

The professional self-concept of new graduate nurses

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Summary:

The purposes of this study were to: (1) describe the level of professional self-concept among new graduate nurses working in critical care and general medical surgical unit six months after completing a nursing program, (2) examine the professional self-concept in relation to age, marital status, and educational level of new graduate nurses, and (3) examine graduate nurses' perceptions of their nursing educational preparation for their clinical area. One hundred thirty two (n = 132) new graduate nurses completed the professional self-concept nurses instrument (PSCNI) and answered two open ended questions focused on their educational preparation. Scores on the PSCNI ranged 58–106 with an overall mean of 83. There was a positive correlation between age and level of professional self-concept. Single factor ANOVA showed no statistical differences between levels of professional self-concept, marital status (p = 0.43), and educational level (p = 0.09). New graduate nurses identified themes as they assessed their educational preparation for their work experiences.

Keywords: Professional self-concept; New graduate nurses; educational preparation

Article:

Introduction

The disparity in the educational experiences of student nurses and the expectations of graduate nurses by healthcare organizations contributes to the overwhelming lack of new nurses' self-confidence (Hughes et al., 1991). This gap between educational influences and healthcare system expectations influences graduate nurses' professional self-concept and their ability to be socialized into the healthcare environment (Kelly, 1998; Thomka, 2001). Nursing education is designed to prepare students to provide holistic care to diverse patient populations by expanding students' knowledge, improving their clinical skills, and developing their professional values. However, academic institutions are under constant constraints that limit their ability to influence students' professional development. New graduate nurses want to be successful and have a strong sense of professionalism. Exploring alternative experiences that enhance their chances of succeeding in nursing should be a priority. The specific aims of this study were to: (1) describe the professional self-concept of new graduate nurses working in critical care units (CCU) and general medical surgical units six months after completing a nursing program, (2) examine professional self-concept in relation to age, marital status, and educational level of new graduate nurses, and (3) examine new graduate nurses' perceptions of their nursing educational preparation for their clinical area.

In healthcare environments, the focus is on completing tasks in the time allotted and functioning within the organization (Horsburgh, 1989). Experiences and situations within healthcare organizations that do not meet graduate nurses' expectations may overwhelm them, adversely affecting their ability to develop a professional identity, and forcing them to reevaluate or compromise their learned ethical values (Kelly, 1998; Thomka, 2001). These may ultimately lead to poor retention and a negative professional self-concept.

Self-concept provides the foundation for ones' professional self-concept. An individual's self-concept is composed of a complex set of self-attitudes (Burns, 1979). Professional self-concept, the attitudes that develop from experiences that promote a professional identity, evolves from self-concept (Arthur, 1992). The

professional self-concept of graduate nurses is influenced by the academic system, educational preparation and service, and professional development.

Academic system

In the United States (US) graduate nurses enter the profession with a 2-year (associate), 3-year (diploma), or 4-year (baccalaureate) degree. The amount of clinical hours that students encounter during their education varies according to their nursing degree and the academic institution. Student nurses' professional development and image are influenced by the length of education (Phillips et al., 2002). The length of educational preparation and the different degree attainments are influential in developing a professional self-concept and identity (Arthur and Thorne, 1998; Frahm and Hyland, 1995). Arthur and Thorne (1998) found that students' view of professionalism and professional self-concept was based on the type and level of program; the students' level of professional self-concept changed as they progressed through the educational system. Further, the length of education has a positive impact on the professional self-concept and identity of practicing nurses (Frahm and Hyland, 1995). These studies support the notion that the length of education has a positive influence on nurses' professional development and self-concept.

Contrary to the above studies, several have determined that there was no relationship between the length of education and professional self-concept. The Tennessee self-concept scale (TSCS) was used to describe self-concept among senior nursing students attending different educational programs (Shepherd and Brooks, 1991). Self-concept did not differ by educational program; students' at all educational levels had a satisfactory level of self-concept. Randle (2003) used the professional self-concept nurses instrument (PSCNI) and TSCS to examine the changes in nursing students' self-esteem during a 3-year program. Students had a normal level of self-esteem throughout the program. However, PSCNI scores did not differ as students completed each year of study.

