Competency ratings of BSN, AD, and diploma nurses by hospital administrators/directors of nursing and nurse supervisors

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COMPETENCY RATINGS OF BSN, AD, AND DIPLOMA NURSES
BY HOSPITAL ADMINISTRATORS/DIRECTORS OF NURSING
AND NURSE SUPERVISORS

A Thesis
Presented to the
Faculty of
California State University
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the Requirements for the Degree
Master of Arts
in
Psychology

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ABSTRACT

Studies of the shortage of professional nurses in acute-care hospitals of the United States consistently point to issues related to work environment and job dissatisfaction among hospital nurses. One of the main reasons for this dissonance may stem from role expectancies and placement by administrators which have produced an impoverished work environment. The purpose of this study was to determine if hospital administrators, in relation to nurse supervisors, would show less differentiation of nursing qualities and abilities among three levels of recent graduate nurse employees. Fifty-two subjects, twenty-six hospital administrators, which included directors of nursing, and twenty-six supervisors, rated and ranked three levels of nursing professionals, Bachelor of Science nurses, Associate Degree nurses, and Diploma nurses, on selected nursing task competencies and/or nursing qualities. Subjects completed a two-part questionnaire consisting of demographic data and a list of sixteen nursing tasks and/or nursing qualities. Administrators and supervisors did not differ in their evaluations. The lack of a group difference may be due to the fact that, since the acceleration of the nursing shortage, administrators have been hiring nurse
consultants, or nurse vice-presidents to keep them informed of the nurses' plight. For the administrators' sample, twenty-four of the twenty-six administrators delegated the questionnaires to their assistants, nurse consultants, or directors of nursing. The study did, however, show significant differences in evaluation among the three levels of nurses, similar to previous studies.
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INTRODUCTION

Nurse Shortage

A topic of current concern is the persistent shortage of professional nursing personnel in the health care industry which is affecting the health of this nation. According to reports by Sigardson and Weiss (1982) and Durbak (1982), the American Hospital Association alone estimates that there are 100,000 vacant positions in nursing in the United States. They also report an estimation, by the Department of Labor, that there will be 240,000 vacancies in nursing in 1985. O'Donovan and Bridenstine (1983) state that the nursing staff shortage would be even more acute were it not for the recruitment of thousands of nurses from abroad each year. Nonetheless, the problem is mounting and, according to the Bureau of Labor Statistics, 850,000 new registered nurses will be needed annually for health care services. Although there are more than 1,400,000 RN's in the U.S., 400,000 of these nurses are not employed nor are seeking employment. Therefore, O'Donovan and Bridenstine indicate that there is not a shortage of professionally trained RN's in the United States, but rather that nurses are leaving active practice in large numbers and are not returning to the nursing field. They claim that the shortage
is even more acute in high stress areas such as coronary care units, intensive care units, pediatric and neonatal intensive care units. Hallis (1980) reveals that 90 percent of inactive nurses hold current licenses and could return to work if they wished to do so. If they were to return, along with new graduates from nursing schools, there probably would not be a shortage of nursing personnel.

In contrast, Johnson and Vaughn (1982) argue that there is not a flight from the profession nor a breakdown in the supply of nurses. They report that the rate of increase in effective demand for RN's has been outpacing the rate of increase in supply. Two of the most important reasons for increasing demand probably are related to increasing proportions of patients at higher illness or acuity levels and to the new technology that is occurring in the delivery of nursing and medical care in acute-care hospitals. They feel that if this divergence persists, problems of supply and shortage may become chronic, despite increases in annual supply.

Nursing Confrontations

While the opinions of Johnson and Vaughn remain polemical, investigations of the nursing staff shortage have shown that nurses are confronted with a variety of problems. O'Donovan and Bridenstine (1983) place these problems into five major categories: (1) work environment and job dissatisfaction, (2) job-related stress and anxiety,
(3) lack of recognition of professional status, (4) lack of expanded career opportunities, especially for women, and (5) personal commitments and responsibilities. One of the most consistent problems, and probably the main cause of nurse turnover, seems to be related to work environment and job dissatisfaction, mostly with employment in hospitals. Aiken (1981) found the modern nurse's role lacking the recognition of appropriate organizational arrangements among doctors, nurses, and hospitals. Aiken also states that there are fundamental incompatibilities in the contracts among hospitals, physicians, and professional nurses which are precluding many nurses from a commitment to hospital careers. Incompatibilities are focused upon hospitals and agencies which are deficient in an updating of nurses' standards of practice and role expectations in accordance with the educational preparation of the nurse. As a result, RN's with different educational backgrounds in nursing are hired to perform basically similar tasks (Grissum, 1976). Gulack's survey results (1982) show that nurses are not interchangeable and need options in the nursing field based upon these differences. Gulack states that employers are placing all nurses, regardless of their distinct backgrounds, personalities, and ambitions into standardized pigeonholes and, consequently, are losing valuable nurse hours. Gulack believes that this may be driving some nurses out of the field. Hospitals are finding
it difficult to attract and retain nurses since a gap between staff expectations and current administrative practice remains. O'Donovan and Bridenstine (1983) claim that hospital administrators should consult nurses, as health care professionals, in the decision-making process regarding their needs and the necessary steps to remedy these needs.

Survey of Nursing Satisfaction

In a nationwide survey (Donovan, 1980) when nurses were asked to rate their satisfaction with their present jobs, only 10.8 percent of the 1,051 nurses surveyed said that they were really very satisfied; 54 percent were fairly satisfied; 31 percent were somewhat satisfied; and 4.1 percent were not satisfied at all. The vast majority felt that nursing does not live up to their expectations. A profile of frustration was seen in a comparison of nurses' dreams and ideals with their views of contemporary reality. For example, 92 percent rated a sense of achievement as very important to them, yet only 32.7 percent felt very satisfied in that respect. The result emerging from this survey showed nurses hopping from one job to another in desperation to find something better. In an overwhelming majority of cases nurses changed jobs to move to a different employer. Almost all the mobility in nursing was lateral with only one nurse in five moving upward. Donovan infers that, unlike other professions, nurses do not stand to
gain an increase in salary or responsibility with each move. In this survey most nurses' criticisms focused on the system, rather than personal disappointments. Their complaints ranged from a shortage of nursing personnel, fragmentation of patient care, too much paper work and arrogant physicians. Fairly satisfied nurses complained about disorganization, politics, red tape, and government cutbacks. Nurses who were only somewhat satisfied complained of poor pay, poor conditions, and poor management. Nurses said, "We are short of help and they tell us there are no openings! Patients don't get the care they pay for--and the hospital complains we get paid too much overtime. I'm tired of hearing about the budget!" (Donovan, 1980, p. 25).

Hallis (1980) reports that nurses' complaints point to hospitals and inadequate staffing, poor communication among nurses, doctors, and administrators. Other complaints suggested that hospitals were to blame for substandard patient care, low morale, insufficient continuing education and low wages.

**Nurses' Job Placement and Status**

If nurses were satisfied in their positions, problems of inadequate staffing would probably decrease. Appropriate placement of nurses in hospitals according to their education, special skills, and experience might lessen
the dissatisfaction of nurses toward hospital administration and an impoverished working environment. Grissum (1976) states that "nurses have been literally impoverished within their environments and within themselves. The so-called good nurse is a woman who is brilliantly and deceptively packaged and programmed to perform as the product promoters intended. Free-thinking radicalized nurses are removed from circulation or disowned by the promoters" (p. 164).

Many physicians do not recognize the professional status of nurses and continue to accept them in a subordinate rather than associate role. Communication relevant to patient care is often thwarted by doctors who place nurses in the handmaiden role. However, O'Donovan and Bridenstine (1983) indicate that these attitudes are less prevalent among younger doctors. There are people who still believe that every woman is instinctively a nurse and vice-versa. Therefore, "the nursing profession is perceived as merely institutionalizing and formalizing the innate feminine secondary sex characteristics which comprises nurturance and the will to serve" (Sandelowski, 1981, p. 24). The stereotype that nursing is a natural calling for women, since it may prepare one for maternal duties, makes it obvious to understand why there are so many women's liberationists who view nursing as the ultimate expression of the defamation of women (Sandelowski, 1981). Sandelowski implies that few people are cognizant of the fact that
nursing care is founded on rational, objective, and scientific principles. She explains that the "care" of nursing, and the "cure" of medicine are distinct, albeit both are equally important health measures. However, care and cure are not equally valued, since many people assume that nursing care is merely an instinctive characteristic of women requiring very little knowledge and skill. Such an assumption is definitely repudiated by professional nurses. Negative and false perceptions of nursing may be discouraging to those who are interested in going into the field but would prefer a more respectable and autonomous profession.

