A Comparison of Skill Performance
of the ADN and BSN Prepared Nurse
at Three and Four Year Post-Graduate Level

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A Comparison of Skill Performance of the
Associate Degree and Baccalaureate Science Nursing Degree
At Three and Four Years Post Graduate Level

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I certify that I have read this thesis and that in my opinion it meets the academic and professional standards required by Mountain State University for the degree of Master of Science in Nursing.

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Abstract

The American Nurse's Association issued a position paper in 1965 regarding the baccalaureate nursing degree as the minimum entry-level requirement for nursing. Graduates of both Associate Degree Nursing programs and Baccalaureate Degree Nursing programs may apply for a registered professional nursing license in the State of West Virginia. The purpose of this study was to examine what differences, if any, exist in the self-perceived skill performance and critical thinking between Associate Degree nurses and Baccalaureate Degree nurses from West Virginia at three and four years post graduation. Participants completed a self-report survey in which they rated the frequency of skills performed and the priority of skills they performed on their most recent day of work. The survey was then broken down into ten questions directly related to the areas of leadership, research and critical thinking. The study showed little significant differences between the two groups.
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Chapter 1
Introduction

Nursing is a profession that has had more than one level of educational preparation for more than forty years. There are diploma nurses, associate degree “technical” nurses, baccalaureate degree “professional” nurses, master level degree nurses and doctorate degree nurses. The Committee on Nursing Education of the American Nurses Association (ANA) issued a position paper in 1965 that addressed the different levels of education for registered professional nurses. The paper stated that persons interested in technical practice would enroll in junior or community colleges and earn associate degrees in two-year technical programs. The paper also stated that the minimum preparation for beginning technical nursing practice at the present time should be an associate degree education in nursing. Persons interested in registered professional nursing would enroll in four-year programs in colleges or universities to support their position that the minimum preparation for beginning professional nursing practice at the present time should be a baccalaureate degree education in nursing (A Position Paper, 1965). “A university is an institute of higher education and research which usually awards baccalaureate and master's degrees while community colleges focus on associate and technical degrees” (M. Stotler, personal communication, June 1, 2007).

The 1965 ANA position paper was later supported by a 1978 resolution of the ANA House of Delegates which set forth the requirement that by 1985 the minimum preparation for entry into registered professional nursing practice would be the baccalaureate degree. The designation of two levels of nursing practice, professional and technical, was reaffirmed (Donley, 2002).

Up to the date of the 1965 position paper, the majority of nursing education was provided by hospitals. These nurses were titled diploma nurses and were trained by the
hospitals to function strictly in a direct patient care role (ANA, 1965). According to Donley (2002), hospitals exerted an amazing influence on nursing identity because their schools were gateways into the nursing profession. As the major employers of nurses, hospitals controlled the supply and demand. Nursing practice was nearly synonymous with hospital nursing practice. The ANA committee envisioned an orderly transition from hospital nurse training to an educational system with two levels of nursing education. In a position statement in October 2005, the American Association of Colleges of Nursing (AACN) supported the baccalaureate-level preparation for entry into registered professional nursing practice. The position paper, describing the credentials necessary to practice nursing, was nursings’ statement of autonomy (Flaherty, 2001).

**Problem**

The problem is that the debate regarding the minimum level of educational preparation for entry into the practice of nursing has not been resolved since the 1965 position paper. The college system today is divided into two year associate degree nurses (ADN), who are referred to as “technical” nurses and four year baccalaureate degree nurses (BSN), known as “professional” nurses. The ADN education focuses mainly on clinical skills during the two years of training while the BSN includes classes on management, leadership and nursing research as well as clinical skills.

**Purpose**

Issues related to technical nursing versus professional nursing titles and roles have been divisive for the nursing profession (Mahaffey, 2002). The purpose of this study is to examine if there are differences in the skill performance and critical thinking process between the associate degree technical nurse and the baccalaureate degree registered professional nurse at three and four years post-graduation. In 1965 the ANA took a stand on nursing education with its “Position Paper” describing the baccalaureate degree as the
minimum preparation for beginning registered professional nursing practice (Haase, 1990). According to Haase (1990) the National League for Nursing (NLN) took a stand on nursing education by calling for an examination of the differentiated functions of the different entry programs with Resolution 5. The themes from these two documents highlight one of the most frequent contentions in the field of nursing: technical nursing vs. professional nursing.

Definitions

Associate degree nurse (ADN): a nurse with a two year academic degree from a community college or university and is licensed to practice nursing (American Association of Community Colleges, 2003)

Baccalaureate degree nurse (BSN): a nurse with a four year academic degree offered from senior colleges and universities that includes general education requirements along with courses that provide a broad liberal arts background in addition to clinical nursing courses (Gooding, 2005)

Critical thinking - the thought process underlying decisions and judgments made about clients under the nurse's care (Oermann, 1997)

Skill performance – a self-report of nursing tasks which were performed by the registered professional nurse during his or her last shift worked, as indicated on the Study of Skill Performance Survey (RN Practice Analysis 2001, NCSBN)

History

Whereas professional nursing organizations have supported two levels of nursing education, implementation of the ANA proposal has been slow at best (Lowry, 1992). It has been one hundred years since legislation requiring state registration of nurses was passed in West Virginia on March 1, 1907. Today a registered professional nurse license
in the State of West Virginia can be obtained by graduates holding a diploma, associate
or baccalaureate nursing degree (Rhodes, 2007).

In the late 1940’s Mildred Montag defined the “technical” nurse. This nurse
would be distinguished from other nurses by the scope of her practice. Her functions
would fall between those of the licensed practical nurse and those of the traditional
professional nurses from a baccalaureate program (Montag, 1951). Her vision was one
of boundaries with recognized limits with the “technical” nurse working under the
direction of the professional nurse or physician. In Montag’s book entitled The
Education of Nurse Technicians she also describes the function of the professional nurse.
According to Montag the professional nurse is “responsible for identification and
interpretation of nursing problems which are both long term and community wide” (1951,
p.71). In 2004, the most common initial preparation for nursing was an associate degree
(HRSA, 2004). For nursing, education for entry into practice has been the most
contentious issue in this scheme of professional evolution. For almost 100 years, nurses
have debated “entry”, but moved to little planned change. Rather, nursing has been swept
along by a host of social and educational circumstances that had little to do with nursing.
The result has been a myriad of programs with graduates used interchangeably in the real
world (Joel, 2002). The success of the associate degree program continues today. In
2000, there were over 800 associate degree nursing programs in the United States
(Mahaffey, 2002). Although a number of models for differentiating nursing roles have
been proposed, they have been difficult to implement in health care areas where identical
licensure implies that “a nurse is a nurse is a nurse” (Donley, 2002).