Academic systems have had a varying degree of influence on the development of ones' professional self-concept. For the most part, there seems to be a positive relationship between the length of education and professional self-concept. The different academic influences can affect the gap that exists between the expectations of healthcare organizations and the academic system.

Educational preparation and service

Various studies have highlighted the gap in the preparation of nurses and the expectations of the healthcare organization (Evans, 2001; Godinez et al., 1999; Thomka, 2001; Whitehead, 2001). Nurses are prepared as generalists, with the knowledge to care for a wide variety of patients. Their education is focused on a holistic approach to patient care (Horsburgh, 1989). To prepare new graduates, academic institutions have implemented courses specifically related to increasing the level of confidence and competency among students. Having a higher self-concept may enable the student to develop more easily into the role of a professional (Hughes et al., 1991).

Thomka (2001) reported situations from nurses, with varying degrees of education, which were described as not meeting their expectations and were overwhelming for them. The lack of consistency among preceptors and support encountered by the graduate nurses resulted in their inclination to leave the profession (Thomka, 2001). The struggle between graduate nurses' self-expectations and professional experiences can result in a revised self-concept. It has been shown that graduate nurses who were given a great deal of support stayed in the profession (Kelly, 1998).

Professional development

The transition from student to professional nurse has yielded themes that are central to the development of a professional identity and self-concept (Evans, 2001; Godinez et al., 1999; Leathart, 1994; Whitehead, 2001). Students believe that professionalism is influenced by three different themes (belonging, knowing, and affirmation). Belonging to a team, answering questions from patients and family members, and being valued for what they were doing affected nursing students' meaning of professionalism (Secrest et al., 2003). In addition,

students have suggested that nursing faculty, clinical preceptors, peers in clinical environments, and family are influential in their professional development (Heath et al., 2001; Kelly, 1992).

Studies of the transition from student to professional nurse have found that support and guidance, acceptance by experienced nurses, preparation and responsibility, and knowledge and confidence can influence new graduate nurses. These influences effected their socialization, professional development, self-concept, and ultimately retention (Evans, 2001; Godinez et al., 1999; Whitehead, 2001). The different themes identified the concerns and realities of new graduates as they left the academic world and entered the professional world.

The length of educational preparation, the gap between academia and service, the expectations of healthcare organizations, and the professional experiences of graduate nurses influence their development of a professional identity and self-concept. A better understanding of graduate nurses' experiences may enable both faculty and healthcare organization staff to improve professional self-concept and increase retention of graduate nurses.

Methods

Design and sample

The volunteer sample for this cross-sectional study included new graduate nurses working in critical care or general medical surgical units at a large urban medical center (MC) or large community teaching hospital (CH) in the southeastern US. All had completed their nursing program within the past six months, successfully completed the National Council Licensure Examination (NCLEX), and identified themselves as registered nurses. Of the 170 surveys distributed to new graduate nurses, 137 surveys were completed and returned. Five nurses did not meet the study criteria, having completed a nursing program longer than six months earlier. The final sample was 132, for a 78% overall response rate.

Measures

The instrument used for the study, the professional self-concept nurses instrument (PSCNI), was developed by Arthur (1992) to measure three dimensions of professional self-concept: professional practice (subscales of leadership, flexibility, and skill), satisfaction, and communication. The PSCNI is a 27-item Likert type scale with the options: (1) disagree, (2) tend to disagree, (3) tend to agree, and (4) agree. Negative items are reverse scored and all items are summed for a cumulative score. Scores can range 27–108. Reliability coefficients were 0.85 for the 16 professional practice questions, 0.82 for the seven satisfaction questions, and 0.59 for the four communication questions (Arthur, 1995). Cronbach's alpha was 0.83 for this sample. Reliability coefficients for this study were 0.76 for the 16 professional practice questions, 0.85 for the seven satisfaction questions, and 0.45 for the four communication questions. Studies have supported the reliability and validity of the 27-item PSCNI (Arthur et al., 1998; Arthur and Thorne, 1998).

