their awareness of the importance of nursing clinical skills as a significant factor when making first employment worksite decisions.

For have a commitment to pay back loans, the responses were divided between yes and no with 87 out of 231, or 37.7%, reporting that paying back loans was a consideration when making an employment site choice. Another 53 out of 231, or 22.9%, reported being neutral, and 87 out of 231, or 37.7%, reported that paying back loans was not a consideration when making employment worksite choices.

- The cost of a baccalaureate degree becomes more expensive every year. Mak (2009) reported that “a decent college education cost has gone beyond means of ordinary American households.” The cost of going through nursing school should be acknowledged before a student ever begins the process. There are many ways and means to finance a nursing education with a variety of payback plans. The most costly experience a nursing student can have is to default on a student loan. There is no positive outcome from a default. Defaults usually lead to bankruptcy, which reduces these individuals’ credit scores and hampers their future ability to secure loans for anything. In addition to the financial impact of a
loan default, Mak reported the event has a negative impact on personal relationships. Given the severity of not paying back loans, it is not surprising that this study indicated the nursing students consider it very important to pay back loans.

An opportunity to work with patients who are of interest to me showed a significant response by the student nurses. Yes, it was important to them to work with patients of interest to them with 206 out of 231, or 89.2%, responding as such, and 16 out of 231, or 6.9%, being neutral, while 7 out of 231, or 3%, reported patients being a particular interest that was not important to them.

- “Doing a job you don’t like, even hate, becomes a chore,” reported Collins (2010), who claimed that:

  Doing work you do not enjoy could make you ill, unhappy, disillusioned and lead to a sour outlook on your entire life. Doing work you enjoy and feels worthwhile creates a positive feeling about life and the work itself. Additionally, doing work you like leads to greater confidence in personal skills and abilities, which leads to the ability to work harder and produce more. The outcome of choosing work you enjoy is the time spent working will be interesting and stimulating.

The findings from this study indicated the nursing students are poised to seek out employment opportunities that will lead them to feeling good about their career choices.

Partial Summary – Personal Life and Family

Of the seven independent variables included in the Personal Life and Family Factors of the study, it was found that it is not uncommon for student nurses to be
influenced by family members or someone outside of their family when they are making decisions. The students prefer to find employment close to home and apparently like the idea of working with friends. It is not clear if new graduating nursing students would be unemployed if a nursing position was not available. However, most respondents prefer to work in jobs within their chosen profession. The study found that the nursing students are very aware of the importance of performing nursing clinical skills safely and appropriately and plan to find employment following graduating that will provide further opportunity to practice those skills. In regard to paying back loans the students identified this factor as very important to them. It was assumed that their responses were due to their awareness of the negative consequences of defaulting on school loans. The findings from the study, the students have a strong preference and clear focus of what kind of patient they want to care for following graduation.

External “Experience” Factors

External “experience” factors were identified as factors outside of the demographics, personal life, and family of a student nurse thought to influence the employment choice decisions made by new graduating nursing students in relationship to choosing a hospital or non-hospital worksite setting. These three (3) independent variables included the following: Took courses in gerontology; had a positive clinical experience with people 65 years and older; prefer to work in either a metropolitan community or non-metropolitan community.

For took courses in gerontology, the older adult has unique traits and needs. Student nurses by taking these courses should be better prepared to recognize differences between the adult and older adult. For positive or negative clinical
experiences with people 65 years and older, student nurses have good and bad clinical experiences. These experience factors are included to determine if those experiences influence decisions made in regard to worksite options and patient population of interest to the student. Wants to work in a metropolitan area or not work in a metropolitan area was used to learn if nursing students wanted to work in a metropolitan community or non-metropolitan community as an indicator of employment worksite selection following graduation. Metropolitan areas have a greater number of hospitals and non-hospital worksite options than smaller, rural communities.

Table 7

*Frequencies for External Experience Variables*

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Took course in gerontology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>113</td>
<td>48.9</td>
<td>48.9</td>
</tr>
<tr>
<td>No</td>
<td>117</td>
<td>50.6</td>
<td>99.5</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Had a positive clinical experience with people 65 years and older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>103</td>
<td>44.6</td>
<td>44.6</td>
</tr>
<tr>
<td>No</td>
<td>126</td>
<td>54.5</td>
<td>99.1</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Wants to work in a metropolitan area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>111</td>
<td>48.1</td>
<td>48.1</td>
</tr>
<tr>
<td>No</td>
<td>118</td>
<td>51.1</td>
<td>99.2</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Wants to work in a non-metropolitan area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>118</td>
<td>51.1</td>
<td>51.1</td>
</tr>
<tr>
<td>No</td>
<td>111</td>
<td>48.1</td>
<td>99.2</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.9</td>
<td>100.0</td>
</tr>
</tbody>
</table>

It was speculated that if student nurses took courses in gerontology, their course experiences would impact their employment worksite choices. In this study the frequencies were 113 out of 231, or 48.9%, reporting that yes, it has an impact on their
nursing employment worksite decisions, while 117 out of 231, or 50.6%, reported it does not have any impact at all.

- The professional discipline of gerontology is not new. Birren (XX) reported:

  The term “gerontology” was introduced in 1903 by Elie Metchnikoff, a Nobel laureate and professor at the Pasteur Institute of Paris. In America, the emergence of gerontology as a scientific movement can be traced to a small group of leaders who, in the mid-1930s, recognized that the health of the American population was undergoing a change from domination by infectious diseases to chronic diseases. The Gerontological Society of America was founded in 1945, and the International Association of Gerontology about five years later.

  With that notable beginning the inclusion of knowledge known about aging gerontology into other professional disciplines has been exceedingly delayed. It would seem that as rapid growth in the numbers of older people sweeps across the globe there is now more interest in what the discipline of gerontology can contribute to meeting the needs of this population. It was thought that as nursing students start their career, knowing they will have more older people to care for, more than at any time in history, they would have greater enthusiasm and interest in caring for older people if they had taken course in aging during their academic experience. The findings from this study did not support that theory given the absence of any statistical significance. Even though some of the participating students acknowledged taking a course in gerontology, there was no indication that it makes any particular impact on their upcoming employment decisions.
If having a positive clinical experience with people 65 years and older would make a difference when making employment worksite choices the student nurses were nearly divided by half in their responses with 103 out of 231, or 44.6%, reporting having a positive clinical experience with older persons (65+ years of age) was important to them, and 126 out of 231, or 54.5%, reported it was not important to them.

- Walker, Shea, and Bauer (2007) reported the outcome of a behavior tends to increase or sustain the probability of whether the behavior will be repeated. If the experience is positive there is a strong probability that the experience will be perceived as meaningful and therefore the behavior might reoccur. The approach is found in childrearing, a practice among schoolteachers, and coaching for changes in life style and habits is common. There is an element that must be part of the experience – a positive reinforcement or something which can “reinforce the behavior after the behavior has been exhibited.” The study findings are that while students may have taken the courses in gerontology they did not seem to come away from that experience with a strong positive response. The study findings were statistically insignificant. The study did not inquire as to the outcome of the course experience. It can be spectated that while the course was available there may have been an absence of reinforcement to account for why taking the course in gerontology seems to have had little or no impact on the students.

Wants to work in a metropolitan area was considered a potential significant variable as larger communities offer a larger number of nursing employment opportunities. For this item, 111 out of 231, or 48.1%, reported wanting to work in a
metropolitan area, while 118 out of 231, or 51.1%, reported that they did not want to work in a metropolitan area. When considering the finding for nursing employment opportunities in a non-metropolitan area, the findings were the reverse of the findings for wanting to work in a metropolitan area with 118 out of 231, or 51.1%, reporting they want to work in a non-metropolitan area and 111 out of 231, or 48.1%, reporting they did not want nursing employment in a non-metropolitan area.