Although “all of ANA's 53 constituent state nurses' associations support the
profession's goals for the future of nursing education, North Dakota is the first state to
prove that our goals will become reality” (Styles, 1987). In 1987 North Dakota was the
only state to establish the baccalaureate as a minimum requirement for all new registered professional nurses. There was a provision for nurses with associate degrees to work as registered professional nurses with the provision they obtain a baccalaureate within eight years. L. Shanta (personal communication, December 22, 2006) stated that ten years after establishing the minimum baccalaureate requirement, North Dakota had succeeded in raising the proportion of nurses with baccalaureate or higher degrees to 54 percent. In 2003 sixty-six percent of their nurses held baccalaureate degrees or higher while greater than fifty percent of their licensed practical nurses had associate degrees in nursing. However, in response to the nursing shortage, North Dakota law was changed in 2003 to allow the associate degree as the minimum entry level for registered professional nurses. Currently no state requires the baccalaureate degree as the minimum degree for entry into the practice of nursing. According to the Web site for The New York State Board of Nursing, http://www.nysed.gov/prof/nurse.htm, a motion has been recommended that registered professional nurses with nursing diplomas or associate degrees be required to obtain a baccalaureate degree within 10 years of initial licensure, similar to North Dakota's previous law.

The Veteran's Administration (VA) system has changed the qualifications needed for registered professional nurses to be appointed, promoted, or reassigned. The baccalaureate nursing degree, Bachelor of Science or Bachelor of Administration in health-related fields, is now required for newly hired nurses to be appointed or promoted beyond the staff nurse 1 level (Barter, 2001). According to the Association of California Nurse Leaders (ACNL), there is an initiative underway in the state of California that will require a baccalaureate degree as the minimum entry level in that state to practice nursing by the year 2010. The push for the initiative states that educational preparation that terminates at the community college level is no longer sufficient for nurses practicing in
increasingly complex and demanding roles in the evolving health care delivery system (Barter, 2001). The AACN in January 2002 released a report from an AACN task force that was charged with the duty of identifying environmental characteristics or “hallmarks” that best support the registered professional nursing practice. The task force stated that demand has intensified for more baccalaureate-prepared nurses with skills in critical thinking, case management, and health promotion skills across a variety of inpatient and outpatient settings (2002). The National Advisory Council on Nurse Education and Practice calls for adoption of a policy to achieve a basic registered professional nurse workforce with at least two-thirds holding baccalaureate or higher degrees by the year 2010 (Nelson, 2002). Acute care hospitals, traditionally seen as the foremost employer of associate degrees in nursing graduates, are trying to recruit more baccalaureate degree nursing graduates because of the increasing complexity of care and the need for nurses with clinical leadership skills (Poster, 2001).

Since the complexity of patient care has changed significantly in the history of nursing it is imperative that the educational levels be reviewed. In 2004 there were 20,776 total deaths in West Virginia. Of that number, deaths from disease was 15,325 and the number that died in hospitals was over fifty percent at 8,686 (WV Vital Statistics, 2006). These figures represent that nurses have to care for fifty percent of the diseased population of the state. As such, the educational level of the registered professional nurse caring for those increasingly complex patients continues to be a topic of debate. The rapidly evolving health care system mandates that nurses be able to collect pertinent and appropriate data, distinguish among several points of view, and evaluate multiple lines of reasoning; well-developed critical thinking skills provide the basis for these activities (Beeken, Dale, Enos, & Yarbrough, 1997).
The curriculum of each type of nursing program differs, resulting in differentiated entry-level competencies for graduates (Poster, 2001). In West Virginia there are nineteen colleges and/or universities that have associate degree and baccalaureate degree nursing programs (one university has both programs). This does not include schools that offer a 2+2 program wherein a nurse with an associate degree of nursing would further his/her education and obtain a baccalaureate degree. A review of each school's nursing curriculum reveals that the baccalaureate degree program includes more classes that teach higher thought processes. Those classes include nursing research, community nursing, leadership, philosophy and critical thinking (Alderson-Broaddus, 2006; Bluefield State College, 2006; Blueridge Community and Technical College, 2006; Davis & Elkins College, 2006; Fairmont State University, 2006; Marshall University, 2006; Mountain State University, 2006; Southern West Virginia Community and Technical College, 2006; University of Charleston, 2006; West Virginia University, 2006; West Virginia University Parkersburg, 2006; West Virginia Wesleyan College, 2006; Wheeling Jesuit University, 2006). Though there are differences in the curriculum between associate degree and baccalaureate degree graduates, they take the same nursing licensure exam: the National Council Licensure Examination (NCLEX- RN). This study will examine nurses of both associate degree and baccalaureate degrees at their third and fourth year post-graduate level in comparison of skill performance.

One of the differentiated entry-level competencies reviewed was the Texas Model of Entry Level Competencies which notes that one of the major differences among the levels of educational preparation is the target client. The target client begins with the individual at the associate nursing degree level and broadens to include the family and group as the whole client at the baccalaureate nursing degree level (Poster, 2001). The competencies for the baccalaureate degree nurse address the ability of the baccalaureate
educated nurse to interpret health-related data on an expanded level above the associate degree nurse. The baccalaureate degree competency expects the nurse to use evidence-based analysis in decision making while expecting the associate degree nurse to use critical thinking skills without evidence based analysis. The baccalaureate nurse is also expected to function as a facilitator and act as a leader in promoting nursing as a profession while the associate degree nurse is only expected to participate in, not lead, activities that promote professional nursing (Poster, 2001).

Leadership roles of nurses exist across all settings of health care. Nurses function within a micro system and assume accountability for the healthcare outcomes of a specific group of clients through application of research-based information to design, implement and evaluate client plans of care. A nurse leader designs, implements, and evaluates client care by coordinating, delegating and supervising the care provided by the health care team, including licensed nurses, technicians and other health professionals. They act as clinicians, client advocates and educators to other professional staff (AACN, 1998).