Procedure

Approval to conduct the study was granted by the institutional review board (IRB) at University of North Carolina at Greensboro, Duke University Medical Center, and Moses Cone Health System. Manila envelopes containing an informed consent letter, the PSCNI, and a demographic data sheet were given to each new graduate nurse. In addition, two open ended questions assessed their educational preparation for their clinical area: "How well did your nursing program prepare you for your work experiences? Give examples." and, "What suggestions do you have for improving your educational preparation for work experiences?" Content analysis was used to examine the nurses' views of their educational preparation. The new graduate nurses were asked to place the completed survey and demographic data sheet in the original envelope, seal it, and place it in a larger envelope. Return of the completed data sheet and instrument indicated consent to participate. The completed surveys and demographic data sheets were locked in a box and shredded after the data were coded.

Results

The sample included 132 new graduate nurses. The majority of nurses were between young with a mean age of 26 years (SD = 7.03), single (n = 76, 57%), prepared at the baccalaureate level (n = 71, 54%), and worked in critical care units (n = 79, 60%) (see Table 1). The nurses' experiences during their education included a

mentored precepted experience, also known as a capstone course (n = 83, 62%), an internship/ externship (n = 63, 48%), and working as a nursing care assistant (n = 63, 48%).

Level of professional self-concept

The range of scores on the PSCNI was 58–106 with a mean score of 83 (SD = 8.80). The level of professional self-concept was positively correlated with the age of the new graduate nurses. However, the mean level of professional self-concept did not differ by marital status (p = 0.43) or educational level (p = 0.09). New graduate nurses working at the MC did not differ on mean PSCNI scores compared to those working at the CH.

Table 1 Characteristics of the sample by employment setting, education, age, and marital status

	<i>n</i>	%
<i>Unit type</i>		
CCU	79	60
Med/Surg	53	40
<i>Educational</i>		
BSN	71	54
ADN	51	39
Diploma	10	7
<i>Age range</i>		
20–30	103	78
31–40	21	16
41–50+	8	6
<i>Marital status</i>		
Single	76	57
Married	47	36
Divorced/widowed	9	7

New graduate nurses' perceptions of their educational preparation

The first open ended question was: How well did your nursing program prepare you for your work experiences? Six themes emerged, in this order, based on number of responses: (1) effective clinical experiences, (2) capstone course/ preceptorship experiences, (3) effective coursework, (4) enhanced skills/critical thinking, (5) summer internship/ externship, and (6) negative aspects of education or clinical experiences.

Most said they had good clinical experiences. Positive responses to these experiences ranged from “we had a lot of clinical experiences” to comments about the variety of units, the number of patients assigned, the ability to apply knowledge in clinical practice, and the fact that clinical was incorporated early in the program. One nurse stated, “I feel my clinical experiences helped prepare me for the reality of professional nursing”.

Several nurses said their precepted capstone course was the best preparation for their work environment. Some new graduates had their cap-stone course on the unit on which they presently worked. One said, “A major/ significant learning experience would have to have been my last semester, when each student worked one-on-one with a preceptor on two different rotations”. Some thought that the opportunity to follow a nurse for 12 hours 3 days a week was instrumental in their transition from student to professional.

Nurses also felt that nursing curriculum had pre-pared them well in content. One said, “They educated me to ... operate efficiently as an ICU nurse”. Many named specific courses (med-surg, pharmacology, and pathophysiology) and noted how the courses provided them with a solid knowledge base. Several nurses said that being able to think critically enhanced their development and prepared them for their professional roles. In addition, they focused on their effective summer internship/ externship experiences. One said, “The required participation in an internship prepared me for the work environment”. Some (n=24) made negative comments. They noted a lack of preparation in critical thinking. Several said they “felt more prepared to write papers than care for patients”.