- LaSala (2000) investigated the nursing workforce issues and found that the nursing workforce varies depending on the geographic location and the population density of the health care setting and the type of agency. The rural areas are perceived as having a “captive employment base due to geographic and distance factors which isolate them from urban centers.” LaSala identified nurses as now being drawn into urban areas because of salary and various opportunities for themselves and their families. Given these types of reports, there will likely be more geographical movement among nurses that might result in creating shortage where it didn’t exist in the past. The findings from this study had no statistical significance which may be an indicator that the new nurses are prepared to be flexible in choosing a worksite and community.

Partial Summary – External Experience

Of the three independent variables included in the external experience factors, when students take courses in gerontology these courses have no significant impact on their worksite choices. Having a positive clinical experience didn’t have a significant impact. When asked about a preference of where they would like to work, metropolitan or non-metropolitan area, the students indicated that these factors were not important to their decisions. These independent variables were included on the questionnaire with
the postulate that they would impact the decisions made by the nursing students. That speculation was not supported by the study’s findings.

Findings for Dependent Variables

The dependent variables were the outcome of decisions made by the senior graduating nursing students as they approached the completion of their experience in a school of nursing. The dependent variables were associated with the student’s choice of first employment worksite as they begin their work as a practicing nurse; the student’s interest and future plans to pursue a nursing advance practice degree; and the attitude and emotion being felt by the graduating student’s decision to become a nurse. The dependent variables were believed to be influenced by the various independent variables previously identified and found in Tables 5, 6, and 7. They are described in this section.

Hospital vs. Non-hospital

Senior nursing students face making employment worksite choice decisions following graduation: For many years the trend has been for new nursing students to seek employment with a local hospital. A common myth has been that a nurse is not really a nurse until they have worked at least two years in a hospital. The myth has been proven wrong under the circumstances of if the new nurse has the appropriate academic and clinical experiences when they graduate from a school of nursing. Support of the myth has been new nurses themselves who claim they need the hospital experience before they feel confident in performing nursing clinical skills.

Non-hospital settings require the nurse have a strong level of confidence because they generally do not have the same kind of professional presence or support
when performing as a nurse in the hospital setting. However, not all non-hospital worksites require the higher level of technical skills found in the hospital setting. With the ever growing population of older person 65 years of age and older, non-hospital worksites will be needed to meet the healthcare needs of this population.

Table 8

*Frequencies for Worksite Options*

<table>
<thead>
<tr>
<th>Employment Worksite Options</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>190</td>
<td>82.3</td>
<td>82.3</td>
</tr>
<tr>
<td>Nursing Home (Long-term care)</td>
<td>3</td>
<td>1.3</td>
<td>83.6</td>
</tr>
<tr>
<td>Skilled Nursing Unit</td>
<td>10</td>
<td>4.3</td>
<td>87.9</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5</td>
<td>2.2</td>
<td>90.1</td>
</tr>
<tr>
<td>Birthing Center</td>
<td>3</td>
<td>1.3</td>
<td>91.4</td>
</tr>
<tr>
<td>Surgery Center</td>
<td>6</td>
<td>2.6</td>
<td>94.0</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>4</td>
<td>1.7</td>
<td>95.7</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>2</td>
<td>0.9</td>
<td>96.6</td>
</tr>
<tr>
<td>Physician office</td>
<td>3</td>
<td>1.3</td>
<td>97.9</td>
</tr>
<tr>
<td>None (I'll not be immediately employed)</td>
<td>3</td>
<td>1.3</td>
<td>99.2</td>
</tr>
</tbody>
</table>

When the senior graduating nursing students identified their preference for worksite employment following graduating, the majority of students 190 out of 231 or 82.3% indicated the hospital setting. Because of the research findings regarding the senior graduating nursing students indication of their employment choice decisions immediately following graduation and because the employment site is a significant dependent variable, a full listing of worksite options was provided. Because the students overwhelmingly (over 80%) chose hospital work, for purposes of further analysis hospital vs. non-hospital will be used for the multivariate analysis (see Table 9).
What employment worksite senior graduating students will choose was clearly identified when 190 out of 229, or 82.9%, reported their employment site preference was a hospital. Only 39 out of 229, or 17%, indicated that a non-hospital setting was their first choice. The study findings may reflect: Personal preferences, prior work experiences, or available healthcare facilities.

Nursing Advance Practice Role

The profession of nursing has many layers of academic and clinical preparation. The baccalaureate prepared nurse is on the pathway toward obtaining the advance practice nurse degree, a master’s degree obtained by completion of advanced education and clinical experience. The nursing advance practice degree offers four major specialty areas. The nurse practitioner and the clinical nurse specialist are the roles that have the greatest physical contact with the alert patient. Several years ago, the United States announced the significant shortage of physicians. When resolution was not forthcoming, the nursing profession stepped forward with the concept of the advance practice nurse who through academic and clinical experience could bridge the gap in the provision of primary care. While the medical profession attempted to fill the

Table 9

<table>
<thead>
<tr>
<th>Employment Worksites</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>190</td>
<td>82.90</td>
<td>82.97</td>
</tr>
<tr>
<td>Non-hospital</td>
<td>39</td>
<td>17.03</td>
<td>100.00</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>
gap with the physician assistant role, the numbers have never been adequate to meet the need. The shortage of medical primary care providers has been more difficult to resolve with the reality that new physicians tend to seek specialty practice. The federal government recognized these factors and has been supportive of the Advance Practice Nurse roles, particularly for the positive difference these providers can make in the rural communities and areas that are underserved.

The senior graduating students clearly showed their interest in pursuing an advance practice role in the future when 200 out of 230, or nearly 87%, indicated being interested in the advance practice degree. Only 30 out of 230, or approximately 13%, indicated no interest in an advance practice role.

Table 10
Frequencies for Interest in Pursuing an Advance Practice Nursing Role

<table>
<thead>
<tr>
<th>Nursing Advance Practice Role</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>200</td>
<td>86.96</td>
<td>86.96</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>13.04</td>
<td>100.00</td>
</tr>
<tr>
<td>Total</td>
<td>230</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

Of the four specialty areas, within the scope of the nursing advance practice degree, the students identified interests in all role options. Nearly 52% indicated that they have an interest in the nursing advance practice role, looking specifically at the nurse practitioner role. Since the role of the clinical nurse specialist also has direct contact with older persons, it was noted that about 10% indicated an interest in this role. The remaining responses accounted for about 23% indicating an interest in the
The nursing advance practice degree offers four areas of professional focus. A nurse seeking the advance practice degree pursues one of the four professional roles. The Nurse Practitioner role was identified as the most preferred role with 51.5 or nearly 52% of the students showing their interest in the role over the other options. However, as seen in Table 12, clinical nurse specialist – nurse practitioner interests accounted for 72.96% of the 196 advance practice nurse interests.

- The nursing advance practice roles have proven to be of significant support to the shortage of medical doctors and well as becoming a professional provider often preferred. Of the four professional options clearly the role of nurse practitioner and clinical nurse specialist are more directly involved with the functional care needs of older persons. With nearly 52% of the sample indicating even before graduation an interest in the future role the current and future needs
for nurses in the advance roles seems to have become important to new emerging nurses. It can be speculated that those students who do not at this time express an interest in the advance practice role, may after they gain experience and confidence reconsider the option.