Nursing research is defined as a diligent, systematic inquiry or investigation to validate and refine existing knowledge and generate new knowledge. It addresses questions relevant to nurses whom must develop a unique body of knowledge for practice. The ultimate goal of nursing is to provide evidence-based care that promotes quality outcomes for patients, families, health care providers and the health care system (Burns & Grove, 2001).

Critical thinking has been defined as the thought process underlying decisions and judgments made about clients under the nurse's care (Oermann, 1997). Nursing duties that include proper patient assessment, planning care, intervening with clients and families, and evaluating the effectiveness of interventions require critical thinking.
Oermann, 1997). Part of the National League for Nursing Accreditation Commission (NLNAC) criteria for nursing programs requires that each program define critical thinking. This definition should be integral to the curriculum and should reflect student learning and thinking ability (O’Sullivan, Blevins-Stephens, Smith, & Vaughn-Wroble, 1997). Nursing is a profession based on an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, and technologies and client care activities into evidence-based nursing practice” (NCSBN, 2006). To ensure public protection, all newly graduated nurses of both associate degree and baccalaureate degree nursing schools in the United States and its territories must pass a national competency test before obtaining a license and the title of registered professional nurse. The test was developed by the National Council of State Boards of Nursing (NCSBN), measures entry level knowledge of nursing candidates and is called the NCLEX-RN examination. Because technical and professional nurses take the same licensing examination (NCLEX-RN), hospitals (as the major employers) do not differentiate among the educational levels of staff nurses in patient care responsibilities (Donley, 2002).

Framework

In 1980 Dreyfus & Dreyfus published the Model of Skill Acquisition and Skill Development (Dreyfus, 1980). The model is situational and describes five levels of skill acquisition and development: novice, competent, proficient, expert and master (p.15). The model proposes that as one moves through the levels of skill acquisition, change occurs. The changes occur as a result of 1) use of abstract principles and reliance on past, concrete events; 2) shift from analytical thinking to intervention; 3) change in perception.
to include a whole concept instead of just parts; and 4) passage from detached observer to active participant.

Nursing theorist Patricia Benner used the Dreyfus model to examine the practice of nursing. In her book *From Novice to Expert* Benner (2001) identified 5 levels of nursing competence to the Dreyfus model as follows: novice, advanced beginner, competent, proficient and expert. In the novice stage, beginners have had no experience of the situations in which they are expected to perform. To give entry and allow opportunity for experience, they are given tasks that should guide their actions as they become more advanced. The advanced beginner stage is met when one has had enough real situations to demonstrate a marginally acceptable performance. Learning from actual practice situations and by following the actions of others, the advanced beginner moves to the competent level. The competent stage of the Dreyfus model is typified by considerable conscious and deliberate planning that determines which aspects of the current and future situations are important and which can be ignored. The fourth stage, proficient, is one wherein the nurse perceives the situation as a whole rather than in terms of separate aspects. Nurses at this level demonstrate a new ability to see changing relevance of a situation and implement the skilled response the situation dictates. At the proficient stage there is much more involvement with the patient and family. This stage is a transition into expertise. The fifth stage of the model is the expert. Benner described the expert nurse as having an intuitive grasp of the situation and being able to identify the region of the problem without wasting consideration on a range of alternative diagnoses and solutions. Key aspects of the expert nurse's practice are: (1) a clinical grasp and resource-based practice, (2) embodied know-how, (3) seeing the big picture, and (4) seeing the unexpected.
Benner (2001) relates the Dreyfus model to nursing as “…providing a rationale for the development of a [nursing] career because it predicts the kinds of expertise and knowledge gained by experience”. Today’s nurse is a professional clinician whose role is complex and whose responsibilities require long-term, continuing development. Clinical situations are always more varied and complicated than theoretical accounts and therefore clinical practice is an area of inquiry and knowledge (Tomey, 2002). Nursing must develop the knowledge base of its practice and through scientific investigation, record and develop clinical expertise (Tomey, 2002).

**Summary**

Patricia Benner’s theory was chosen for this study because it examines the various skill changes that occur with experience. As the nurse gains experience, clinical knowledge becomes a blend of practical and theoretical knowledge (Tomey, 2002). A recent nursing graduate would be considered a novice under Benner's use of the Dreyfus model. As the novice moves and advances through a nursing career, change occurs. The acquisition of skills and the ability to prioritize should occur. The focus of this project will examine what differences, if any, exist in nursing and critical thinking skills of ADN and BSN prepared nurses in West Virginia at their three and four year post-graduate level. With the continuation of the associate degree nursing programs, studies are needed to examine what differences, if any, exist between the skill performances of these two different levels of nursing. The face of nursing has changed since the period following the publication of the ANA position paper. Although the number of registered professional nurses has increased dramatically, today's workforce still represents more than one level of nursing education. The result of the continuation of the varied educational routes is a myriad of programs with graduates used interchangeably in the real world (Joel, 2002).
Chapter 2

Literature Review

For the past forty years nursing and its various academic degrees have been reviewed and debated. There have been many studies in the past and, to date the opinions presented by researchers are still varied in their outcomes. Two degrees of education in particular have been the subject of the most studies. The associate degree and baccalaureate degree nurses have been studied with respect to skill performance, critical thinking and leadership abilities. The problem is that despite the ANA publishing a statement for the minimum entry level of education preparation for a registered professional nursing to be a baccalaureate degree, the success of the associate program remains intact. The purpose of this study is to examine whether differences exist between associate degree nurses and baccalaureate degree nurses in their skill performances three and four years after graduating from their varying educational institutions.

This chapter will examine literature which states that there are differences in quality of practice as well as literature that states that there are no differences between the two degrees of education.

Studies that found no difference

In 1974 Meleis and Farrell administered six instruments to 188 senior nursing students from associate and baccalaureate nursing programs in hopes of distinguishing competency. Their conclusion was that there are more similarities among students in the three types of nursing programs than nurse educators are willing to accept. Students of all three programs were “essentially alike” (p. 358).

In a 1977 study Gray, Murray, Roy and Sawyer compared baccalaureate and associate senior students through six essay questions based on clinical situations. Measurement of the answers was based on comparison of the respondents to those of the
faculty in the answer key (Nursing Research, 1977). The study is frequently cited by nurse educators in baccalaureate programs as proof their baccalaureate students do better than associate degree students although the reliability and validity of the test were not adequately addressed. It has a small sample size and offers little proof of the baccalaureate superiority. It is subject to the faculty’s perception of “correct” responses. The results do suggest that there is a general “all nurse” factor that applies to both types of nurses (p.359).