Nurse Practice Act

In 1973, the passage of a revised nurse practice act in New York recognized nursing as an autonomous profession. This act differentiated the practice of nursing and the practice of medicine. It described the independent function of the nurse. Nursing was defined as "diagnosing and treating human responses to actual or potential health problems through such means as case finding, health teaching, and counseling" (Kalisch & Kalisch, 1978, p. 666). These authors revealed that statutory independence for the nursing profession was achieved only after a bitter struggle with the New York State Medical Society and the State Hospital Association who charged that nurses were seeking unwarranted
authority to practice medicine. "Nursing," according to the American Nurses Association, "is the diagnosis and treatment of human responses to actual or potential health problems. The definition implies a crucial difference between nursing and medical practices: Nurses diagnose and treat (human) responses—not the medical problems themselves. The human responses that nurses treat are often multiple, episodic or continuous, fluid, and varying, and are less discrete or circumscribed than medical diagnostic categories" (ANA News, 1981, p. 263).

Nursing Training

There is still no single path toward becoming a nurse. Graduate nurses from three nursing programs are in competition with each other for acknowledgment and survival (Grissum, 1976). Many individuals do not realize that there are three different methods in which one may prepare to become a registered nurse. The three methods consist of (1) a two-year associate degree program in a junior college (AD); (2) a diploma school or three-year nurses' training in a hospital school of nursing; and (3) a four-year baccalaureate degree program in a college or university (BSN). The associate degree program condenses both clinical or procedural (bedside nursing and direct care of patients) and theoretical nursing education. The diploma nursing program consists of an intensive program that stresses
clinical experience as well as theoretical nursing education and classroom work. The baccalaureate program stresses the importance of theoretical nursing education rather than hospital-based experience (Grissum, 1976). What distinguishes each method from the other is not only the difference in years of training or education, but also the fact that the only program that graduates a nurse with a BSN is the four-year program. The two-year program allows a graduate to obtain an associate degree. S/he may complete work toward a BSN at a four-year college. The hospital-trained nurse completes training as a graduate nurse with a diploma. However, s/he may obtain a BS or a BA degree by completing two more years of education in a four-year college or university which is affiliated with the hospital school of nursing, or a college or university that offers credit for prior nursing education. Sandelowski (1981) cites a statement by Perez and Raila that since the nursing profession is trying to attain equality of status with other professions, such as medicine and law, the American Nurses' Association is planning to make the BSN program mandatory for registered nurses. If the ANA's plans are successful, it will mean that all RN's without a baccalaureate degree will no longer be recognized as professional nurses, but rather as technicians. This concept has provoked some discord among nurses. While some nurses are willing to seek further education toward
the obtainment of a degree, there are others who are opposed to the idea that they should have to return to school in order to maintain their professional status. As a result, many of these nurses leave nursing to enter new fields. Other RN's may leave nursing positions to further their education.

A serious controversy exists among nursing personnel as to which level of nursing program is the best. The maintenance of three distinct routes for becoming a RN is not only creating a division among nurses, but is also provoking an animosity among them. Studies have shown that collegiate school nurses are lacking in proficiency of nursing skills and intimate familiarity with realistic work situations prior to graduation (Hoyter, 1971; Davis, 1973; Zarett, 1980; Ream, 1982; O'Donovan and Bridenstine, 1983). A study by Zarett (1980), which consisted of a rating of diploma, BSN, and AD graduates on a performance scale and on State Board Exams, showed that diploma nurses were rated significantly higher in six nursing performances. Also, diploma nurses achieved higher scores than BSN's in the Pennsylvania State Board Exams during the years from 1977 to 1978. Although AD graduates scored lower than diploma graduates, in 1978 they scored higher than the BSN's in four of five areas tested. Perhaps this may be explained by the fact that the AD graduates have a greater exposure to clinical nursing than the BSN's. It was also
found that diploma nurses needed the least amount of orientation at the time of employment. Zarett points to the following studies which show that hospital employers rate nurses' performance independent of their educational background. Soules had shown in a survey of sixteen acute-care community hospitals in California, that diploma nurses held 82 percent of the head nurse positions and 76 percent of the managerial jobs, although they consisted of only 69 percent of the entire staff of professional nurses. A study by Dateman indicated that 92 percent of Pennsylvania nursing directors considered diploma nurses best prepared for nursing practice. Diploma and BSN graduates were shown to be more alike than different in a study by Smoyak. Hogestell discovered that more than half of the AD graduates were being hired for the same positions as BSN graduates and that promotions were given to eighty percent of all graduates irrelevant of their educational preparation; however, Nelson showed that supervisors rated BSN's highest in performance.

McCloskey's (1983) analysis determined whether four groups of nurses, including practical nurses, with different educational preparations differed in job effectiveness. Head nurses rated their staff nurses on job effectiveness by comparing them to each other and to ideal, best, and worse possible nurses. Although job effectiveness was not defined, a profile of the effective nurse was constructed
from the study data. The effective nurse was construed as an AD or Diploma nurse who returned to college and had an average of eight years of nursing experience. She also had strong critical care and professional developmental skills. Results showed that AD nurses' performance was rated as competent in a hospital setting and even better after they returned for a baccalaureate degree. The AD nurses were rated somewhat better than practical nurses, who have only one year of nurses' training. Practical nurses did not do badly, considering that their nonperformance of certain skills may have been due to their job description and nursing practice laws rather than their abilities. Since AD's were equally rated with diploma and baccalaureate nurses and practical nurses were also rated well, McCloskey states that she does not support a technical/professional split. This would imply that all levels of nurses are performing professionally. She warns, however, that her study does not take into account the level or type of work. If the only type of work in this particular setting was shown to be of a technical nature, then the implication is that increasing education has only a small effect on performance of this kind. However, a study by Welch, Dixon, and Stanford, cited by McCloskey, showed that the job performance rating of staff nurses, by head nurses, did not correlate with the educational background of staff nurses. Bassett also showed
that BSN's and AD's were alike in creative thinking ability and problem-solving skills. (McCloskey, 1983).

McCloskey's study also revealed that all nurses, regardless of their levels or nursing programs, received lower ratings for their teaching/collaboration planning/evaluation, and leadership skills than professional development, interpersonal relations, communication and critical care skills. These findings agreed with Schwirian's (1979) results, which showed that staff nurses were rated higher by their head nurses on critical care skills than leadership, teaching, and planning skills. According to McCloskey, nurse educators should strive to improve these skills of their graduates. She also feels that there should be more opportunity in hospitals for the demonstration of such skills.

Another fact that McCloskey points to is that not enough attention is focused on continuing education, on the job education, or liberal education prior to or during preparation in a nursing degree program. She also suggests that career motivation may be the controlling variable to explain why there was a lack of difference among graduates of different nursing programs in her study.

**Nursing History**

O'Donovan and Bridenstine (1983) relate, in a history of nurses' training, that most nurses in the past were
hospital-trained or diploma-school nurses. Nurses, patients, physicians, and most people understood the nurses' role quite clearly. Nurses were considered more as handmaidens to physicians than as members of a professional health care team. Nurses held full responsibility for carrying out every single order that was prescribed by physicians for their patients. During World War II, an acute shortage of nurses provoked the evolvement of assistant nurse positions, such as licensed practical nurses and nurses' aides. Other specialized professions, such as pharmacists, social workers, physical therapists, respiratory therapists, and clinical dieticians were included in the health care team as health care expanded. Prior to the advent of these specialists, nurses had performed all these chores.

Another major change was manifested in nursing education from 1950 through the 1970's. While two-year associate degree programs were beginning throughout the United States, baccalaureate degree programs in nursing began to increase in number. Diploma programs declined from 636 to 311 during the 1970's. By 1977, only 23 percent of all nursing graduates were from diploma programs, while 30 percent were from baccalaureate programs, and nearly 50 percent were from associate degree programs. These changes produced registered nurses with variable levels of education and experience. A transition from the hospital-trained nurse to the college educated nurse had begun. The American
Nurses' Association wishes to set a goal for 1985 in which all new RN's will have to obtain a baccalaureate degree in nursing, since they feel this will upgrade the nursing profession. In the meantime, the nursing field has been affected by the increased innovations and technological advances of the health care system. New technical training and skills are becoming necessary for nurses. Hospitals are in the process of expansion and require a larger population of employees. There has been an increase in intensive patient care services. As more intensive services are initiated, there is a reduction in the patients' average length of stay in the hospital. Therefore, increased technology has produced more specialization and fragmentation of job skills (O'Donovan and Bridenstine, 1983).