When asked about ways to improve the educational preparation for work experiences. Students' suggested: increased clinical experiences, cap-stone course/ preceptorship experiences, skills/ critical thinking experiences, coursework/ classes, and nursing faculty/ clinical instructors. The need for increased clinical experiences was a predominate theme. The nurses expressed concern about the lack of time on clinical units, wishing they had more. One suggested, "more hands on experience". Many suggested a variety of clinical opportunities, more patient contact, and patients with different levels of acuity.

Nurses also wanted the opportunity to participate in a capstone course. They felt that their confidence would have increased, if they had the opportunity to participate in a capstone course or preceptorship experience. Some said that having more opportunities to enhance their skills and critical thinking would have better prepared them for their work environment. One suggested that, "more help with problem solving, thinking things through logically with less focus on writing papers" would have improved their preparation. Further, they suggested that increasing coursework and classes such as a "focused assessment course or pediatric pharmacology" would have been beneficial. Another suggested "having more workshops, classes, and on-line courses".

The nurses also commented on the need for more nursing faculty. One said that having only one nursing faculty with multiple nursing students did not fulfill learning needs. The nurses also suggested a need for more nursing faculty who "never stop asking why" and teach "that it is okay not to know everything and encourage questions". Another commented "we need more instructors that love their job and patients".

Discussion

In general, these new graduate nurses had a strong sense of professional practice, satisfaction, and communication. Their lowest score was in the area of leadership. However, they were new not only to their place of employment, but also to nursing, and they were focusing on developing their skills. They were not expected to "be in charge or lead" others, so having a low score on the leadership sub-scale would be expected. With more experience their scores might increase.

The new graduates' scores on the PSCNI reflected a higher professional self-concept than that found among registered nurses who had on average been working for four years (Arthur et al., 1998). They scored higher on the satisfaction scale than nursing students studied by Arthur and Thorne (1998), and they also had higher scores on the communication scale than nurses enrolled in a baccalaureate program (Arthur and Thorne, 1998). Not surprisingly, the new graduate nurses scored higher on the professional practice scale than second-year baccalaureate level nursing students (Arthur and Thorne, 1998).

The professional self-concept of these new graduate nurses was not significantly affected by their level of education. This is not surprising since a majority were prepared at the baccalaureate level and had participated in a capstone course. Further, some were probably still in an orientation program receiving support from mentors. Other studies support these findings (Randle, 2003; Shepherd and Brooks, 1991). However, some studies comparing students and experienced nurses found significant differences in professional self-concept depending on educational preparation (Arthur and Thorne, 1998; Frahm and Hyland, 1995).

Most of these new nurses felt that their clinical experiences were the most important aspect of their education. They suggested that the amount of clinical, the ability to see a variety of different clinical areas, and the ability to incorporate concepts into clinical had a positive influence on them. Many also said their capstone courses, preceptorship experiences, and summer internship/ externship programs helped them make the transition into the profession. The new graduates emphasized that core courses, along with classes such as pharmacology, had enhanced their ability to think critically. Some nurses, however, indicated that their preparation could have been more realistic and in tune with the expectations of the healthcare organization in which they were employed.

These nurses' suggestions for improvements in educational preparation included providing students with more clinical experiences, greater variety in clinical settings, and with patients with higher acuity, particularly for

those who want to work in critical care. The new graduates also identified a need for more individualized attention from nursing faculty and smaller clinical groups. They appreciated faculty who challenged and encouraged them always to ask “why”. New graduates wanted nursing faculty who enjoyed their profession and were able to create a positive atmosphere for learning. The effect that nursing faculty interactions, clinical experiences, and course work have on students shapes their professional development, thus influencing their professional image and self-concept.

The new graduates’ suggestions reflect their desire for a higher level of professional development within the academic setting. The ability to incorporate academic and clinical experiences that foster professional development into the curriculum is hindered by the constraints of the institution. In light of these constraints alternative experiences should be explored. Experiences such as altering course content to focus on professional development and/or providing students with the opportunity to be precepted by a registered nurse with faculty directly overseeing the daily experiences in the healthcare setting can influence students’ professional development. Promoting positive professional development can influence students and their desire to remain in nursing. Fostering professional development and self-concept early in the learning process is essential to students as they transition into the profession.

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