In the early 1980’s McCloskey did a study to see if nurses with different educational preparations differed in job effectiveness. The design model was job effectiveness. Her formula for measuring this was formal education + continued education + job skills + job responsibility + academic aptitude. There were six sub-scales: leadership, critical care, teaching, planning/evaluation, communication and professional development. Head nurses rated staff nurses better at critical care while lacking in leadership. It does not differentiate the “staff nurses” by degree. This study suggests that all nursing performance is based on the work of a technical nature and all in a hospital setting.

A graduate study by Smith (2002) found that six months after graduation there is no difference in the skill performance between the associate or baccalaureate degree nurse. The 2001 RN Practice Analysis Update provided by the National Council of State Boards of Nursing found that activity performances of new associate and new baccalaureate nurses in 2002 were not different. Blash, in a 2004 graduate thesis, reported on a self-reported skill performance study of nurses at the one and two year post graduate level. She was comparing baccalaureate and associate degree nurses. The instrument for the analysis contained 100 items reflective of skills in a standard day of nursing. The overall findings are consistent with a number of previous studies including
Smith and Crawford (2002) which found no difference in skill performance between the two educated groups.

Studies that found a difference in skill performance

McKenna (1970) found that baccalaureate nurses performed more tasks with people while associate nurses performed more tasks with things. One study by Waters in 1972 found that baccalaureate graduates are more comprehensive in their practice, use more common resources and do more patient and family teaching than associate degree nurses. Also in 1972, Dyers’ survey of 149 head nurses and 92 supervisors found that performance is positively related to the level of education attained: all rated baccalaureate degree nurses superior to associate degree nurses.

Hale (1976) reviewed nursing care plans of 33 associate and 88 baccalaureate nurses. Baccalaureate nurses wrote more care plans, stated objectives and specified nursing actions more frequently than the associate nurses. The summary concludes that baccalaureate educated nurses are generally perceived as being better prepared for a wide range of competencies while associate educated nurses are viewed as performing the technical roles they have been prepared to perform.

In the early 1980's, according to the *Journal of Nursing Education* 1998, Deback and Mentkowski did a study that asked: One, “do baccalaureate graduates perform more nursing competencies than associate graduates?” and, two “do nurses with more nursing experience perform more nursing competencies?” (p.276).

This study concluded that baccalaureate degrees demonstrated more nursing competencies than the associate degree nurses. Also in the particular study, nurses with five or more years of experience were looked at in comparison to those with less than five years of experience. Education and experience in combination appear to provide nurses with a greater ability to consider total aspects or contexts of the nursing practice.
Pimmel (1986) directed a three year project between the two differently educated nursing groups and concluded that: one, the associate would function in structured settings with established policies while the baccalaureate could also function in unstructured settings without established policies; and that two, the associate would look to the baccalaureate for support while the baccalaureate had the potential for independent nursing decisions.

In November, 1988, Rose reviewed 15 studies and summarized their findings in her meta-analysis. Two of the 15 studies found that head nurses who were rating nurses were more likely to rate those who had degrees like their own higher than others. Five of the studies supported the theory that baccalaureates degree nurses are more skilled than associate degree nurses. However, there was no difference in six studies between the two groups' decision making skills.

In a publication by the National League of Nursing Review of Research in Nursing Education, Volume III (1990) Clayton and Baj found there were more studies conducted in the 1970's on the differences between baccalaureates and associates than were done after 1980.

Young, Reichelt and Minnich (1991) reported in the Journal of Nursing Scholarship of a study in which tested the hypothesis that a baccalaureate degree matters. Specifically, that baccalaureate nurses are more likely to perform complex tasks frequently and less likely to spend large amounts of time in routine, low skill work than their associate degree counterparts. In the case of nursing diagnosis the difference between the baccalaureate and associate were four percentage points and six percentage points for physical exams. Larger differences were found for psychosocial exams (8 percentage points) and evaluations of patient outcomes (10 percentage points).
As reported in *Journal of American Medical Association* (Aiken, 2003) Aiken, Clarke, Cheung, Sloane and Silber decided to examine whether the proportion of hospital registered professional nurses educated at the baccalaureate level or higher was associated with risk-adjusted mortality and failure to rescue. Their study was a cross-sectional analysis of outcomes data for patients discharged from 168 non-federal adult general Pennsylvania hospitals between April 1, 1998 and November 30, 1999. Data was collected from a sample of eighty percent of the adult acute-care general hospitals in Pennsylvania. The study concluded that with each ten percent increase in the proportion of nurses holding baccalaureate nursing degrees, there was an associated decreased risk of mortality and failure to rescue by five percent. The AACN applauded the study in a statement September 23, 2003. “Dr. Aiken's research clearly shows that baccalaureate nursing education has a direct impact in patient outcomes and saving lives” stated Dr. Long, president of AACN. “Nurses with baccalaureate and higher degrees are particularly well-suited to meeting the demands of today's complex health system, reducing patient risk, and lowering morality rates” (AACN, 2003, pg. 1).

**Summary**

Advances in science, increased complexity of health care, nursing shortages and reports of inadequate patient care prompt concerns about both nursing practice and the nursing education leading to the profession. Research has not positively concluded which level of education possesses a higher performance rating after graduation. It is a duty of health care professionals to monitor the effectiveness of each degree of education. The distinctions between professional and technical nursing roles have not been translated into differentiated practice expectations in the work setting. Although a number of models for differentiating nursing roles have been proposed, they have been
difficult to implement in health care areas where identical licensure implies that “a nurse is a nurse is a nurse” (Donley, 2002).
Chapter 3
Methodology

Introduction

Forty-two years after its inception, the ANA recommendation for the baccalaureate degree as the minimum entry level for the practice of nursing has not arrived at full fruition. Graduates of associate degree nursing education programs as well as graduates from baccalaureate degree nursing programs in West Virginia may apply for a registered professional nursing license. The purpose of this study is to determine if any differences exist in the self-reported skill performances between these two groups. This study compares graduates of associate degree nursing programs to baccalaureate degree nursing programs at three and four years after graduation to seek answers to the continuing debate. This chapter contains the methodology utilized to conduct the research. The research design, sample selection and data collection are discussed in this chapter.