Table 12

*Frequencies for the Re-coded Dependent Variable of Participant Interest in Clinical Nurse Specialist and Nurse Practitioner Roles versus Other Advance Practice Roles*

<table>
<thead>
<tr>
<th>APN Type</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Nurse Specialist – Nurse Practitioner</td>
<td>143</td>
<td>72.96</td>
</tr>
<tr>
<td>Other APN</td>
<td>53</td>
<td>27.04</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Happy with Decision to Become a Nurse*

Emotion and attitude of new nurses is important in achieving success in the first years of practice as a professional nurse. A new nurse with enthusiasm and the ability to express “happiness” with their decision to become a nurse is believed to contribute to the prolonged employment of the new nurse in the workplace. The role of the nurse is froth with on-going challenges particularly in the current changing mood of the country in regard to the delivery of healthcare, healthcare cost, and healthcare reform. The trend in past years, largely in response to the governments mandate that healthcare costs be contained, nurses in many employment worksites report working understaffed with burnout becoming a serious issue. The realities of these pressures in the worksites are contributing to the known nursing shortage. It becomes a critical issue that the newest of nurses start their career with a positive attitude, expressed as very happy in order to have hope that they will be able to endure the realities of the nurse role, not
being tempted to abandon the profession for alternative employment opportunities.

Table 13

*Frequencies for Participants’ Levels of Happiness About Becoming a Nurse*

<table>
<thead>
<tr>
<th>The student nurse is happy with the decision to become a nurse</th>
<th>n</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not happy at all</td>
<td>2</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Not very happy</td>
<td>6</td>
<td>2.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Fairly happy</td>
<td>7</td>
<td>3.0</td>
<td>6.6</td>
</tr>
<tr>
<td>Moderately happy</td>
<td>41</td>
<td>17.7</td>
<td>24.5</td>
</tr>
<tr>
<td>Very happy</td>
<td>173</td>
<td>74.9</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Because of the research findings regarding the senior graduating nursing students’ indications of their emotional attitude regarding how they feel about the nursing program they are just completing, and because attitude and contentment is a significant variable a full listing of levels of happiness, the students overwhelming (nearly 75%) indicated they were very happy. For purposes of further analysis, the variable was dichotomized into very happy versus all others. Table 14 depicts students’ feelings as very happy or other.

Table 14

*Frequencies for Re-coded Dependent Variable of Happy Versus Not Happy with the Decision to Become a Nurse*

<table>
<thead>
<tr>
<th>The student is happy with the decision to become a nurse</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very happy with decision to become a nurse</td>
<td>173</td>
<td>75.55</td>
</tr>
<tr>
<td>Others</td>
<td>56</td>
<td>24.45</td>
</tr>
</tbody>
</table>
Given the importance and significance of senior graduating nursing students having a positive attitude that they can express as being very happy with their decision to become a nurse, 173 out of 229, or nearly 76%, reported being very happy with the decision to become a nurse. When all other responses were conveyed 56 out of 229 student nurses, or 24.45%, reported not being very happy with the decision to become a nurse.

- There is a need for new nurses to enter their nursing practice with a feeling of happiness with their decision to become a nurse recognizing there is potential for some nurses to drop out in the first critical years. A loss of nearly 60% of new nurses occurs within two years. Some leave their first jobs, turning to other roles within nursing, while others leave the profession altogether. Learning firsthand what it means to practice as a nurse in the “real world” is credited for being the primary reason for the losses. Mentoring by experienced nurses seems to be the most successful intervention to achieve nurse retention. The practice of nursing carries many responsibilities and a high level of accountability. Ever present is the fear of committing an error in judgment or practice that could jeopardize the nurse’s license. After spending four trying and challenging years to complete a nursing program, sit for the exhaustive state board exams to receive a license to practice, nurses are very sensitive to never jeopardizing those efforts. There are many unexpected pressures that for some apparently become overwhelming.

Logistic Regression Models

A logistic regression model was used to test the relationship between the independent variables and the dependent variables in each of three themes found in
this study.

Multivariate Analysis Theme 1: Worksite Preference

Table 15 is a regression model using a single equation with all of the independent demographic, personal and external variables thought to have influence on the decisions senior graduating nursing students make when choosing their first employment worksite, hospital versus non-hospital.

Table 15

Logistic Regression Model Predicting Initial Hospital Versus Non-hospital Employment

<table>
<thead>
<tr>
<th>Variables</th>
<th>Odds Ratio</th>
<th>95% CI for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group: 18-25 (1) versus 26-57 (2)</td>
<td>3.381</td>
<td>1.223</td>
</tr>
<tr>
<td>I am committed to pay back loans</td>
<td>1.366</td>
<td>1.039</td>
</tr>
<tr>
<td>Student was encouraged to become a nurse: No (0) versus Yes (1)</td>
<td>.336</td>
<td>.147</td>
</tr>
<tr>
<td>It is important to work with friends</td>
<td>.1708</td>
<td>1.168</td>
</tr>
<tr>
<td>Gender: Female (1) versus Male (2)</td>
<td>1.167</td>
<td>.341</td>
</tr>
<tr>
<td>Ethnicity: White (1) versus Other (2)</td>
<td>.808</td>
<td>.336</td>
</tr>
<tr>
<td>Married (1) versus Not Married (2)</td>
<td>1.844</td>
<td>.715</td>
</tr>
<tr>
<td>A family member is already a nurse: Yes (1) versus No (2)</td>
<td>.986</td>
<td>.432</td>
</tr>
<tr>
<td>Student is first generation to graduate: No (0) versus Yes (1)</td>
<td>.765</td>
<td>.340</td>
</tr>
<tr>
<td>It is important to work close to home</td>
<td>.811</td>
<td>.564</td>
</tr>
<tr>
<td>I'll take any job to be employed</td>
<td>1.079</td>
<td>.792</td>
</tr>
<tr>
<td>It is important to practice clinical skills</td>
<td>1.005</td>
<td>.622</td>
</tr>
<tr>
<td>I must work with patients of interest to me</td>
<td>1.415</td>
<td>.932</td>
</tr>
<tr>
<td>I took courses in gerontology</td>
<td>.567</td>
<td>.210</td>
</tr>
<tr>
<td>I had a good clinical experience</td>
<td>1.572</td>
<td>.582</td>
</tr>
<tr>
<td>I want to work in a metropolitan area</td>
<td>1.935</td>
<td>.871</td>
</tr>
<tr>
<td>Constant</td>
<td>.029</td>
<td></td>
</tr>
</tbody>
</table>

*Note. df = 16. * = Significant at the .05 level, using a two-tailed test. ** = Significant at the .01 level, using a two-tailed test. *** = Significant at the .001 level, using a two-tailed test.*

This was a regression model testing the relationship of independent variables thought to have influence on senior nursing students as they make their first
employment worksite choices, hospital versus non-hospital. Of the 16 independent variables only 4 were found of significance. Those four variables were the following:

1. Age Group:
   The students were divided into two age groups, a younger group of students (18-25 years of age) and an older group of students (26-57 years of age; as seen earlier in Table 5). The younger group of students were over three times as likely to seek a hospital setting as their first employment worksite than were the older students.

2. I am committed to pay back loans:
   The students were asked to identify the importance of paying back loans. Those responses were divided into three groups. The first group was those who indicated paying back loans was important to them. The second group was those who indicated paying back loans was not an issue for them. The third group responded as neutral. The group of senior graduating nursing students who were committed to paying back loans was about 1/3 more likely to seek a hospital as their first place of employment.