**Reality Shock**

O'Donovan and Bridenstine (1983) explain a condition known as "Reality Shock." This phenomenon relates to the nurses' perception of the difference between the theory taught in the classroom and the actual practice of nursing. Graduates of academic nursing programs have obtained relatively little experience in the clinical care of patients. When these graduates are employed as staff nurses in hospitals, they are not prepared for the reality of nursing in the real world. This is the cause of much frustration and lack of self-confidence, since they are
unable to extend the quality of care that they have studied in their textbooks. This may account for the stress seen while working with physicians and other nursing staff employees. "The dichotomy between theory and practice is the reality shock and can often overwhelm nurses" (O'Donovan and Bridenstine, 1983, p. 78).

Nurses Clinical Education

Ream (1980) says that "nurses once were supervised through 3,500 to 5,000 hours of patient care; they now get a small fraction of that. This is doubly disconcerting since nurses are today expected to perform intricate procedures that didn't even exist 30 years ago. Also, at the very time that nursing educators were slashing skill training, medical schools and state licensing agencies began demanding much longer skill training for physicians. Clearly, medical people are not unaware of the importance of skills" (Ream, 1980, p. 17). Grissum (1976) states that general confusion remains about the standard role of the nurse, while new and increasing roles are developing for nurses. The nurses' role appears to consist of either specific technical tasks or global responsibilities. Since nurses' skills are inappropriately utilized in the employment situation, nurses may become Jack (or Jill)-of-all-trades.

Nursing Education and Service Split

Doris Wagner, RN nursing administrator, refers to
a chasm between nursing education and service today which did not occur years ago when nursing education and services were completely united. She says that two major changes in 1950 were responsible for this chasm. The first change appeared when the apprenticeship type of nursing program was discontinued by nurse educators, since they considered it to have a bad influence on education. Then nursing service complained about the cost involved in training students and demanded a separation. The second change was in the creation of the associate degree nursing (ADN), a technical program, which resulted from the nursing shortage. Wagner feels that the variety of nursing programs is a confusing aspect of nursing education. She contends that the different levels of nursing education are hardly warranted or justified, if both technical and professional nurses are utilized in the same way, without categorical distinctions in nursing practice. Hospital nursing service expects the beginning nurse to function at the same level regardless of her specific level of nursing education. Nursing service needs competent nurses rather than those who are inexperienced. Also, Wagner stresses the fact that assignment of new staff is most difficult for nurse administrators when nurses come from such diversified programs. Realistic assignments for new graduates can only be given if the nurses' knowledge base is known by the employer. If the present system is to prevail, then
Wagner feels that nursing education and nursing service should work in conjunction with each other in order to define expected outcomes for different levels of nurses' education. Most nurse administrators realize the need for extended orientation for new graduate employees, since most graduates are incapable of setting priorities, making judgments and solving problems.

Wagner also focuses on the problem of nurse faculty members who lack the clinical experience of their specialty when it is necessary to serve as role models for their students. Ream (1980) shares this sentiment also. Still another problem, is the nurse graduate who makes the decision to continue her/his education to the doctorate, but has never gained any work experience, and then assumes a high level position for which s/he is clinically ill prepared (Wagner, 1980).

**Hypothesis 1**

The source of the main hypothesis in the present study has evolved from the apparent insensitivity of hospital administrators toward differences in nurses' education, abilities, and personalities. It has been ascertained from the literature that much of nurses' dissonance stems from role expectancies and placement by hospital administrators who seem to regard all RN's as being the same. Consequently, nurses have been inappropriately placed
into positions that conflict with their nursing specialties and abilities. Nurses have been moved around like pawns on a chess board by administrators who appear to be more interested in the delivery of nursing service per se, rather than the quality of nursing service. The purpose of this study is to determine if hospital administrators in relation to nurse supervisors show less differentiation of nursing qualities and abilities among three levels of recent graduate nurse employees. It is expected that supervisors who work in closer proximity with the nursing staff should show more differentiation than administrators/directors in their ratings and rankings of the three levels of nurses' educational programs. It is also expected that supervisors' differentiation will be in the direction consistent with past studies.

Past studies have shown that baccalaureate nurses are considered to be more competent than diploma nurses in their performances of the following tasks: Applies selective knowledge of biopsychosocial influences on health status (Zarett, 1980); Shows strong leadership abilities (Jacobs, 1981); Teaches patients about their care (Schwirian, 1978); Communicates effectively with staff and patients (Jacobs, 1981); Identifies the need for self-actualization and continuing education (Zarett, 1980); Provides good care plans for patients (Schwirian, 1978).

Diploma nurses are considered to be rated higher than
BSN's in their performances of the following nursing tasks: Needs little or no orientation upon employment (Zarett, 1980); Performs independently, when necessary, in providing health care (Zarett, 1980); Performs nursing skills accurately and safely in the promotion, maintenance, and restoration of health (Zarett, 1980); Exhibits high degree of commitment to quality nursing care (Zarett, 1980); Assumes responsibility for patients assigned to their care (Zarett, 1980); Establishes and chooses appropriate priorities to achieve nursing goals (Zarett, 1980); Systematically reports and records pertinent data to determine nursing care needs (Zarett, 1980); Performs the greatest number of functions in practice (Davis, 1973).

Hypothesis 2a

Hypothesis 2a predicts that, across administrators/directors and supervisors, BSN's should receive higher rating and ranking evaluations than diploma nurses on Set A competency scale, which consists of six items: Applies selective knowledge of biopsychosocial influences on health status; Shows strong leadership abilities; Teaches patients about their care; Communicates effectively with staff and patients; Identifies the need for self-actualization and continuing education; and Provides good care plans for patients.
Hypothesis 2b

Hypothesis 2b predicts that diploma nurses should receive higher rating and ranking evaluations than BSN's on Set B competency scale, which consists of eight items: Needs little or no orientation upon employment; Performs independently, when necessary, in providing health care; Performs nursing skills accurately and safely in the promotion, maintenance, and restoration of health; Exhibits high degree of commitment to quality nursing care; Assumes responsibility for patients assigned to their care; Establishes and chooses appropriate priorities to achieve nursing goals; Systematically reports and records pertinent data to determine nursing care needs; Performs the greatest number of functions in practice.

Associate degree nurses were not included in any predictions because past studies have not indicated clear areas of superiority relative to BSN's and AD's.

Two additional measures are studied. One measure focuses on an additional criterion of nursing performance: Utilizes the nursing process competently (Zarett, 1980). The nursing process refers to the assessment, planning, implementation, and evaluation of patients or clients (National League for Nursing, 1982). The other measure focuses on an additional item: Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they
are subservient to doctors (Murray & Morris, 1982). There were no consistently significant findings on either of these two measures to be able to make predictions based on past studies for either the raters or nurses' educational levels.
METHOD

Subjects

A total of 169 questionnaires were sent to administrators/directors and supervisors mostly from California and New Jersey. There was a return of 75 (44.37%). A combined total of 52 returned questionnaires were considered usable for the part of the questionnaire which dealt with competencies of nursing tasks.

Subjects were selected from hospitals familiar to the investigator as well as other hospitals listed in the telephone directories from California, New Jersey and other states in the United States. Fifty-two subjects composed of twenty-six hospital administrators, including directors of nursing, and twenty-six nurse supervisors participated in this study. Data from twenty-three other subjects, including fifteen administrators/directors and eight supervisors was included in the demographic part of the study only, since these subjects either did not complete the ratings and rankings or did not do them correctly.

The majority of subjects worked in acute-care hospitals in California and New Jersey, although subjects from other states, such as Virginia, Florida, Washington, D.C., Texas, Maine, Michigan, and Washington were included in order
to obtain an adequate and even number of subjects for this study. Participants answered questionnaires voluntarily by mail. Clearance of human subjects usage was approved by the Human Subjects committee at California State University, San Bernardino.

All but two of the administrators referred their questionnaires to their assistants, nurse consultants, or directors of nursing to complete, hence rendering impossible an adequate test of hypothesis 1. Titles of consultants varied, such as Vice-President of nursing, Executive Director, RN, Chief of Nursing Service, Human Resource and Development RN, and others. Some of the directors of nursing also had their questionnaires completed by their assistants. Titles of assistants also varied, such as Assistant Chief of Nursing Services, Director of Professional Development, Coordinator of Staff Development of Clinical Specialists, RN-Clinical Coordinator, Administrative Supervisor, and others.

Only two male nurse administrators completed the ratings and rankings, while another male non-nurse administrators' questionnaire could only be used for the demographic data. One male nurse supervisors' questionnaire could only be used for the demographic data.

Materials

A two-part questionnaire, consisting of demographic
data and a list of sixteen nursing tasks and/or nursing qualities was used for rating and ranking nurses. The list had been previously approved by the American Nurses' Association for compliance of standard nursing practice. (See Appendix A).