Research Design

A comparative descriptive design “examines and describes differences in variables in two or more groups that occur naturally in the setting” (Burns & Grove, 2001, p.249). This type of design was chosen since the study compares two groups in a setting. This study tested the theory that skill performance between graduates of associate degree nursing programs and graduates of baccalaureate degree nursing programs are varied. Registered professional nurses in the state of West Virginia who had graduated three and four years prior to the study were surveyed with respect to their most recent day of work. This was a self-reporting survey. Below is an example of the design:
Research Design

Group 1 (ADN’S)>>>>>>>>>>>>>
Tasks Performed

Group 2 (BSN’S)>>>>>>>>>>>>>

Comparison of Groups>>>>>>>>> Interpretation

Development of Findings

The design will show that Group I (the associate degree registered professional nurse) and Group II (the baccalaureate degree registered professional nurse), regardless of their year of graduation, both answered the same questionnaire with respect to their last day of work. The design then allows for interpretation of the comparison between the two groups for the results to become finalized into a hypothesis.

Population

This study limited itself to registered professional nurses who: (1) graduated in 2002 and 2003, respectively, three and fours years prior to the study; (2) work in a hospital setting and, (3) work full time (32 hours or more per week). This time frame allows nurses who graduated in the spring of each year but did not actually begin to work on their own until the fall of the same year to participate. For example, a nurse who graduated in May 2002 may spend 6-12 weeks in orientation. That means that she did not act without a preceptor to some degree until August or September of 2002. This study was done in March 2007 which means that nurse has worked 4.5 years after graduation. The same is true of the nurse who graduates in 2003. They would be considered 3.5 years post graduation. According to the West Virginia Board of Examiners for Registered Professional Nurses there are 533 nurses holding an associate degree of nursing that meet those criteria. Also according to the West Virginia Board of Examiners for Registered
Professional Nurses, there are 241 nurses holding baccalaureate degrees of nursing that meet the criteria. The total population for this study was 774.

**Sample Selection**

The listing of registered professional nurses who had graduated in 2002 and 2003 and met criteria was obtained from the West Virginia Board of Examiners for Registered Professional Nurses. The sample size was 774. A self-reporting survey tool obtained from the National Council of State Boards of Nursing was used with their permission and mailed to the participants.

**Data Collection**

The instrument used for this study (Appendix A) was developed by the National Council of State Boards of Nursing (NCSBN) and was used in both the 2001 RN Practice Analysis Update and the 2005 RN Practice Analysis Update. Reliability statistics were not available but validity for the tool was provided by a review of content and agreement by two panels of experts of the NCSBN. This same survey tool is also used by the NSCSN every four years to analyze new graduates of nursing programs. Permission to use the tool was granted by the National Council of State Boards of Nursing (Appendix B) (K. Kenward, personal communication, January 2007). The questionnaire was then mailed to the participants with a letter of explanation regarding the study (Appendix C).

Participants rated activities they performed on their most recent day of work. The tool had 100 items that reflected typical activities a registered professional nurse might perform on any given shift. The activities were rated by the respondents on a scale of 0 (not performed) to 5 (performed 5 or more times). Participants could indicate if a specific activity did not apply to their particular practice setting. Statistically, whether or not a skill applied to their unit did not alter the results so that section was not computed. The participants also rated the level of priority they gave to each of the activities by marking
lowest, low, high, or highest priority. This portion of the tool was used to evaluate critical thinking skills of the participants.

The participants provided demographic information including type of nursing program completed and year of graduation. Respondents were asked to return a self-addressed stamped envelope with their answers if they desired a copy of the survey results. Those envelopes were kept separate from the returned surveys to further ensure confidentiality and anonymity. All returns were mailed back anonymously. Permission to conduct the study was granted from the Institutional Review Board at Mountain State University (Appendix D).
Chapter 4

Results

The purpose of this study was to examine what differences, if any, exist in the self-perceived skill performance between Associate Degree nurses and Baccalaureate Degree nurses from West Virginia at three and four years post graduation. This chapter contains the results of the survey including the average number of months worked by each group, the average results of activities performed, hospital setting size and return rates for each group.

Demographics of Sample

Of the 744 surveys mailed one was returned due to an incorrect address. Of the remaining 743 surveys a total of 88 were returned for a response rate of 11.8%. There were a total of 33 (14%) associate degree respondents and 55 (10.5%) baccalaureate degree respondents. The average number of months worked was 50.26 for the associate degree graduate respondents while the average number of months worked for baccalaureate degree graduate respondents was 50.52. These numbers reflect that the average for both groups was slightly over four years. Orientation for the respondents was broken down into four categories:

- Less than 1 week (3 from the associate degree group and 2 from the baccalaureate degree group);
- 1 to 2 weeks (5 from the associate group and 7 from the baccalaureate group);
- 3 to 4 weeks (5 from the associate group and 11 from the baccalaureate group);
- Greater than 4 weeks (20 from the associate group and 35 from the baccalaureate group)

All respondents worked full time in hospital settings. The types of hospital units that respondents were employed in were:
• medical-surgical units (7 from the associate group and 22 from the baccalaureate group);
• labor/delivery units (2 from the associate group and 3 from the baccalaureate group);
• critical care units (14 from the associate group and 24 from the baccalaureate group);
• emergency room (2 from the associate group and 1 from the baccalaureate group);
• vascular ultrasound unit (1 from the associate group);
• pediatrics (3 from the associate group and 1 from the baccalaureate group);
• rehabilitation (2 from the associate group);
• operating room (2 from the associate group and 3 from the baccalaureate group)
• 1 baccalaureate nurse from the psychiatric unit

The hospitals were divided into three sizes:

• Less than 100 patients (7 from the associate group and 6 from the baccalaureate group);
• 100-299 patients (11 from the associate group and 21 from the baccalaureate group);
• 300-499 patients (12 from the associate group and 26 from the baccalaureate group). There were 3 associate degree respondents and 2 baccalaureate degree respondents that did not identify the size of the hospitals in which they worked.

Types of hospital settings were divided into urban, rural and suburban. There were 7 associate degree respondents from an urban area; 14 from a rural area and 8 from suburban areas. Three associate degree respondents did not identify the market type.
There were 20 baccalaureate degree respondents from an urban area; 19 from a rural area and 14 from suburban areas.