3. Student was encouraged to become a nurse:
   The students were divided into three groups, a group of students indicating they had been encouraged by others to become a nurse, another group indicating they had no encouragement in their decision to become a nurse, and a third group being neutral (refer to the earlier presented Table 13). Those students who were encouraged to become a nurse were 1/3 less likely to make the decision to work in a hospital worksite than those who had no encouragement.
4. It is important to work with friends:

The student responses from the questionnaire were divided into three groups. The first group indicated it was important for them to work with their friends following graduation. The second group indicated it was not important to them to work with friends, and the third group remained neutral. About 70% of the nursing students were more likely to choose a hospital as their first worksite employment.

Multivariate Analysis Theme 2: Nursing Advance Practice Role

Table 16 is a regression model using a single equation with all of the independent demographic, personal and external “experience” variables theorized to influence senior graduating nursing students when making a decision to pursue a nursing advance practice degree in the future.

This is a logistic regression model testing the relationship of independent variables thought to influence senior graduating nursing students when making a decision to pursue a nursing advance practice degree in the future. Only 2 of 16 independent variables were found of significance. Those two variables are:

1. Student is first generation to graduate: The students were divided into two groups, those who were the first generation in their family to graduate with a baccalaureate degree and another group who already had baccalaureate degree graduates in their family (as seen earlier in Table 5). The group of, first generation to graduate with a baccalaureate degree in their family, were only about two-fifths as likely to seek a nursing advance practice degree in the future, than those who were not the first generation to graduate with a baccalaureate degree in their family.

2. I must work with patients of interest to me: The students were divided into three groups, those who wanted to work with a specific group of patients of particular
interest to them, a group who had no preference, and a group who were neutral (as seen earlier in Table 6). The group of senior graduating nursing students who had a specific group of patients they want to work with were nearly twice as likely to seek an advance nursing practice role in the future, than those who have no particular interest in a particular group of patients or were neutral.

Table 16

*Logistic Regression Model Predicting initial preference for Nurse Practitioner and Clinical Nurse Specialist Versus Other Advance Practice Roles*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Odds Ratio</th>
<th>95% CI for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is first generation to graduate: No (0) vs Yes (1)</td>
<td>* .400</td>
<td>.189</td>
</tr>
<tr>
<td>I must work with patients of interest to me</td>
<td>*** 1.996</td>
<td>1.294</td>
</tr>
<tr>
<td>Age Groups: 18-25 (1) versus 26-57 (2)</td>
<td>1.730</td>
<td>.739</td>
</tr>
<tr>
<td>Gender: Female (1) versus Male (2)</td>
<td>.406</td>
<td>.148</td>
</tr>
<tr>
<td>Ethnicity: White (1) versus Other (2)</td>
<td>.767</td>
<td>.352</td>
</tr>
<tr>
<td>Married (1) versus Not Married (2)</td>
<td>1.884</td>
<td>.833</td>
</tr>
<tr>
<td>A family member is already a nurse: Yes (1) vs No (2)</td>
<td>.743</td>
<td>.349</td>
</tr>
<tr>
<td>Student was encouraged to become a nurse: No (0) vs Yes (1)</td>
<td>.730</td>
<td>.348</td>
</tr>
<tr>
<td>It is important to work close to home</td>
<td>.914</td>
<td>.649</td>
</tr>
<tr>
<td>It is important to work with friends</td>
<td>1.089</td>
<td>.779</td>
</tr>
<tr>
<td>I'll take any job to be employed</td>
<td>1.144</td>
<td>.861</td>
</tr>
<tr>
<td>It is important to practice clinical skills</td>
<td>.647</td>
<td>.404</td>
</tr>
<tr>
<td>I am committed to pay back loans</td>
<td>1.150</td>
<td>.895</td>
</tr>
<tr>
<td>I took courses in gerontology</td>
<td>1.523</td>
<td>.648</td>
</tr>
<tr>
<td>I had a good clinical experience</td>
<td>.890</td>
<td>.377</td>
</tr>
<tr>
<td>I want to work in a metropolitan area</td>
<td>1.191</td>
<td>.575</td>
</tr>
<tr>
<td>Constant</td>
<td>.340</td>
<td></td>
</tr>
</tbody>
</table>

*Note. df = 16. * = Significant at the .05 level, using a two-tailed test. ** = Significant at the .01 level, using a two-tailed test. *** = Significant at the .001 level, using a two-tailed test.*
Multivariate Analysis Theme 3: Very Happy With Decision to Become a Nurse

Table 17 is a regression model using a single equation with all of the independent demographic, personal and external experience variables thought to have influence on the feelings expressed by senior graduating nursing students, very happy or other, with their decision to become a nurse.

Table 17

*Logistic Regression Model Predicting Very Happy to Become a Nurse or Not Happy to Become a Nurse*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Odds Ratio</th>
<th>95% CI for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important to practice clinical skills</td>
<td><strong>1.105</strong></td>
<td>1.105 - 2.455</td>
</tr>
<tr>
<td>Age Groups: 18-25 versus 26-57 (2)</td>
<td>.355</td>
<td>.355 - 1.710</td>
</tr>
<tr>
<td>Gender: Female (1) vs Male (2)</td>
<td>.183</td>
<td>.183 - 1.100</td>
</tr>
<tr>
<td>Ethnicity: White (1) vs Other (2)</td>
<td>.532</td>
<td>.532 - 2.436</td>
</tr>
<tr>
<td>Married (1) vs Not Married (2)</td>
<td>.491</td>
<td>.491 - 2.327</td>
</tr>
<tr>
<td>A family member is already a nurse: Yes (1) vs No (2)</td>
<td>.581</td>
<td>.581 - 2.368</td>
</tr>
<tr>
<td>Student is first generation to graduate: No (0) vs Yes (1)</td>
<td>.344</td>
<td>.344 - 1.374</td>
</tr>
<tr>
<td>Student was encouraged to become a nurse: No (0) vs Yes (1)</td>
<td>.339</td>
<td>.339 - 1.343</td>
</tr>
<tr>
<td>It is important to work close to home</td>
<td>.714</td>
<td>.714 - 1.381</td>
</tr>
<tr>
<td>It is important to work with friends</td>
<td>.594</td>
<td>.594 - 1.086</td>
</tr>
<tr>
<td>I’ll take any job to be employed</td>
<td>.792</td>
<td>.792 - 1.352</td>
</tr>
<tr>
<td>I am committed to pay back loans</td>
<td>.745</td>
<td>.745 - 1.201</td>
</tr>
<tr>
<td>I must work with patients of interest to me</td>
<td>.862</td>
<td>.862 - 1.785</td>
</tr>
<tr>
<td>I took courses in gerontology</td>
<td>.425</td>
<td>.425 - 2.098</td>
</tr>
<tr>
<td>I had a good clinical experience</td>
<td>.551</td>
<td>.551 - 2.751</td>
</tr>
<tr>
<td>I want to work in a metropolitan area</td>
<td>.434</td>
<td>.434 - 1.628</td>
</tr>
<tr>
<td>Constant</td>
<td>1.200</td>
<td></td>
</tr>
</tbody>
</table>

*Note. df = 16. * = Significant at the .05 level, using a two-tailed test. ** = Significant at the .01 level, using a two-tailed test. *** = Significant at the .001 level, using a two-tailed test.*
These are the findings from the regression model testing the relationship of independent variables thought to have influence on senior nursing students as they identify their satisfaction and contentment in making a decision to become a nurse. Only 1 out of the 16 independent variables was found significant. The one variable was: It is important to practice clinical skills. The students were divided into the two groups regarding the decision to become a nurse that were Very Happy and Others (i.e., not very happy to become a nurse), as seen earlier to in Table 13. The group of senior graduating nursing students who identified they had a need to practice nursing clinical skills are about 10% more likely to be very happy with their decision to become a nurse.