Two sets of items reflecting previously found significant differences in performance ratings between BSN's and diploma nurses were listed in a competency scale. (See Appendix B). Set A contained six items, ('s 2, 3, 6, 11, 12, 13), in which bachelor of science nurses had been considered to be more competent than diploma nurses. These items were: (2) Applies selective knowledge of biopsychosocial influences on health status; (3) Shows strong leadership abilities; (6) Teaches patients about their care; (11) Communicates effectively with staff and patients; (12) Identifies the need for self-actualization and continuing education; (13) Provides good care plans for patients.

Set B contained eight items, ('s 1, 4, 5, 7, 8, 9, 10, 14), in which diploma nurses were considered to be more competent than BSN's. These items were: (1) Needs little or no orientation upon employment; (4) Performs independently, when necessary, in providing health care; (5) Performs nursing skills accurately and safely in the promotion, maintenance, and restoration of health; (7) Exhibits high degree of commitment to quality nursing
care; (8) Assumes responsibility for patients assigned to their care; (9) Establishes and chooses appropriate priorities to achieve nursing goals; (10) Systematically reports and records pertinent data to determine nursing care needs; (14) Performs the greatest number of functions in practice.

The last two items, (15 and 16), were analyzed separately because there were no consistently significant findings on these questions to make any predictions based on past studies. These items were: (15) Utilizes the nursing process competently; (16) Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they are subservient to doctors. The items were presented to the subjects in random order and were not designated by set.

Design and Procedure

Subjects were asked which educational level of nurse, diploma, AD, or BSN, they were most willing to hire and why. Separate two-way analyses of variance with a fixed repeated measures design were used for Set A and Set B of the competency scales on rating as well as ranking scores. Individual items for each set were summed. Separate repeated measures ANOVAs were also done for the rating and ranking of questions 15 and 16 in the competency scale. The Dunn's
t tests were used for each test after significant results were obtained to reveal where the specific significance occurred. Either alpha \( p < .01 \) or alpha \( p < .05 \) was used.

There were two independent variables. One variable included the opinions of hospital administrators and directors of nursing on one level and nurse supervisors on the other level, a between subjects factor. The other independent variable consisted of the ratings and rankings of three levels of nurses by administrators/directors and supervisors, a within subjects factor. The dependent variables included the ratings and rankings among three groups of nurses (diploma, BSN, and AD nurses). Thus, the analysis of variance consisted of a fixed repeated measures design in which level of raters was the between groups variable and educational levels of nurses was the within groups variable.

Performances of nursing tasks by recent graduate nurse employees were rated by administrators/directors and supervisors with the use of a five-point Likert-type scale. The selection of choices ranged from 5 (strongly agree) 4 (agree) 3 (undecided) 2 (disagree) 1 (strongly disagree). Number 5 indicated the highest or best score, with number 1 as the lowest score. A three-point scale was used for the rankings of the three nurses' groups in which the largest number (3) indicated the lowest rank, whereas the lowest number (1) indicated the highest rank. (see Appendix A).
Rankings and ratings were used because previous studies vary in their use of rankings and ratings and findings would be more reliable if repeated over two different measurement techniques.
RESULTS

A breakdown of demographic data is provided in Table 1. A total of 75 subjects were included in this analysis regardless of whether or not their questionnaires were completed correctly to be used for their opinions on nurses' performances of task competencies and/or nursing qualities. The reason for this was based upon the fact that there was pertinent information, other than competency tasks, that could be utilized in this study.

A Chi-square analysis was done separately for question number 10 in reference to raters' preferences of levels of nurses, "Which educational level of nurse, (Diploma, BSN, or AD) are you more willing to hire and why?" Only 65 of the 75 subjects' responses were included in this analysis, since ten subjects had given two preferences, rather than one, from the three choices. Only one single preference was shown for the AD nurses' level. Therefore, the Chi-square analysis was based on differences in preference of nurses' levels primarily between BSN and diploma nurses.

As can be seen in Table 1, there were only two male non-nurse administrators in this study. All nurse consultants and directors of nursing were females. Nurse supervisors
Table 1

Demographic Data Analysis of Situational Variables

<table>
<thead>
<tr>
<th></th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>92</td>
</tr>
<tr>
<td>Male</td>
<td>3*</td>
<td>7.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 - 29</td>
<td>2</td>
<td>5.12</td>
</tr>
<tr>
<td>30 - 39</td>
<td>13</td>
<td>3.33</td>
</tr>
<tr>
<td>40 - 49</td>
<td>15</td>
<td>38.46</td>
</tr>
<tr>
<td>50 - 59</td>
<td>7</td>
<td>17.94</td>
</tr>
<tr>
<td>62 - 65</td>
<td>2</td>
<td>5.12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>39</td>
<td></td>
</tr>
<tr>
<td><strong>Mean Age</strong></td>
<td>43.36</td>
<td></td>
</tr>
</tbody>
</table>

*This figure includes two non-nurse administrators*
Table 1 (continued)

<table>
<thead>
<tr>
<th>Length of time at present position</th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 11 months</td>
<td>6 14.63</td>
<td>3 8.82</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>21 51.21</td>
<td>21 61.76</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>5 12.19</td>
<td>7 20.58</td>
</tr>
<tr>
<td>11 - 19 years</td>
<td>8 19.51</td>
<td>2 5.88</td>
</tr>
<tr>
<td>20 - 29 years</td>
<td>1 2.43</td>
<td>1 2.94</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>34</td>
</tr>
<tr>
<td>Mean years</td>
<td>5.14</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Educational Status

<table>
<thead>
<tr>
<th></th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>41 100</td>
<td>34 100</td>
</tr>
<tr>
<td>College (1 - 6 years)</td>
<td>37 90.24</td>
<td>31 91.1</td>
</tr>
<tr>
<td>Post-graduate</td>
<td>23 56.09</td>
<td>5 12</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>34</td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Prior nursing education</th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>95.12</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>4.87</td>
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<tr>
<td>Total</td>
<td>41</td>
<td>100.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of nursing program completed</th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate degree</td>
<td>3</td>
<td>7.31</td>
</tr>
<tr>
<td>Diploma</td>
<td>16</td>
<td>39.02</td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td>9</td>
<td>21.95</td>
</tr>
<tr>
<td>Masters degree</td>
<td>10</td>
<td>24.39</td>
</tr>
<tr>
<td>PhD.</td>
<td>1</td>
<td>2.43</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Employed at what type of facility?

<table>
<thead>
<tr>
<th></th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute-care</td>
<td>40</td>
<td>97.56</td>
</tr>
<tr>
<td>Home-care</td>
<td>1</td>
<td>2.43</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Patient population at facility</th>
<th>Administrators/Directors</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>20 - 99</td>
<td>5</td>
<td>12.19</td>
</tr>
<tr>
<td>100 - 500</td>
<td>30</td>
<td>73.17</td>
</tr>
<tr>
<td>600 - 1000</td>
<td>3</td>
<td>7.31</td>
</tr>
<tr>
<td>1100 - 1218</td>
<td>2</td>
<td>4.87</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>359.63</td>
<td></td>
</tr>
</tbody>
</table>

Are all levels of nurses employed at facility?

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>34</td>
<td>85</td>
<td>27</td>
<td>79.41</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>15</td>
<td>7</td>
<td>20.58</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td></td>
<td>34</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrators/Directors</td>
<td>Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Which level of nurse are you most willing to hire?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate degree</td>
<td>1</td>
<td>2.77</td>
<td>0</td>
<td>---</td>
</tr>
<tr>
<td>Diploma</td>
<td>13</td>
<td>36.11</td>
<td>7</td>
<td>24.13</td>
</tr>
<tr>
<td>Bachelor of science in nursing</td>
<td>8</td>
<td>22.22</td>
<td>10</td>
<td>34.48</td>
</tr>
<tr>
<td>Neutral</td>
<td>14</td>
<td>38.88</td>
<td>12</td>
<td>41.37</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Are you responsible for hiring and/or supervising nurses?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>63.41</td>
<td>27</td>
<td>79.41</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>36.58</td>
<td>7</td>
<td>20.58</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td></td>
<td>34</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrators/Directors</td>
<td>Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>What is the attrition rate at your facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>4</td>
<td>10.25</td>
<td>1</td>
<td>3.12</td>
</tr>
<tr>
<td>Medium</td>
<td>13</td>
<td>33.33</td>
<td>18</td>
<td>56.25</td>
</tr>
<tr>
<td>Low</td>
<td>22</td>
<td>56.41</td>
<td>13</td>
<td>40.62</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td></td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Are BSN's paid the same wages as AD and diploma nurses?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>78.04</td>
<td>19</td>
<td>59.37</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>21.95</td>
<td>13</td>
<td>40.62</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td></td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>
were females with the exception of two male supervisors.