Data Collection

The National Council of State Boards of Nursing granted permission to use the Practice Analysis Update tool for the survey. Respondents did answer the 100 item questionnaire with respect to their last shift worked. For statistical purposes there were 10 of the 100 questions answered chosen to analyze for this study. For a more in-depth look at the responses the 10 questions were further placed in three categories: leadership, research and critical thinking. Questions 1, 3, 5, 6 and 10 fell into the leadership category. Questions 2, 4 and 7 fell into the research category. Questions 2, 4, 7, 8, and 9 fell into the critical thinking category with questions 2, 4 and 7 falling into two categories. These questions are listed in Table I.

Results

An average was calculated from the nominal data provided by the respondents and then compared. The number of times a skill was performed (0-5) was then multiplied by the level of priority the respondent placed on it (rated 1-4) and then averaged. The averages were of all participants for each question. The results are presented in Figures 1-3. Of the three areas (Leadership, Research and Critical Thinking) that were examined from the 10 selected questions and responses, the baccalaureate degree nurses scored higher in Leadership skills (20.75 vs. 19.5) than the associate degree nurses. In Research the results between the two groups were similar (for the associate group and for the baccalaureate group). In Critical Thinking the associate degree nurses outscored the baccalaureate degree nurses (20.5 vs. 17.5). If one group had a higher score than the other in a function, the result means that the group scoring higher placed a higher level of priority or performed the task more frequently than the lower scoring group.
Table I - 10 Selected Questions For Analysis

1. Assign, delegate or supervise deliver of client care by other nursing personnel
2. Recommend change in treatment based upon client’s response
3. Participate in continuous quality improvement/assurance program
4. Use research literature or other resources in planning care
5. Act as a client advocate
6. Serve as a resource person to other staff
7. Use clinical pathways/care maps/care plans to guide and evaluate client care
8. Assess/triage clients to prioritize the order of care delivery
9. Participate in developing an interdisciplinary plan of care
10. Participate in educating staff

Questions 1, 3, 5, 6 and 10 relate to Leadership
Questions 2, 4 and 7 relate to use/knowledge of Research
Questions 2, 4, 7, 8 and 9 relate to Critical Thinking
Figure 1 represents the total scores for the leadership category. These were calculated by taking the leadership questions from the 10 selected questions and totaled for the following scores: the associate degree nurse total score was 19.5 and the baccalaureate degree nurse total score was 20.75.
The total average for the Research category from the associate degree respondents was 12.4 and the baccalaureate degree was 12.
The total for the critical thinking category was associate degree nurses 20.5 and baccalaureate degree nurses 17.5.
The results of this study used the same measuring tool that the 2001 RN Practice Analysis (2002) utilized in assessing graduate nursing skills. The results did not indicate a difference between the two educationally different nursing groups. Blash in 2004 used this same tool in a self-reported skill performance study that also showed no difference between the two groups.

In 1970 McKenna found that baccalaureate degree nurses performed more tasks with people than they did with things; McKenna found this was not the case with associate degree nurses. McKenna found that associate degree nurses performed more tasks with things than they did with patients. In this study, four of the five Leadership category questions deal with people associated tasks. The results show that it matches McKenna's finding that baccalaureate degree nurses performed higher than associate degree nurses. Similar to the results from this study was what Pardue found in 1978. Pardue studied decision-making skills and critical thinking skills of differently educated groups of nurses. Self-administered research instruments were used in that study. The effect size for leadership was .08, similar to the finding of this study: that there is little difference between the two groups.

In 1986 examined two questions. Did baccalaureate degree nurses perform more competencies than associate degree nurses and, do nurses with more experience perform more nursing competencies? The conclusion of that was that the baccalaureate degree nurses performed more competencies where this study showed baccalaureates performed only mildly better than 1% in 2 of the 9 category questions. Rose (1988) reviewed 15 studies in a meta-analysis and found no difference between the two differently educationally prepared groups in decision-making skills.
Chapter 5

Discussion

Despite the ANA's Position Statement regarding the minimum level of entry for nursing, there remains more than one level of education for people pursuing a registered professional nursing license. This study examined whether any differences exist in a self-reported skill performance of registered professional nurses in the State of West Virginia who graduated in 2002 and 2003, both from associate degree nursing programs and baccalaureate nursing degree programs. This study attempted to replicate a previous study that examined registered professional nurses in West Virginia at one and two years post graduation. This study focused on examining the differences in three areas that relate to the potential differences between the associate degree nursing and the baccalaureate degree nursing programs. The three skills examined from the questions related to Leadership, Research and Critical Thinking. The summary of results, limitations, generalizations, recommendations and conclusions drawn from the data of this study are contained in this chapter.

Limitations

This study only examined West Virginia nurses who graduated in 2002 and 2003 from both associate and baccalaureate degree programs. All the participants worked full time in hospital settings. The measurement tool was a self-reported study in which responses can be skewed based on the respondent's perception of their own performance. Respondents may provide answers that they know are professionally acceptable, but in retrospect, did they perform at that level on their job? Self-reporting may not be the most accurate portrayal of performance. The cover letter that accompanied the survey stated the ANA Position Statement regarding the baccalaureate nursing degree as the
minimum entry level for the nursing profession. This statement may have influenced the answers provided by the respondents.

There were 774 surveys mailed with only 88 surveys returned. Results may have been different if more nurses had participated. The tool was lengthy and may have been a deterrent resulting in a low response rate. There were no significant differences found in this study between the two nursing groups. Replication or assimilation of this study may be better served in a different manner.

**Generalizations**

This study reflects that both associate degree nurses and baccalaureate degree nurses perform leadership skills at similar levels. There was an insignificant difference in research skills between the two groups. There is evidence that associate degree nurses perform critical thinking skills more often than baccalaureate degree nurses.

**Recommendations**

It may be of benefit in quantifying results to determine if the associate degree respondents are currently pursuing a baccalaureate degree of nursing. It may also be of benefit to determine if the respondents, particularly the associate degree graduates, are or have participated in some form of clinical ladder structure in which they performed research and activities that are based on a higher level of education. A quantitative study may be of more benefit than a self-reported skill survey tool. Personal communication via data collection site visits and hand delivery of survey tools with one on one explanation of the study may prove beneficial. Examination of nurture vs. education would include studying the years of experience against the degree of education. A longitudinal study following nurses from graduation to a specific year of nursing may benefit the nursing community. Use of a more specific, condensed tool may promote an increased response rate.
Conclusions

Using a comparative descriptive design, the purpose of this study was to examine if differences existed in skill performances of associate degree nurses and baccalaureate degree nurses who graduated in 2002 and 2003. Results of the data indicate that there are no significant differences in skill performances between these two groups.