Findings from the Study

The data obtained through a twenty question questionnaire was statistically analyzed through frequency distribution tables and ordinal logistic regression models used to analyze the predictors of factors thought to influence senior nursing student decisions in regard to choice of worksite employment, plans to pursue a nursing advance practice degree in the future and if the student was happy with their decision to become a nurse.

The research study findings support findings in the literature that the majority of senior graduating nursing students seek employment in a hospital setting immediately following graduation and licensure. The findings indicate that the significant independent variables that influenced the decisions of the senior graduating nursing student’s first employment worksite were: The age of the student, that the student had been encouraged to become a nurse, the importance of working with friends, and the need and commitment to pay back loans.
It was found that some senior graduating nursing students have an interest in pursuing a nursing advance practice degree in the future. The independent variables found to be of significance as the students make future plans are: If the student is first generation to graduate in their family they are 40% less likely to pursue a nursing advance practice degree. If the student has a preference/interest in working with a particular group of patients they are nearly twice as likely to seek a nursing advance practice degree in the future.

It was found that senior graduating nursing students have positive emotional feelings about the decision to become a nurse. The findings indicated that the independent variable that gives them their greatest feelings of happiness with their decision to become a nurse is the need to perform nursing clinical skills. The graduating nursing students who indicated a need to practice nursing clinical skills are about 10% more likely to be very happy with their decision to become a nurse.
CHAPTER 5

SUMMARY, DISCUSSION, AND IMPLICATIONS

The national and global rapid growth in the older population, which includes people aged 65 years and older and how the healthcare needs of this population are being met and will be met in the future is a current and ongoing concern. Professionals in the healthcare industry have a focus on how new healthcare providers and educators are recruited and prepared to provide service, and the population of potential consumers has a vested interest in how the delivery of healthcare services are provided in an ever-changing environment.

The literature clearly recognized the need for an increase in the number of available healthcare providers because of a shortage of nursing and medical professionals. Adding to these factors is the ongoing media reports of continuing economic downturn and the expressed and discussed need to have better control of healthcare costs. The rapidly growing number of older persons in the population, the known nursing shortage and the emerging need to achieve better control of healthcare costs in the United States lead to the question of whether sufficient and adequate numbers of nurses are interested and available to provide care and services.

The design of this study was composed of three themes that emerged from three exploratory questions. One theme focused on investigation of the reasons senior nursing students graduating from university-level baccalaureate schools of nursing make their career choices and employment decisions. Of interest was discovering if newly graduating nursing students have preference for a first employment worksite and if they do what elements contribute to that preference?
Literature review indicated continuing interest by people to become nurses. The age of the nursing students is no longer exclusive to younger ages but now includes older adults as well. While the majority of nursing students, 60%, were 18 to 25 years of age, and 40% were 26 to 57 years old. Historically, the profession of nursing was a masculine career but has become essentially a female-dominated profession. However, the enrollment of men into schools of nursing has been increasing through the years. This study found that the majority of students, nearly 85% were female, while approximately 15% were male. The number of males in nursing is expected to grow as it is more generally learned that nursing provides many good employment opportunities and good pay.

This study looked into the factor of ethnicity, finding that while the need for more minority nurses has been recognized for years, the predominance of Whites at approximately 68%, compared to approximately 33% non-White, continues to dominate the field. A slow increase of 7% in minorities has been noted from 2000 to 2009 suggesting that the percentage gap may be slowly closing.

This study looked into marital status of the student nurses. In the past becoming a nurse was only available to non-married females. It was the event of World War II that caused a re-visitation of the time-honored practice of admitting only single women into nursing. Now, and in this study at 63.6%, the majority of nursing students continue to be single females. The percentage of students being married may be a reflection of the number of older students who are now entering schools of nursing. There is a positive reaction to older student nurses entering the profession as they are found to bring a level of maturity to the job that younger nurses often have yet to learn. This
would be a very positive aspect when working with the older population.

As people seek to discover their goals, it is not uncommon for people or circumstances in their lives to influence their decision-making. This study looked at various elements that were thought to potentially influence the student nurse. The findings from this study indicated that having a nurse in the family was not a significant influence, 58.9% reported that they did not have a nurse in their families, while 40.7% reported having a nurse already in their families. The findings indicated no statistical significance between these values. Could it be that someone or something in the student’s life had significant influence? Encouragement by a parent (57.6%) is an indicator that some parents do have an influence on the decisions made by their children. Could it be that having a family member in the family who had already achieved a baccalaureate degree has influence? The study findings are similar to other studies that have found that first generation students, 37.9%, have a more difficult time achieving the baccalaureate degree than students who already have family members with an undergraduate degree, 71.6%. It is found through logistic regression, multivariate analysis that being a first generation to graduate from college student was significant when giving consideration to earning in the future an advance practice degree. Students of the first generation to graduate with a baccalaureate degree in their family are 40% less likely to pursue a nursing advance degree. The other significant finding is students who have in a mind the type of patients that are of interest to them. These student nurses are nearly twice as likely to pursue the nursing advance practice degree in the future.

The study identified four factors that had the greatest impact on student choices
when making decisions about where to work. Of greatest importance was: being a younger nursing student (18-25) years of age, encouragement to become a nurse, the influence of working with friends, and the student’s commitment to pay back loans. Younger nursing students are three times more likely to seek a hospital as their first employment choice as older age nursing students. It is not a surprise that working with friends was important when nearly 70% are likely to choose a hospital as their first worksite. An independent variable of significance was the student commitment to pay back loans when about 35% are more likely to choose the hospital as their first worksite choice. Student nurses who received encouragement are 1/3 less likely to choose a hospital as their first worksite.

These findings indicate that younger age nursing students will seek out the hospital setting in significant numbers and have an interest in working with their friends in the same worksite. The hospital is apparently perceived as a first choice for economic reasons finding that nearly 30% of the students are likely to choose a hospital as their first choice of worksite. The finding of student nurses who have received encouragement being less likely to seek out the hospital setting deserves further study.

Nursing being a profession that has historically evolved to meet population needs, given the options for how healthcare services are provided, nursing offers an advance practice role that provides services meeting primary healthcare needs. The role has proven to be helpful in meeting the medical doctor shortage and in communities that are currently underserved by healthcare support. With these findings, the second theme was to identify if the new senior graduating nursing students had future plans to pursue the nursing advanced practice degree.
This study found that a significant number of nursing students are already giving thought to pursuit of an advance practice nursing role in the future with nearly 87% responding that yes they have interest. Within in the nursing advance practice role there are four options. Of most significance to the older population is the role of nurse practitioner and clinical nurse specialist. The findings reflect an interest of 52% in the nurse practitioner role and 10% for the clinical nurse specialist role. The healthcare industry has clearly identified a growing need for the nurses with this advance knowledge and experience. These students are on the pathway that leads toward that goal.

The findings from this study identified two factors that had the greatest impact on student plans to pursue a nursing advance practice degree. They were being a first generation student in their family to achieve an undergraduate degree and the need to work with patients that are of interest to the student. The findings students who are a first generation student in their family to achieve a baccalaureate degree were less than 40% as likely to seek a nursing advance practice degree may reflect the effort put forth to obtain the baccalaureate degree was the maximum effort they could achieve at the time. Literature review revealed that only 37.9% of first generation students are successful in obtaining their goal. It could be that with time and experience some would discover interest in additional academic pursuits. Achievement of goals, within the family, can be a powerful energizer and may require obtainment of roles, in a step-by-step approach.

The second factor, the study of nurses who have in mind providing nursing care to patients of particular interest to them finds that they are twice as likely to pursue a
nursing advance practice degree. It may be they found a particular patient group while in the clinical setting, or had in mind a future advance practice role from the beginning. This factor bears further study.