The mean age of administrators/directors was 43.36, whereas the mean age of supervisors was 40.18. The mean number of years in which administrators/directors had worked at their present positions was 5.14, whereas the mean number of years for supervisors was 4.5.

Educational levels of administrators/directors were one to six years of college--90.24%; college graduates--87%; and post-graduates--56%. Either a BA or BSN had been obtained by 82% of directors and administrators. In addition to acquiring their baccalaureate degrees, 56% of the administrators and directors had also obtained a MA or MS in nursing, education, public health, hospital administration, or management. One administrator's consultant in nursing, or vice-president, had obtained a PhD (2.43%). For the supervisors' educational levels, 91.1% had one to six years of college and 12% were post graduates.

With the exception of two non-nurse administrators, all subjects had obtained prior nursing education. Fifty-one percent of the administrators/directors had a diploma nurse education with 12.2% of them also acquiring their baccalaureate or master's degrees. Thirty-nine percent of administrators/directors had only a diploma nurse education; 21.95% had BSN's and 24.39% had master's degrees. Only 7.3% had obtained an associate degree in nursing.
Supervisors' prior nursing education included 11.76% who had acquired their AD's; 32.35% had acquired BSN's; 44.11% had received diploma nurses' education; and 11.76% had achieved MS degrees.

Hospital patient census ranged from 20 to 1,218 beds with a mean of 359.63. Of the hospitals surveyed, 82.43% had hired recent graduates from all levels. Approximately sixty-three percent of the administrators/directors were responsible for hiring and/or supervising employees, whereas 79.41% of the supervisors were responsible for the same.

Most hospitals, in this study, were shown to have a low to medium attrition rate. Of the total hospitals, 49.29% claimed to have a low attrition rate; 43.66% claimed a medium attrition rate; and 7.04% claimed a high attrition rate. Ninety-eight percent of the hospitals were acute-care hospitals, whereas 2% were home-care (hospital-based). More than 50% of all raters reported that BSN's were paid the same wages as AD and diploma nurses at their facility.

In reference to which educational nurse they were most willing to hire, results of the Chi-square analysis showed no preference for BSN compared to diploma nurses, $X^2 = 2.45, p>.05$. Although no differences were shown in the Chi-square analysis, it was found that 60% of the 75 subjects preferred either BSN's, diploma nurses, or both, whereas 2.66% preferred BSN's or AD's, and 34.66% preferred to remain neutral.
Hypothesis 1

Hypothesis 1 predicted that supervisors would show more differentiation than administrators/directors in their ratings and rankings of three levels of nurses' educational programs. No support was obtained for this hypothesis. A two-way ANOVA showed that the main effects of raters and interaction of raters with the levels of nurses were insignificant. For Set A rating, $F(1, 50) = .078, p > .05$ (M = 20.94, administrators/directors; M = 20.90, supervisors). For Set A ranking, $F(1, 50) = .379, p > .05$ (M = 11.51, administrators/directors; M = 11.71, supervisors). For Set B rating, $F(1, 50) = .252, p > .05$ (M = 27.68, administrators/directors; M = 27.32, supervisors). For Set B ranking, $F(1, 50) = .020, p > .05$ (M = 15.59, administrators/directors; M = 15.53, supervisors). Interactions for Set A rating $F(2, 100) = .526, p > .05$; Set A ranking $F(2, 100) = .086, p > .05$; Set B rating $F(2, 100) = .253, p > .05$; Set B ranking $F(2, 100) = .382, p > .05$ were not significant. (see Table 2).

Hypothesis 2a

Hypothesis 2a predicted that BSN's would receive higher rating and ranking evaluations than diploma nurses on the Set A competency scale. The results for Set A rating showed a significant effect, $F(2, 100) = 16.39, p < .01$ (M = 20.84, diploma's; M = 23.17, BSN's; M = 18.76, AD's; and SD = 3.17, diploma's; SD = 3.32, BSN's; SD = 3.17, AD's). (see Table 2). The Dunn's t test revealed a significant difference
### Table 2

**Total Cell Means for Ratings and Rankings**

<table>
<thead>
<tr>
<th>Set A</th>
<th>Hypothesis 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>Means (Largest M = highest score)</td>
</tr>
<tr>
<td>Adm/Dir.</td>
<td>20.94</td>
</tr>
<tr>
<td>Supervisors</td>
<td>20.90</td>
</tr>
<tr>
<td>Ranking</td>
<td>Means (Smallest M = highest score)</td>
</tr>
<tr>
<td>Adm/Dir.</td>
<td>11.51</td>
</tr>
<tr>
<td>Supervisors</td>
<td>11.71</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Set B</th>
<th>Hypothesis 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>Means</td>
</tr>
<tr>
<td>Adm/Dir.</td>
<td>27.68</td>
</tr>
<tr>
<td>Supervisors</td>
<td>27.32</td>
</tr>
<tr>
<td>Ranking</td>
<td>Means</td>
</tr>
<tr>
<td>Adm/Dir.</td>
<td>15.59</td>
</tr>
<tr>
<td>Supervisors</td>
<td>15.53</td>
</tr>
</tbody>
</table>
Table 2 (continued)

**Total Cell Means and Standard Deviations**

**Hypothesis 2a (items 2, 3, 6, 11, 12, 13)**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Diploma</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>23.17</td>
<td></td>
<td>3.32</td>
</tr>
<tr>
<td>AD</td>
<td>18.76</td>
<td></td>
<td>3.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Diploma</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>8.46</td>
<td></td>
<td>2.71</td>
</tr>
<tr>
<td>AD</td>
<td>14.73</td>
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<td>3.13</td>
</tr>
</tbody>
</table>

**Hypothesis 2b (items 1, 4, 5, 7, 8, 9, 10, 14)**

<table>
<thead>
<tr>
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<th>Diploma</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>27.96</td>
<td></td>
<td>4.17</td>
</tr>
<tr>
<td>AD</td>
<td>24.73</td>
<td></td>
<td>4.11</td>
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</table>

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Diploma</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>14.36</td>
<td></td>
<td>3.85</td>
</tr>
<tr>
<td>AD</td>
<td>19.82</td>
<td></td>
<td>4.20</td>
</tr>
<tr>
<td>Rating</td>
<td>Means</td>
<td>SD's</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>3.50</td>
<td>.851</td>
<td></td>
</tr>
<tr>
<td>BSN</td>
<td>4.00</td>
<td>.949</td>
<td></td>
</tr>
<tr>
<td>AD</td>
<td>3.03</td>
<td>1.02</td>
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<table>
<thead>
<tr>
<th>Rating</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>1.98</td>
<td>.577</td>
</tr>
<tr>
<td>BSN</td>
<td>1.36</td>
<td>.627</td>
</tr>
<tr>
<td>AD</td>
<td>2.57</td>
<td>.605</td>
</tr>
</tbody>
</table>

**Rejection of Traditional Role Limitations**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>3.53</td>
<td>.959</td>
</tr>
<tr>
<td>BSN</td>
<td>4.26</td>
<td>.865</td>
</tr>
<tr>
<td>AD</td>
<td>3.75</td>
<td>.904</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Means</th>
<th>SD's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>2.15</td>
<td>.724</td>
</tr>
<tr>
<td>BSN</td>
<td>1.25</td>
<td>.589</td>
</tr>
<tr>
<td>AD</td>
<td>2.26</td>
<td>.689</td>
</tr>
</tbody>
</table>
between the diploma's and BSN's, $t = -3.02, p < .05$. Therefore, BSN's were rated higher than diploma's, which was consistent with past studies.

A significant difference was also shown between diploma's and AD's, $t = 2.70, p < .05$. Therefore, diploma's were rated higher than AD's. A significant difference was also shown between BSN's and AD's, $t = 5.73, p < .01$. Therefore, BSN's were rated higher than AD's.

The results for Set A ranking showed a significant effect, $F(2, 100) = 46.73, p < .01$ ($M = 11.65$, diploma's; $M = 8.46$, BSN's; $M = 14.73$, AD's; and $SD = 2.92$, diploma's; $SD = 2.71$, BSN's; $SD = 3.13$, AD's). The Dunn's $t$ test revealed a significant difference between diploma's and BSN's, $t = 4.91, p < .01$. Thus, BSN's were ranked higher than diploma's, which was consistent with past studies.

A significant difference was also shown between diploma's and AD's, $t = -4.75, p < .01$. Thus, diploma's were ranked higher than AD's. A significance was also shown between BSN's and AD's, $t = -9.66, p < .01$. Thus, the rankings and ratings yielded identical results, with BSN's rating and ranking higher than diploma's and diploma's rating and ranking higher than AD's.