Patricia Benner's theoretical framework “From Novice to Expert” was used in this study. This theory suggests that an individual gains experience as they move from novice to expert (p.25-26). “Clinical knowledge is gained over time” (p. 3-4) and the participants in this study had an average of 50 months of experience behind them. The participants are in the proficient stage wherein the nurse perceives the situation as a whole rather than in terms of separate aspects (p. 162). Results of this study support Benner's theory and find that experience can complement education.

Information from this study may be used by educational institutions to make curriculum changes. Hospitals and other health care facilities may use the information for developing and revising job descriptions.

In a position statement in October 2005, the American Association of Colleges of Nursing (AACN) “supports the baccalaureate-level preparation for entry into professional nursing practice”. The ANA's Position Statement also supports the baccalaureate degree as the minimum level of entry for nursing. The findings in this small, limited study do not find a significant difference between the associate degree nurse and the baccalaureate degree nurse at three and four years post-graduation.
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Appendix A

Nursing Activity Study
Mountain State University
Graduate Program

Instructions: Read each question carefully and respond by placing an X in the box or circling the response most closely representing your answer. All answers are confidential. Individual responses will not be released.

Are you currently working in nursing within a hospital setting? (Please circle answer)

1. Yes.
2. No → skip to section 4. Personal Information.

Section 1. Work Environment

1. Which of the following best describes your employment setting on the last day/shift you worked? If you worked mainly in one setting, circle the appropriate response for that setting. If you worked in more than one setting circle the appropriate response for all settings where you spent at least one-half of your time. (Choose no more than two)

   Critical Care (e.g., ICU, CCU, step-down units, ER, post-anesthesia/recovery)
   Medical-surgical unit or sub-specialty (oncology, orthopedics, neurology, etc)
   Pediatrics or nursery
   Labor and delivery
   Postpartum unit
   Psychiatry or sub-specialty (detox, etc)
   Operating room including outpatient surgery
   Rehabilitation
   Sub acute/transitional care unit
   Other (please specify) ________________________

2. How large is the hospital in which you work?

   Under 100 beds
   100-299 beds
   300-499 beds
   500 or more beds
   Don’t know
3. Which of the following descriptions best describes the location and size of your employment setting?

Urban/Metropolitan  Suburban  Rural

Population:

Less than 20,000  20,000-49,999  50,000-99,999
100,000-500,000 Greater than 500,000 Don’t know

4. Which of the following best describes most of your clients on the last day you worked? (You may choose more than one)

Well clients with minor illnesses  Maternity clients
Clients with stabilized chronic conditions  Unstable chronic conditions
Acute conditions including surgical or critically ill
End of life
Behavioral/emotional conditions
Other (please specify) ________________________________

Which of the following best describes the ages of most of your clients on the last day you worked? (you may choose more than one)

Newborns (1-30 days)  Infants/children (1 month-12 years)
Adolescents (ages 13-18)  Young adults (ages 19-30)
Adults (ages 31-64)  Elderly (ages 65 and over)

Which of the following best describes the hours you work? (Choose only one)

Days (8, 10 or 12 hour shifts)  Evenings (8, 10 or 12 hours shifts)
Nights (8, 10 or 12 hour shifts)  Rotating shifts

Section 2. Experience and Orientation

1. What is the total number of months you have worked in the U.S. as a licensed Registered Nurse?

Answer: ____________________________________________

2. What kind of orientation did you receive in your current position? (You may circle as many answers as are appropriate)

No formal orientation  skip to question 4.
Classroom instruction/skills laboratory  Preceptorship
Evaluation with reference to a checklist  Internship
Competency-based orientation
Other (please specify) ____________________

3. If you had orientation, how long was it?

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<tr>
<th>Less than 1 week</th>
<th>1-2 weeks</th>
<th>3-4 weeks</th>
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<td>Over 4 weeks</td>
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4. In your current position, do you give nursing care directly to clients?

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<th>Yes</th>
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Section 3. Nursing Care Activities

Part A.

NOTE: As used here the “client” can be an individual, individual plus family/significant other, an aggregate/group or community/population. “Clients” are the same as “residents” or “patients”.

This section contains a list of activities that describe nursing practice in a variety of settings. Do not be surprised if some activities do not apply to you. For each activity three questions are asked.

**QUESTION A – DOES NOT APPLY**: If performance of the activity does not apply to your setting mark an X in Column A and skip to the next activity. If the activity does apply to your setting, leave Column A blank and answer questions B and C.

**QUESTION B – FREQUENCY**: How often did you personally perform the activity the last day/shift you worked? Place an X in the corresponding blank. Example: If you performed the activity three times on your last day worked, place an X in the box marked 3 under Frequency.

**QUESTION C – PRIORITY**: What is the priority of performing this nursing activity compared to the performance of other nursing activities? All activities are designed to help clients, but some activities are more important than others in regard to client safety. ? (Please answer only as to how you prioritized on your last day of work)

11. Low priority. The activity has a low priority relative to other nursing activities you perform when considering risk of unnecessary complications, impairment of function or serious distress to clients.
12. High priority. The activity has a high priority relative to other nursing activities you perform when considering risk of unnecessary complications, impairment of functions or serious distress to clients.