The literature speaks to the importance of supporting new nurses as they begin their career given research that finds a significant turnover rate within the first couple of years of practice. The turnover rate is disappointing to the new nurse and expensive to the new employer. It is known that the new nurse must start their practice with a very positive attitude so the third theme was designed to study how happy the graduating nursing students are with their decision to become a nurse.

It could be said that a happy nurse is a successful nurse for reason that many nurses become disillusioned after entering the nursing profession. When nursing students face the realities of the practicing nurse role many of them become overwhelmed and seek other employment opportunities within two years of original employment. The turnover rate is close to 60% within two years. It is critical for the new nurse to enter their first employment opportunity full of optimism and excitement as it will go far to support their feelings and emotions when the work becomes a job.

The findings from this study identified one factor that had the greatest impact on students being able to say they were very happy with their decision to become a nurse. That was the importance of having a need to practice nursing clinical skills. It was found that the graduating nursing students who indicated a need to practice nursing clinical skills are about 10% more likely to be very happy with their decision to become a nurse. Providing nursing clinical skills is an important element in the nursing role. Successful performance is not only required for patient safety but also for personal
satisfaction and is an element in establishment of professional self-esteem. While the findings are not hugely significant they do reflect the student’s awareness of the importance of nursing clinical skills in the nursing practice. These three questions formed the basis for the study creating three themes that were developed and subjected to, data collection, literature review, and statistical analysis. These three questions have been explored and discussed.

Summary of the Study Questions

Using a quantitative data driven study derived from a 20-question survey tool a sample of senior graduating nursing students provided 231 responses for review and analysis. The questionnaire collected demographic information and internal and external elements commonly found in the life of a student nurse. These elements were included in order to be successful in collecting data related to the research study’s purpose. The sample of participants included senior graduating nursing students from two public, state funded universities with baccalaureate programs in nursing. One group was located in a metropolitan area and the other in a non-metropolitan community. Both universities were located in north Texas. Both schools of nursing had similar curricula and numbers of student participants.

The data collection was multi-purpose, a study of three themes, three dependent variables: employment choice of worksite, plans to pursue a nursing advance practice degree, and the emotional status of new graduating nursing students in regard to feeling very happy with their decision to become a nurse as they approach graduation. The independent variables were selected because of the belief that they would influence students’ original decisions to become a nurse as well as being elements that had a
potential to impact future practice goals of the students and their attitude toward the
nursing profession as they completed the nursing program. The results from the logistic
regression models shed some insight as to where a new nurse prefers to work, hospital
versus non-hospital, identified nursing students’ potential for pursuing a nursing
advance practice role in the future, and clearly identified achieved satisfaction with an
overwhelming response as being very happy with their decision to become a nurse.

The first of the study’s three themes was the preference or choice of the first
employment worksite of the new senior graduating nursing students. The sixteen (16)
independent variables: age, gender, ethnicity, marital status, member of the family
already a nurse, the student being the first in their family to successfully achieve a
baccalaureate degree, encouraged to become a nurse, important to work close to
home, important to work with friends, any job to be employed, importance to practice
clinical skills, commitment to pay back loans, working with patient of particular interest,
having taken courses in gerontology, having a good clinical experience, a preference for
working in a metropolitan area were analyzed. Of the sixteen independent variables
only four were found with significance.

It is found that the younger age students are over three (3) times as likely to seek
a hospital setting as their first worksite. Students that identified the importance of
working with friends were about 70% more likely to choose the hospital as their first
choice of employment. The students that identified a commitment to pay back loans are
about 1/3 more likely to choose the hospital over a non-hospital worksite as their first
employment experience. The nursing students who had encouragement to become a
nurse were 1/3 less likely to choose a hospital setting as their first employment worksite.
The second theme of the study was future plans of the senior graduating nursing students in pursuing a nursing advance practice degree. The 16 independent variables: age, gender, ethnicity, marital status, member of the family already a nurse, the student being the first in their family to successfully achieve a baccalaureate degree, encouraged to become a nurse, important to work close to home, important to work with friends, any job to be employed, importance to practice clinical skills, commitment to pay back loans, working with patient of particular interest, having taken courses in gerontology, having a good clinical experience, a preference for working in a metropolitan area were analyzed. Of the sixteen independent variables only two were found with significance.

It was found that the students who are the first generation in their family to graduate with a baccalaureate degree are only about 40% as likely to have future plans for pursuing a nursing advance practice degree. Students who have a preference for the patients they want to work with are about twice as likely to pursue a nursing advance practice degree in the future.

These two independent variables deserve further study as it is unclear from these data as to why graduating senior nursing students who are the first generation of their family to achieve a baccalaureate degree are found to be less interested in pursuing a nursing advance practice degree. It could be that the primary goal was achievement of the baccalaureate degree. Without a role model in the family it maybe to expect more of many first generation students would not be reasonable. It may be that achievement of advance roles will become important and a reality with time and experience. The predictive independent variable of wanting to work with a particular
group of patients could be speculated as looking forward to the role of advance practice nurse. However, this variable would be also better served by further study.

The third theme of the study was the attitude of the senior graduating nursing students as they complete four years of nursing school – the academic and clinical experience. Were they very happy with their decision to become a nurse? The 16 independent variables: age, gender, ethnicity, marital status, member of the family already a nurse, the student being the first in their family to successfully achieve a baccalaureate degree, encouraged to become a nurse, important to work close to home, important to work with friends, any job to be employed, importance to practice clinical skills, commitment to pay back loans, working with patient of particular interest, having taken courses in gerontology, having a good clinical experience, a preference for working in a metropolitan area were analyzed:

Of the 16 independent variables only one was found with significance. It is unclear as to why other of the independent variables was not found to be of statistical significance. Students who report needing to practice clinical skills are 10% more likely to report being very happy in their decision to become a nurse. The 10% may simply reflect the student awareness of the importance of nursing clinical skills in the practice of nursing.

Discussion of the Findings

The question of what elements contribute to nursing students making the decision to become a nurse coupled with the elements that contribute to making the employment decision to work with the older person population (65+ years old) in settings other than acute care settings (i.e., hospitals) has gained importance and
continues to be worthy of research given the rapidly increasing number of older persons and the growing need to contain healthcare cost. The findings from the statistical analysis identified the value and relevance of several independent variables thought to have potential for making an impact on senior graduating nursing students’ employment decisions.

This research inquiry has significance as review of current literature continues to produce a plethora of information regarding the nursing shortage. The U.S. Bureau of Labor Statistics (BLS, 2011) reported that even in the on-going economic downturn, the healthcare sector of the economy continues to grow. The growth is notable when compared to the loss of employment in all other major industries. Ongoing is the dialog of finding the ways and means to enact legislation, identify strategies, and form collaborations to address the nursing shortage. The BLS reported, “Hospitals, long-term care facilities, and other ambulatory care settings added 37,000 new jobs – this is considered the biggest monthly increase recorded by any employment sector.”

When nursing students have had both academic and clinical experiences with the older adults (65+ years old) it is found that those experiences have no statistical significance when those students are making their first worksite choices. Schools of nursing are charged with the responsibility and accountability of preparing students for their emerging nursing roles in the community. That requirement is especially important when roles are identified with varying importance as determined by the needs within the population. In its April 1, 2011 report, the U.S. BLS clearly indicated the on-going need for more nurses to be produced from all levels of academic preparation and who are willing and able to work in the acute care (i.e., hospital) setting as well as other
ambulatory care settings.