Hypothesis 2b

Hypothesis 2b predicted that diploma nurses would receive higher rating and ranking evaluations than BSN's
on Set B competency scale. The results for Set B rating showed a significant effect, $F(2, 100) = 27.08, p < .01$ (M = 29.84, diploma's; M = 27.96, BSN's; M = 24.73, AD's; and SD = 3.24, diploma's; SD = 4.17, BSN's; SD = 4.11, AD's). The Dunn's t test revealed a significant difference between diploma's and BSN's, $t = 2.68, p < .05$. Therefore, diploma's were rated higher than BSN's, which was consistent with past studies.

A significant difference was also shown between diploma's and AD's, $t = 7.27, p < .01$. Thus, diploma's were rated higher than AD's. A significant difference was also shown between BSN's and AD's, $t = 4.58, p < .01$. This showed that BSN's were rated higher than AD's.

Results for Set B ranking showed a significant effect, $F(2, 100) = 30.48, p < .01$ (M = 12.51, diploma's; M = 14.36, BSN's; M = 19.82, AD's; and SD = 4.49, diploma's; SD = 3.85, BSN's; SD = 4.20, AD's). The Dunn's t test did not show a significant difference between diploma's and BSN's, $t = -1.89, p > .05$. This result was not consistent with past studies, which showed diploma's to be ranked higher than BSN's on Set B. Although the mean for diploma's ranked higher than the mean for BSN's, it was not statistically significant.

It was also found that there was a significant difference between diploma's and AD's, $t = -7.50, p < .01$. Another significance occurred between BSN's and AD's, $t =$
Diploma's and BSN's both ranked higher than AD's. Thus, on the ratings, diploma's > BSN's > AD's. However, the rankings failed to distinguish between diploma's and BSN's.

Past studies had not indicated significant results for the additional criterion of performance measurement; "Utilizes the nursing process competently." Results for the rating showed a significant effect $F(2, 100) = 20.80, p<.01$ (M = 3.50, diploma's; M = 4.00, BSN's; M = 3.03, AD's; and SD = .85, diploma's; SD = .94, BSN's; SD = 1.02, AD's). The Dunn's $t$ test showed a significance between diploma's and BSN's, $t = -3.35, p<.01$. BSN's were rated higher than diploma's. A significant difference was shown between diploma's and AD's, $t = 3.096, p<.01$. Diploma's rated higher than AD's. There was also a significance between BSN's and AD's, $t = 6.44, p<.01$ which showed that BSN's were rated higher than AD's.

No difference was shown in ratings between raters (administrators/directors and supervisors $F(1, 50) = .591, p>.05$ (M = 3.58, administrators/directors; M = 3.43, supervisors). No significance was shown for the interaction $F(2, 100) = .133, p>.05$.

Ranking results for question or item 15 (above) conformed to rating results. A significant effect $F(2, 100) = 36.99, p<.01$ (M = 1.98, diploma's; M = 1.36, BSN's; M = 2.57, AD's; and SD = .57, diploma's; SD = .62, BSN's; SD = .60, AD's). The Dunn's $t$ test showed that BSN's were
ranked higher than diploma's, $t = -2.69, p < .05$. The diploma's were ranked higher than the AD's, $t = -4.18, p < .01$. The BSN's were ranked higher than the AD's, $t = -8.58, p < .01$.

No difference was obtained between the raters, $F(1, 50) = .331, p > .05$ (M = 1.98, administrators/directors; M = 1.95, supervisors). Thus on both ratings and rankings, BSN's > diploma's > AD's. No significance was shown for the interaction, $F(2, 100) = .235, p > .05$.

The second additional item focused on "Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they are subservient to doctors." There were no consistent findings on this question to be able to make a prediction based on past studies.

Results for the rating showed a significant effect $F(2, 100) = 31.93, p < .01$ (M = 3.53, diploma's; M = 4.26, BSN's; M = 3.75, AD's; and SD = .95, diploma's; SD = .86, BSN's; SD = .90, AD's). The Dunn's $t$ test for levels of nurses' education showed that BSN's were rated higher than diploma's, $t = -7.75, p < .01$. No significance was shown between diploma's and AD's, $t = -2.26, p > .01$. BSN's were rated higher than AD's, $t = 5.48, p < .01$.

No difference was obtained between the raters, $F(1, 50) = .003, p > .05$ (M = 3.85, administrators/directors; M = 3.84, supervisors). No significance was shown for the
interaction $F(2, 100) = 2.30, p > .05$.

Ranking results conformed with rating results. A significant difference was shown for the effect of levels of nurses' education, $F(2, 100) = 50.98, p < .01$ (M = 2.15, diploma's; M = 1.25, BSN's; M = 2.26, AD's; and SD = .72, diploma's; SD = .58, BSN's; SD = .68, AD's). The Dunn's $t$ test showed that BSN's were ranked higher than diploma's, $t = 8.17, p < .01$. No significant difference was shown between diploma's and AD's, $t = -1.04, p > .05$. BSN's also ranked higher than AD's, $t = 9.2, p < .01$.

There was no significant difference between the raters, $F(1, 50) = .020, p > .05$ (M = 1.89, administrators/directors; M = 1.88, supervisors). No significance was shown for interaction $F(2, 100) = .263, p > .05$. Thus, for both ratings and rankings, BSN's > diploma's and AD's with no difference between diploma's and AD's.

**Summary of Results**

Chi-square results showed that raters did not have a preference for BSN's as compared to diploma nurses. However, more than half of the subjects preferred either BSN's or diploma nurses as compared to BSN's and AD's, while the rest of the subjects remained neutral.

In hypothesis 1, no support was obtained for the prediction that supervisors should show more differentiation than administrators/directors in their ratings and rankings.
of three levels of nurses' educational programs. No significant interaction was shown between raters and nurses' levels.

Support was obtained for hypothesis 2a in which BSN's were predicted to receive higher rating and ranking evaluations than diploma nurses on Set A competency scale. BSN's were both rated and ranked significantly higher than diploma nurses. It was also shown that both BSN's and diploma nurses were rated and ranked higher than AD's.

In hypothesis 2b, diploma nurses were predicted to receive higher rating and ranking evaluations than BSN's on Set B competency scale. Results showed that diploma nurses were rated significantly higher than BSN's, but they were not ranked significantly higher. It was also found that diploma's and BSN's both ranked and rated higher than the AD's. Interaction between raters and levels of nurses did not show a significant difference.

No prediction was made for the item "Utilizes the nursing process competently" due to the fact that past studies had not indicated significant findings. Results showed ratings and rankings to be similar. BSN's were evaluated significantly higher than diploma's on ratings and rankings. BSN's and diploma's both rated and ranked significantly higher than AD's. No differences were shown between raters on both ratings and rankings. No significant interaction was shown.
The item in the competency scale measuring "Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they are subservient to doctors" was not based on any predictions. There were no consistent findings on this question to be able to make a prediction based on past studies. Results showed similar ratings and rankings. BSN's rated and ranked significantly higher than diploma's. There were no significant differences shown between diploma's and AD's on ratings and rankings. BSN's rated and ranked higher than AD's. No significant differences were shown between raters on ratings and rankings. No interaction was shown between the raters and groups of nurses.
DISCUSSION

The purpose of this study was to determine if hospital administrators, in relation to nurse supervisors, would show less differentiation in their ratings and rankings of nursing qualities and abilities among three levels of recent graduate nurse employees. It was expected that supervisors would not only show more discrimination in their ratings and rankings among the three levels of nurses, but also their differentiation would be in the direction consistent with past studies. Past studies had indicated that for one set of specific performances of nursing tasks and/or nursing qualities, the BSN's had been consistently rated significantly higher than diploma nurses. For another set of nursing performances and/or nursing qualities, diploma nurses had been rated consistently and significantly higher than BSN's (see Appendix B - Competency Scale).

According to the literature, one of the main reasons for the nursing shortage seemed to stem from nurses' work environment and job dissatisfaction primarily in hospitals (O'Donovan and Bridenstine, 1983). It was felt that many hospital administrators were rather insensitive to nurses' roles and differences in their educational levels.
personalities, and nursing qualities, and were placing all nurses into standardized pigeonholes (Gulack, 1982).

Since twenty-four of the twenty-six administrators delegated the questionnaires to their assistants, nurse consultants, or directors of nursing, the present study did not permit an adequate test of the way in which administrators alone would have rated and ranked different levels of nurses on their nursing qualities and abilities.

The fact that the results of this study did not show significant differences between the raters was not surprising in view of the circumstances in which directors of nursing were included with the administrators to represent one level of raters as opposed to having had three separate levels of raters, such as administrators, directors of nursing, and supervisors of nursing.

In consideration of the previously mentioned limitations of this study, the results did not support hypothesis 1 in which supervisors were expected to discriminate more than administrators/directors in their ratings and rankings of three levels of nurses.

Notwithstanding the lack of administrator participants in this study, another possible explanation for the lack of group differences is that the new trend for administrators to have nurse consultants may show that administrators are now beginning to take the nurses' plight more seriously in view of the nursing shortage.
Results of hypothesis 2a were consistent with past studies. It was also shown that both BSN's and diploma nurses were rated and ranked higher than AD's.

Studies have shown that baccalaureate nurses ratings surpassed diploma nurses in the utilization of their knowledge of biopsychosocial influences on patients' health status; leadership; teaching; communication; self-actualization and continuing education; and with the provision of good patient care plans. It seems obvious that BSN's would naturally be rated higher than diploma nurses on the items mentioned above, primarily because the BSN educational program for nurses is based on a more theoretical plan than the diploma educational program for nurses which is more hospital oriented (Grissum, 1976). If one observes each of the above items more keenly, one can see that there is no evidence of the performances of nursing skills. This observation is not meant to insinuate that these items are not of importance in the role of a professional nurse. Indeed, they are very important. However, a professional nurse requires a more global education which includes the knowledge and experience of basic clinical skills as well as a theoretical knowledge of nursing.

Diploma nurses were predicted to be evaluated higher in ratings and rankings than BSN's on Set B Competency Scale. Set B included items on which diploma nurses have
been rated higher than BSN nurses. Diploma nurses surpassed baccalaureate nurses in requiring less need for orientation once they were employed; performing independently in their provision of health care; in their performance of nursing skills; in a greater commitment toward quality nursing care; by being responsible for their assigned patients; by their achievement of nursing goals through the selection of appropriate priorities, and in their reports and recordings or pertinent data.

Results showed that diploma nurses were rated significantly higher than BSN's, but they were not ranked significantly higher, although their mean was higher than the mean for the BSN's. Perhaps the rating scale, which gave a subject a more discerning response since it contained five numbers from which to choose, could account for the difference between the rating and the ranking results. The ranking scale had only three numbers to choose from and was considered a forced choice method. It is obvious that there is more mention of skill performance in the above items than in Set A. It would seem logical to assume that diploma nurses would be evaluated higher than BSN's on the above items, since the diploma nurse education is more hospital oriented than the BSN education (Grissum, 1976). It was also found that diploma's and BSN's both rated and ranked higher than the AD's.
No prediction had been made for the hypothesis which was based on an analysis of the item, "Utilizes the nursing process competently," because past studies had not indicated consistently significant results. Results showed ratings and rankings to be similar. BSN's were evaluated significantly higher than diploma nurses on ratings and rankings. BSN's and diploma's both rated and ranked significantly higher than AD's. No differences were shown between raters on both ratings and rankings. Therefore, for this hypothesis, one may conclude that, since the BSN education is a more theory-based program, BSN's would be evaluated higher than diploma's on this item, which includes assessment, planning, implementation, and evaluation of patients. Although all nursing programs include the nursing process, some studies had shown that each type of program perceived its degree of competency differently and significant differences in expectations exist (National League for Nursing, 1982).

On the item, "Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they are subservient to doctors," there were no consistent findings to be able to make a prediction based on past studies. Results showed that BSN's were rated and ranked higher than diploma nurses. There were no significant differences shown between diploma's and AD's on ratings and rankings.
BSN's were rated and ranked higher than AD's. No significant differences were shown between raters on ratings and rankings. A study by Murray and Morris (1982) had shown a significant difference between AD's and diploma nurses, but no difference between AD's and BSN's. The AD students had shown more rejection of traditional limitations, etc., than diploma nurses. It would seem that diploma nurses might be inclined to abide more with traditional limitations, etc., since they are more oriented to hospitals and doctors. Perhaps the recent graduates of diploma schools of nursing would be less inclined toward tradition than the older graduates. Perhaps BSN's are seen as more autonomous as they have had more education. A college education itself may decrease a nurse's tolerance for submission.

Although no differences were shown in the statistical analysis between the raters in reference to their preference of level of nurse, it was found that more than half of all subjects preferred BSN's, diploma nurses, or both, whereas less than a quarter preferred BSN's and AD's. Approximately one-quarter of the subjects remained neutral. Reasons given verbatim from the subjects as to their preferences for diploma nurses pointed to the fact that diploma nurses required the least amount of orientation upon employment; were considered the strongest clinically; had the most practical experience; had been better prepared in the nursing process; had the best experience during
training to prepare for reality; had a better grasp of the organizational skills necessary for the team-leading concept; were most capable and able to carry out a full load of work; knew patient care better than the rest; assumed responsibility sooner with less supervision; and had excellent skills and leadership.

Those who preferred BSN's remarked that they have a good educational background and need only to pick up on unit routines; had a more comprehensive view of nursing practice; were able to apply theory and make clinical decisions based on theory; seemed to have greater commitment to nursing and were eager to learn new trends; their goal was to upgrade quality of care, advance primary nursing and alter ratio of RN/LPN from 50/50 to 60/40 (evidently to increase the number of RN's as opposed to the number of licensed practical nurses); had greater initiative; had a more professional attitude and ability to encompass entire patient and family situations, while not limited to technical tasks; had better preparation; and were allowing more value for the nursing budget.

Those who preferred AD nurses expressed the fact that the AD's had more practical experience than the rest; they learn quickly; and they are better than the BSN's clinically.

Those who remained neutral stated that all three levels of nurses are necessary to produce a good mixture of skills, theory, and experience; with adequate orientation, all
nurses become adjusted to routines. Others preferred to think only in terms of upgrading the nursing profession by having collegiate nurses.

It seems ironic that despite the differences and preferences for levels of nurses, and the fact that the AD nurses were rated and ranked lowest on all measures, all three levels of nurses are being paid the same wages, according to reports from more than three-quarters of the subjects. In view of the fact that the AD nurse is really a technical nurse, it is enigmatic that this level of nurse is required to take the same licensing examination to become registered as the BSN and the diploma nurse.

Literature has shown that the nursing profession is in the midst of turmoil and confusion in the respect of nurses' confrontations with hospital employment and role expectations and placement; the apparent animosity that prevails among the three levels of nursing educational programs; and the nursing levels' struggle for acknowledgment of status and survival especially in view of the ANA's proposal (Grissum, 1976 and Sandelowski, 1981). These reasons may all be contributing factors to the nursing shortage.

The idea behind the ANA's proposal to make the BSN mandatory for all professional nurses in 1985 is intended to upgrade the nursing profession per se and equate it with other professions. While this idea presents sound reasoning
in view of the fact that more educated nurses will, it is hoped, provide better observation and care for patients, the fact remains that these more highly educated nurses are lacking in clinical experience and realistic work situations prior to graduation (Hoyter, 1971; Davis, 1973; Zarett, 1980; Ream, 1982; O'Donovan and Bridenstine, 1983; Wagner, 1983). As new graduates, they are not able to provide any better care than the care provided by nurses who have had a three-year diploma education or a two-year associate degree education. In fact, some studies have shown that it takes a BSN graduate at least two to three years after first being employed to catch up to the diploma nurses in clinical skills experience. This study has shown that both the BSN and diploma nurses were evaluated higher than the AD nurses, which was comparable to past studies. The AD-level nurse stands lower than the diploma and the BSN level nurse in the respect that s/he has only two years of nursing education as compared to the three-year diploma nurse and the four-year BSN. This nurse does not spend enough time involved in either the clinical or theoretical aspect of learning to qualify her/him as a professional nurse. Perhaps somewhat more clinical experience is included in the AD level than the BSN level, but it still does not compare to the clinical experience of the three-year diploma nurse or the theoretical teachings of the four-year BSN level. Although the AD-level nurse is really a technical
nurse, this and other studies have shown that these nurses are being hired for the same positions as professional nurses. In this study, the majority of all subjects reported that BSN's were paid the same wages as AD and diploma nurses. The AD nurse differs from the practical nurse or vocational nurse in that practical nurses have one year of nursing education at a junior college, while AD nurses have a two-year education at a junior or regular college. The AD program condenses both clinical or procedural (bedside nursing and direct care of patients) and nursing or theoretical education (Grissum, 1976). Some studies have shown that the AD nurses are able to provide even better care than the other levels of nurses, but this is inconclusive since many AD's are older women who have had a college background prior to entering the nursing field. It is this type of AD nurse who would excel due to her education in the sociological and psychological requirements of the liberal arts education prior to receiving the clinical and theoretical nursing science courses. But not all AD nurses have had prior college education, nor do all AD's wish to further their education. McCloskey (1983) found in her study that AD nurses' performances were rated as competent in a hospital setting and even better after they returned for a baccalaureate degree. It was also found in McCloskey's study that baccalaureate nurses who had graduated from an associate degree or diploma program prior to entering
the BSN program received the highest mean score of all nurses on job effectiveness. McCloskey pointed to the fact that not enough attention is focused on continuing education, job education, or liberal education prior to or during preparation in a nursing degree program.