A conclusion of this study is that faculty in schools of nursing have yet to significantly impact new graduating nursing students in a positive way in regard to supporting their students toward being prepared for and having an interest in seeking employment in alternative healthcare settings. The same conclusion is made in regard to the absence of any positive impact on senior graduating nursing students as related to their interests in working with the older population (65+ years old). The sample of senior graduating nursing students did not demonstrate a positive interest in working with the older population (65+ years old) of adults when asked if they had had positive or negative clinical experiences.

Leadership at university-level schools of nursing are faced with the challenge of obtaining faculty who hold professional interest in and demonstrated experience working with the older population of adults aged at least 65 years old. It is recognized that the field of gerontology, even though in existence for many years, has not acquired any particular interest from those in the fields of nursing and medicine. For many, the issues related to the aging adult have not been perceived as unique but rather just part of the aging process. This perception is apparently limited when socioeconomic and generational cultural issues do not appear to be part of the equation of importance among nursing students.

These findings support the literature in regard to promoting the growth in the number of licensed nurses prepared to practice in the country. Review of website postings identifying potential employment opportunities following graduation shows they are plentiful and in some cases very creative. The predominance of jobs for hospitals
tends to run parallel with the current findings in that the majority of senior graduating nursing students who participated in the research study indicated they planned to seek employment immediately following graduating in acute care (or hospital) settings rather than in alternative healthcare settings. Where are the ads, the recruitment efforts, the incentives for new nurses to work in the non-hospital setting? They exist but are few and far between.

The nursing shortage has become complicated and challenging as the profession has attempted to ease the nursing and physician shortage. The nursing advance practice role fulfills many positions but the number of qualified nurses is still well below what is needed. This study makes inquiry as to if these new graduating nursing students have interest in pursuing a nursing advance practice degree in the future? It is found that the new nurses most likely to be thinking about the advance practice role are students who have an interest in a particular group of patients. These students are twice as likely to pursue the nursing advance practice degree. Many of the nursing students come from families where they are the first generation to graduate with a baccalaureate. Of these students 40% are less likely to seek an advance degree. What makes a student nurse graduate with the feeling of being very happy with their decision to become a nurse, and 10% of the student nurses are likely to be very happy with their decision if they have opportunity to practice nursing clinical skills.

This research study has shed light on United States society’s ability and inability to meet the current and emerging needs of 65 years of age and older people in its population. The traditions of the past regarding emerging new nurses have not changed a great deal. Graduating nursing students’ immediate employment interest
after graduation is the hospital setting. The data has offered some understanding of why that decision is often made. The data supported a preference by the senior graduating nursing students to work in a hospital, work with their friends, and have an opportunity to pay back loans. A significant number of new nurses already have the idea of pursuing the nursing advance practice role. There is a modest indication that the student nurses are aware of the importance of performing nurse clinical skills.

All university-level schools of nursing required nursing students to have clinical labs and practice the various skills they will need in the provision of nursing care. These labs are equipped with the same equipment found in a typical healthcare setting. This requirement is part of the nursing practice and is critical to insuring that the student will not, as a practicing nurse, cause harm to their patients. This finding should be of particular interest to those in leadership in various universities’ schools of nursing when it is found that for a new graduating nurse to be very happy with their decision to become a nurse they have awareness that the performance of clinical skills is important.

The finding also supports the theory used in this research. Korman (2004), in self-consistency theory, suggested that individuals reach for a certain level of performance and will make personal choices to ensure they are able to perform to a level they determine as necessary to achieve the level of self-esteem they seek. Korman suggested that in order for a person to perform well and to achieve satisfaction with their performance, they have to reach for and establish a specific level of confidence. When the level of confidence is reached, the person can perform more effectively and show higher correlations between task liking and success.
Conclusion

Discovery has been made about the factors that impact employment decisions made by senior graduating nursing students from schools of nursing baccalaureate programs, their interest in future goals, and their satisfaction and contentment with efforts made to become a nurse. While nurses are filling traditional roles, primary care roles, supporting patients with management of disease, chronic and acute, and supporting obtainment and maintenance of wellness, there remains within the discipline of nursing, and in the culture at large, a reality that traditional approaches are largely unchanged in regard to creating an interest, understanding, and passion for working with the older population of adults aged at least 65 years old.

It is believed that given the adaptive traits within the nursing profession there is potential to effect change in the healthcare system. Nurses are even now poised to help bridge the gap between need and access to care. However, major changes require significant change during the academic and clinical experience and into the licensed practice.

This research study sheds light on these issues with the hope that others will acknowledge the identified needs and support efforts to make meaningful successful changes in the future.

Implications

Administrators and directors of all healthcare delivery systems should be aware of the findings from this research that identify the factors that influence a person to become a nurse. To understand some of the elements that contributes to their goals and motivates them to be successful. The noted nursing turnover in the literature is
perhaps evidence that the need for interventions to support the new nurse is not only in response to the demands placed on them in the role of nurse but also perhaps their unspoken personal concern for their level of safety and confidence in providing care to patients related to “clinical skills.”

Leaving the academic setting with a greater level of skills confidence will be critical if new nurses are to engage successfully in a practice setting that provides less opportunity to practice clinical skills. This is a serious issue as the delivery of care and services moves more into the community non-hospital settings.

Given the literature review, findings from this study lead this researcher to argue for the growing need for nurses who are willing to work in alternative healthcare settings. If the findings that new nurses seek employment opportunities in the acute care setting (hospital) because they perceive that worksite as opportunity to gain confidence in clinical skill performance, consideration by alternative healthcare settings might benefit by giving thought as to the ways and means they can provide similar opportunity.

In regard to plans to seek advance practice degrees and to work in the more independent practitioner role, 87% of the senior graduating nursing students did have an interest in the advance practice role. Among the potential advance practice roles findings were found that the students clearly preferred the option of nurse practitioner. This selection accounted for 60.7% of the responses. All other advance practice roles were included as potential options: nurse anesthetist for 19.4%, nurse midwife for 7.7%, and clinical nurse specialist for 12.2%. The percentages that indicate the variance in specific role should be considered for further research. The nursing advance practice
role has historically been seen as a solution to the shortage of doctors available to rural communities. Further research is indicated to advance the idea that those interested in the role of advance practice nurse might be better focused by challenging interest in the mid-wife and nurse anesthetist roles given the projection of the significant and growing need for the nurse practitioner and clinical nurse specialist roles.

Yet to be recognized in nursing is the significance of study and applied practice for the specific populations of older adults who comprise the interdisciplinary fields of geriatrics and gerontology. A study of the faculty of schools of nursing could be used to determine the number of faculty in teaching positions who have as their personal academic and clinical background experience with geriatrics. If the majority of the faculty of schools of nursing come from professional specialties such as pediatrics and women’s health (meaning the population of younger women with pregnancy and birthing issues), it may be asking too much for them to show any interest in or passion for working with the older adult population for their nursing students. Research recommendations involve encouraging researchers desiring to look at the professional backgrounds and interests held by nursing faculty in leadership level positions in schools of nursing.

Research Recommendations

The recommendation is to encourage researchers to explore the interests and goals of students in associate degree nursing programs. It was not surprising to discover the interest of senior graduating nursing students from baccalaureate nursing programs in pursuing an advance practice degree as the undergraduate degree is on a direct path to higher academics and clinical roles. associate degree nursing programs
focus on performance of skills in the practice of nursing while the baccalaureate programs have a common focus on the science of nursing. It would be of interest to discover if student nurses in associate degree nursing programs (2 year programs) have similar or different responses to the same independent variables used in this study and to determine if they have interest in working in alternate healthcare settings along with if they too have interests in training for advance practice roles.
APPENDIX A

INFORMED CONSENT FORM
University of North Texas Institutional Review Board
Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Senior Graduating Nursing Students: Career Choices in Gerontological Nursing in Response to Expanding Geriatric Population.

**Investigator:** Dr. Stan Ingman, University of North Texas (UNT)

Department of College of Community Service and Public Affairs – Sociology – Applied Gerontology.

**Key Personnel**

Judith Anders

**Purpose of the Study:** You are being asked to participate in a research study which involves asking graduating senior nursing students from a University, School of Nursing, and Baccalaureate program to complete a questionnaire that has as a focus the graduating student’s individual goals in regard as to where they want to be employed after graduation and obtainment of a nursing license.

**Study Procedures:** You will be asked to listen to an oral description of the purpose of the study, read and respond to a consent form with your signature/date, and respond to a twenty (20) question questionnaire. Introduction to the study, reading and signing the consent form, and answering the questionnaire will take about 30 minutes of your time.

**Foreseeable Risks:** “No foreseeable risks are involved in this study.” A participant may experience some discomfort solely related to the simple act of asking you questions. Therefore, every effort will be made to make certain you are informed and aware of what this study is all about and what your involvement means to you personally. In all cases potential participants may choose to participate or not. In either case there is absolutely no potential threat or penalty to you. You of course can opt out of participation should you so choose.

**Benefits to the Subjects or Others:** “This study is not expected to be of any direct benefit to you.” However, we do expect the project to indirectly benefit you by providing research findings of interest to the United States government, State governments, and those who provide
educational funding for nursing students. Additionally, the findings may be of interest to University schools of nursing and the various professionals that have as a focus the care, and delivery of services to older adults.

The findings from this investigation will provide support to the healthcare industry as to what can be anticipated from the newest emerging group of baccalaureate prepared nurses in regard to practice specialty interest. State governments are concerned with potential growth or decline in population, age of the population, and ethnic population growth. Findings from this research will shed light as to if there is ethnic influence in where new nurses want to work after licensure. Future employers will be best served if they know the strength of desire and purpose of the newest members in the nursing workforce. Schools of nursing can benefit from seeing if courses in gerontology provided to students in the academic setting will in fact increase nurse interest in working with the older population and promote interest in obtainment of the Advance Practice degree.

**Compensation for Participants:** You will receive no monetary income as compensation for your participation.

**Procedures for Maintaining Confidentiality of Research Records:**
You are receiving this consent form. You are being asked to sign and date the form. The consent form is a process used to make sure a participant is fully aware of what they are being asked to do. You will also be presented with a three page questionnaire. There are twenty (20) questions. You will note there is no place for you to identify yourself in anyway on the questionnaire. It is the data from the questionnaire that will be used in the research study. The consent form and questionnaire are considered private and confidential. They become the property of the researcher. After they are filled out they are subject to audit by the University of North Texas IRB and by the federal Office for Human Subject Research Protections. The questionnaire findings will be analyzed for research purposes. The findings and outcomes will become part of a dissertation of the Doctoral candidate. After completion the individual forms are not shared with this University, School of Nursing, Dean or faculty. Your decision to participate or to withdraw from the study will have no effect on your standing in this course or your course grade. All documents will be retained and obtained confidentially for 3 years. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

**Questions about the Study:** If you have any questions about the study, you may contact
Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Rights:
Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Judith Anders has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

________________________________
Printed Name of Participant

________________________________                                ____________
Signature of Participant                                Date

For the Investigator or Designee:
I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

__________________________________________________________                    ____________
Signature of Investigator or Designee                                Date
APPENDIX B

QUESTIONNAIRE
Questionnaire

Thank you for taking time to participate in research regarding senior graduating nursing students, their academic experiences, and their various interests in the profession of nursing.

1. Are you a senior nursing student in the last semester of school, prior to graduation?  
   Yes  No

2. Please circle the age group that includes you:
   a. 18-25
   b. 26-33
   c. 34-41
   d. 42-49
   e. 50-57
   f. 58-65

3. Please identify your gender:  Male  Female

4. Please circle your ethic group:
   American Indian  Alaskan Native  Asian  Pacific Islander  Black  White
   Hispanic

5. Please circle your marital status:
   a. Married (spouse in household)
   b. Married (spouse not in household)
   c. Widowed
   d. Separated
   e. Never married
   f. Living with partner
6. Is one of your family members a licensed nurse?

Yes  No

If yes, please circle which relative:  **Choose only one**

a. My spouse
b. One of my children
c. A parent (with close contact)
d. A parent (no close contact)
e. A sibling (with close contact)
f. A sibling (no close contact)
g. A grandparent (with close contact)
h. A grandparent (no close contact)
i. An aunt or uncle (with close contact)
j. An aunt or uncle (no close contact)
k. A first cousin (with close contact)
l. A first cousin (no close contact)

8. Will you be the first member of your family of origin (grandparents, father, mother, and siblings) to graduate from college with a baccalaureate degree?

Yes  No

9. Did someone in your family encourage you to become a nurse?

Yes  No

**If yes: Circle one**  **If yes and more than one: Circle the one of most influence**

Spouse  A child  Parent  Grandparent  Sibling  Aunt  Uncle  A first Cousin

10. Did someone or something outside of your family influence you to become a nurse?

Yes  No

**If yes: Circle one**  **If yes and more than one: Circle the one of most influence**

Friend  Teacher  Counselor  Religious leader  Economic issues  Health Professional
11. Do you have an interest in becoming an advance practice nurse?  Yes  No

If yes, what specialty?  Circle primary choice
Nurse Anesthetist  Nurse Midwives  Clinical Nurse Specialist  Nurse Practitioner

Please answer all questions using the following scale:
1 – Strongly disagree  2 – Somewhat disagree  3 – neutral/no opinion
4 – Somewhat agree  5 – Strongly agree

12. What element will make the most impact on your choice of employment opportunity?
Salary................................................................. 1 2 3 4 5
Benefits ................................................................. 1 2 3 4 5
Close to home ......................................................... 1 2 3 4 5
My friends work there ............................................... 1 2 3 4 5
Any job to be employed .......................................... 1 2 3 4 5
Need to practice skills ............................................. 1 2 3 4 5
Commitment to pay back loans ................................. 1 2 3 4 5
Working with the patients that are of most interest to me.... 1 2 3 4 5

13. After graduation and licensure what type of employment site are you considering?
Circle first preference
Hospital  Nursing Home (Long-term care)  Skilled Nursing Unit
Rehabilitation  Birthing Center  Surgery Center
Urgent Care Center  Home Health Agency  Physician Office
Parish Nursing  None (I will not be employed immediately)

14. Have you had any academic courses specific to geriatrics that created an interest in working specifically with people older than age 65?  Yes  No
15. Have you had any **clinical** experiences that made you think you’d **like** to work specifically with people older than age 65?  
   Yes  No

16. Have you had any **clinical** experiences that made you **less** willing to work specifically with people older than age 65?  
   Yes  No

17. Have you had a **relative** older than age 65 for whom you provided care?  
   Yes  No

18. Do you have a preference for working with members of your own personal ethnic group?  
   Yes  No

19. Do you have a preference for working in a rural or urban community?  
   Yes  No  
   **If yes, please circle preference:** Rural  Urban

20. How happy are you with your decision to become a nurse:  
   **Circle one**  
   Very Happy  Moderately Happy  Fairly Happy  Not Very Happy  Not Happy at All

   **THIS COMPLETES THE QUESTIONNAIRE**

   **PLEASE TURN IN THE QUESTIONNAIRE**

   **THANK YOU FOR YOUR PARTICIPATION**
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