Both clinical and theoretical education are important aspects of nurses' education. This research has demonstrated differences among the three levels of nurses which conform to past studies. By rating and ranking questions, it was possible to achieve a better perspective of the participants' opinions.

The division of nursing levels cannot be considered credible when nurses from all levels are utilized in the same way. The quality of patient care cannot be considered good when certain levels of nurses are not as well prepared as others. If it takes a certain level of nurse a couple of years to catch up with the other levels, it is the patient who suffers in the meantime. What seems to be needed is a definite unification of education and service in which adequate and equal time is given for each. Limiting clinical service to allow for more theoretical learning does not seem to suffice as a means to advance nurses' professional status. Perhaps nurse recruitment should start from college rather than high school. Then, a two-year program in nursing might be adequate with enough clinical experience. Another alternative might be for all nurses to obtain a four-year BSN
and then receive a year or more of internship before being considered qualified for employment. More research is to be done in this area.

In any case, if the nursing shortage is to be alleviated, nurses must have adequate educational preparation to prevent "reality shock" once they are employed, to prevent nurses from vacating their positions (O'Donovan and Bridenstine, 1983). Also, the three levels of nurses' education should be reduced to one level that includes sufficient clinical as well as theoretical knowledge, since nursing service requires all nurses to be well prepared before becoming employed. An alternative to having only one level is to differentiate job requirements for differently trained nurses. Patients' lives are in jeopardy when inexperienced nurses are given hospital positions that require much nursing expertise. Moreover, nurse consultants should try to convince administrators to make the nursing field more attractive to nurses by promoting adequate staffing; by proper placement of nurses according to their specialties; by compensation for more difficult jobs; and by making wages commensurate with seniority, experience, and education. Nurses may in this light make a greater commitment to nursing if most of these needs are met.
APPENDIXES

A) Participant letter and sample questionnaire
B) Competency Scale
Dear Sir or Ms.:

I would appreciate your voluntary cooperation in completing the enclosed questionnaire. The questionnaire asks you to evaluate the competencies of recently graduated AD, BSN, and Diploma nurses. I need this information to complete requirements for my master's degree from California State College, San Bernardino, California.

The questionnaire is strictly anonymous and should take only 15 minutes to complete. There are no right or wrong answers. Your answers should reflect your own beliefs.

Please return the questionnaire in the enclosed stamped self-addressed envelope as soon as possible. If you wish to know the results of this study, please include a slip of paper with your name and address.

Thank you very much for your cooperation.

Very truly yours,

Rose E. Treihart, RN
17260½ Pfeifer Way
Perris, CA 92370
Questionnaire

An Evaluation of Performance of Nursing Tasks Relative to Nurses' Education

There are three different levels of nurses' education in which one may prepare to become a professional nurse. Through one of these levels of education, a nurse may receive a diploma, an AD, or a BSN.

This entire survey is anonymous. All information obtained will be kept strictly confidential.

Please answer the following questions as completely as possible.

1. Please state your present occupation and title.

2. Male ___ Female ___

3. Age ___

4. How long have you worked at your present position?

5. Educational status: Please fill in the years completed.
   High School ___ College ___ Post-graduate ___
   Degrees obtained _________

6. Have you had any nursing education? Yes ___ No ___
   If so, please state when and what type or level of nursing program you have completed, whether practical, diploma, AD, BSN, or other.

7. In what type of facility do you work?

8. What is the number of patient population at your facility?

9. Are there recent graduate nurses from all three levels of nurses' education (Diploma, BSN, and AD schools) employed at your facility?
10. Which educational level of nurse (Diploma, BSN, or AD) are you most willing to hire and why?

11. Are you responsible for hiring and/or supervising nurses?

12. What is the attrition rate of registered nurses at your facility? Would you rate it as high, medium, or low?

13. Are BSN's paid the same wages as AD and Diploma nurses at your facility? Yes ____ No ____ Please explain why.

Listed below are some of the most common nursing tasks and competencies approved by the American Nurses' Association as standard nursing practices. Also included are certain nursing qualities that are more or less characteristic of a specific level of nursing education.

Please rate the performance of recent graduate nurse employees by selecting the numbers (from list below) to indicate your opinion of each group's quality of performance as it applies to each question.

Recent graduate employees, in this case, refers to nurses who have been employed within two years after their graduation in nursing.

Please print the selected number for each group on the lines directly below Diploma, BSN, and AD.

5 (strongly agree)
4 (agree)
3 (undecided)
2 (disagree)
1 (strongly disagree)

Nursing task and/or quality

1. Needs little or no orientation upon employment.
2. Applies selective knowledge of biopsychosocial influences on health status. 

3. Shows strong leadership abilities. 

4. Performs independently, when necessary, in providing health care. 

5. Performs nursing skills accurately and safely in the promotion, maintenance, and restoration of health. 

6. Teaches patients about their care. 

7. Exhibits high degree of commitment to quality nursing care. 

8. Assumes responsibility for patients assigned to their care. 

9. Establishes and chooses appropriate priorities to achieve nursing goals. 

10. Systematically reports and records pertinent data to determine nursing care needs. 

11. Communicates effectively with staff and patients. 

12. Identifies the need for self-actualization and continuing education. 

13. Provides good care plans for patients. 

14. Performs the greatest number of functions in practice. 

15. Utilizes the nursing process completely.
16. Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they are subservient to doctors. 

Please fill out the same scale as above. This time, however, without referring to previously completed scale, please rank the three levels of nurses for each statement. The group of nurses with the highest level of performance should be ranked 1, the next highest should be ranked 2, and the lowest ranked 3.

<table>
<thead>
<tr>
<th>Nursing task and/or quality</th>
<th>Diploma</th>
<th>BSN</th>
<th>AD</th>
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<tr>
<td>1. Needs little or no orientation upon employment.</td>
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<tr>
<td>2. Applies selective knowledge of biopsychosocial influences on health status.</td>
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<tr>
<td>3. Shows strong leadership abilities.</td>
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<td>4. Performs independently, when necessary, in providing health care.</td>
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<tr>
<td>5. Performs nursing skills accurately and safely in the promotion, maintenance, and restoration of health.</td>
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<td>6. Teaches patients about their care.</td>
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<td>7. Exhibits high degree of commitment to quality nursing care.</td>
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<td>8. Assumes responsibility for patients assigned to their care.</td>
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<td>9. Establishes and chooses appropriate priorities to achieve nursing goals.</td>
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<td>10. Systematically reports and records pertinent data to determine nursing care needs.</td>
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</table>
11. Communicates effectively with staff and patients.  

12. Identifies the need for self-actualization and continuing education.  

13. Provides good care plans for patients.  

14. Performs the greatest number of functions in practice.  

15. Utilizes the nursing process competently.  

16. Rejects traditional role limitations, which infers that nurses be seen and not heard; that they lack self-esteem and creativity; and that they are subservient to doctors.
APPENDIX B

Competency Scale

Listed below are two sets of items reflecting significant differences in competencies between diploma and baccalaureate nurses as shown from past studies and literature.

Set A contains items in which baccalaureate nurses are considered to be more competent than diploma nurses in their performances of specific nursing tasks as well as in some of their attributes. Set B contains items in which diploma nurses are considered to be more competent than baccalaureate nurses.

Set A (Baccalaureates are better)

(2) Applies selective knowledge of biopsychosocial influences on health status.

(3) Shows strong leadership abilities.
(6) Teaches patients about their care.

(11) Communicates effectively with staff and patients.

(12) Identifies the need for self-actualization and continuing education.

(13) Provides good care plans for patients.

Set B (Diploma nurses are better)

(1) Needs little or no orientation upon employment.

(4) Performs independently, when necessary, in providing health care.
5. Performs nursing skills accurately and safely in the promotion, maintenance, and restoration of health.

7. Exhibits high degree of commitment to quality nursing care.

8. Assumes responsibility for patients assigned to their care.

9. Establishes and chooses appropriate priorities to achieve nursing goals.

10. Systematically reports and records pertinent data to determine nursing care needs.

Question number (15) (Utilizes the nursing process competently) has not shown a significant difference in any of these studies among the three groups of nursing levels of education. Although it is included in the questionnaire, it will be analyzed separately.

Question number (16) (Rejects traditional role limitations) is the only question in which a significant difference was shown in past studies between the AD nurses and the diploma nurses, but not between the AD nurses and the baccalaureate nurses. This will also be analyzed separately.

REFERENCES