13. Please indicate the level of priority of performing this activity with 1=lowest, 2=low, 3=high, 4=highest
Example: | Column A | Column B | Column C |
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<td>Activity that applies to your Setting that you performed 5 times and gave high priority</td>
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Section 3 begins on the next page
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<th>Question A - Mark an X only if activity Performance <strong>does not</strong> apply to you.</th>
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<td>Question B - If activity applies to your Setting, indicate how often you <strong>personally</strong> Performed on the last day you worked</td>
<td>Does Not Apply</td>
<td>Frequency</td>
<td>Priority</td>
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<td>Question C – Indicate priority of activity <strong>1=lowest, 2=low, 3=high, 4=highest</strong></td>
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<td>1. Document client care</td>
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<td>2. Apply principles of infection control (e.g., hand washing, isolation, aseptic technique, universal precautions)</td>
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<td>3. Assess a newborn</td>
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<td>4. Conduct a population-based assessment to determine health promotion needs (e.g., school, institution, work setting, city, etc.)</td>
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<td>5. Assess a family’s emotional reaction to client’s illness</td>
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<td>6. Identify changes in client’s mental status</td>
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<td>7. Plan nursing measures to promote client sleep or rest</td>
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<td>8. Monitor client in labor</td>
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<td>9. Administer medications (e.g., IV, oral, topical, etc.)</td>
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<td>10. Assess characteristics of bowel sounds</td>
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<td>11. Provide care to client on a ventilator (e.g., position/move client, check settings, suction, etc.)</td>
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<td>12. Counsel/teach client about managing their health deviation/problem (e.g., AIDS, chronic illness, etc.)</td>
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<td>13. Identify and intervene in life-threatening situations (e.g., CPR, Heimlich, respond to fetal distress, etc.)</td>
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<td>14. Assign, delegate or supervise delivery of client care by other nursing personnel</td>
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<td>15. Follow procedures for handling bio-hazardous materials</td>
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<td>16. Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)</td>
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<td>17. Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapy)</td>
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<td>18. Perform a health history and risk assessment (e.g., lifestyle, family and genetic history, etc)</td>
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<td>19. Assess dynamics of family interactions</td>
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<td>20. Maintain a therapeutic milieu/environment</td>
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<td>21. Use measures to maintain client’s skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)</td>
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<td><strong>Question A</strong> - Mark an <strong>X only</strong> if activity <strong>does not</strong> apply to you. <strong>Performance</strong> does not apply to you. <strong>Question B</strong> - If activity applies to your setting, indicate how often you <strong>personally</strong> performed on the last day you worked. <strong>Question C</strong> - Indicate priority of activity. 1=lowest, 2=low, 3=high, 4=highest.</td>
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<td>22. Prescribe a medication (identify need, dosage, frequency, route, etc.)</td>
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<td>23. Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc)</td>
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<td>24. Recommend change in treatment based upon client’s response</td>
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<td>25. Identify and report child abuse</td>
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<td>26. Prepare for and implement emergency response plan (i.e., internal/external disaster)</td>
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<td>27. Assist client with infant care skills (e.g., feeding, etc)</td>
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<td>28. Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc)</td>
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<td>29. Participate in a group session for clients with psychosocial disorders</td>
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<td>30. Independently perform specialty-specific invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc)</td>
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<td>31. Notify others of a client’s change in status (health team members, shift report, post-op report, etc)</td>
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<td>32. Identify signs of potential prenatal complications</td>
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<td>33. Plan and develop a health promotion program based on a community assessment</td>
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<td>34. Use interventions to assist client to control behavior (e.g., contract, behavior modifications, redirecting, etc)</td>
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<td>35. Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc)</td>
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<td>36. Modify approaches to care in accordance with client’s developmental stage</td>
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<td>37. Monitor fetal heart rate</td>
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<td>38. Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc)</td>
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<td>39. Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc)</td>
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<td>40. Coordinate transfer of client to another setting/unit</td>
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<td>41. Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, smoking cessation, etc)</td>
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<td>42. Discuss treatment options/decisions with client/family</td>
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<td>43. Protect client from injury (e.g., protect from another individual, falls, environment hazards, etc)</td>
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</table>
| Question A – Mark an X only if activity Performance does not apply to you.  
Question B – If activity applies to your Setting, indicate how often you personally performed on the last day you worked.  
Question C – Indicate priority of activity 1=lowest, 2=low, 3=high, 4=highest | Column A | Column B | Column C |
<table>
<thead>
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<tr>
<td>A Does Not Apply</td>
<td>Frequency Number of Times</td>
<td>Priority</td>
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<tr>
<td>44. Compare a client’s psychosocial/behavioral/physical development to norms for age/stage</td>
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<td>45. Manage a client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, limbs, etc.)</td>
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<td>46. Identify abnormalities on a client’s cardiac monitor strip (e.g., sinus bradycardia, PVC, etc)</td>
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<td>47. Respect client’s personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)</td>
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<td>48. Participate in discharge planning process</td>
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<td>49. Encourage client/family involvement in the health care decision-making process</td>
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<td>50. Instruct client about self-administration of medications</td>
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<td>51. Explain/teach about scheduled treatments/procedures</td>
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<td>52. Listen to client’s/family’s concerns</td>
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<td>53. Provide ostomy care</td>
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<td>54. Identify potential for aspiration (e.g., swallowing, sedation, feeding tube, etc.)</td>
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<td>55. Promote the progress of wound healing (e.g., turning, hydration, nutrition, etc.)</td>
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<td>56. Initiate a consultation/referral (e.g. support group, another care provider, social service, etc.)</td>
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<tr>
<td>57. Promote independence by client/family</td>
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<td>58. Participate in continuous quality improvement/assurance program</td>
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<td>59. Use research literature or other resources in planning care</td>
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<td>60. Act as a client advocate</td>
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<td>61. Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc)</td>
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<td>62. Assist client with developmental transitions (e.g., attachment to newborn, parenting, retirement, etc.)</td>
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<tr>
<td>63. Assess the environment in which care is delivered</td>
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<td>64. Assess client’s ability to eat (e.g., chewing, swallowing, dentures, etc)</td>
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<td>65. Administer total parenteral nutrition</td>
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<tr>
<td>66. Assess for peripheral edema</td>
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</table>
### Question A

Mark an X only if activity performance does not apply to you.

### Question B

If activity applies to your setting, indicate how often you personally performed on the last day you worked.

### Question C

Indicate priority of activity

1=lowest, 2=low, 3=high, 4=highest

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
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<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Priority</td>
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<td></td>
<td>Number of Times</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Activity Description</th>
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<tbody>
<tr>
<td>67.</td>
<td>Consult with other health care providers about client care</td>
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<tr>
<td>68.</td>
<td>Determine client’s ability to perform self-care (e.g., feeding, dressing, adequate resources, etc)</td>
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<td>69.</td>
<td>Use therapeutic interventions to increase client understanding of his/her behavior</td>
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<td>70.</td>
<td>Assess client’s discomfort or pain (e.g., severity, type, location, etc)</td>
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<td>71.</td>
<td>Evaluate the effects of medications (e.g., adverse, therapeutic, side effects, etc)</td>
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<td>72.</td>
<td>Determine if vital signs are abnormal (e.g., hypertension, fever, tachypnea, etc)</td>
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<tr>
<td>73.</td>
<td>Evaluate effectiveness of care provided by others</td>
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<td>74.</td>
<td>Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc)</td>
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<td>75.</td>
<td>Monitor client’s hydration status (e.g., I&amp;O, edema, signs and symptoms of dehydration, etc)</td>
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<td>76.</td>
<td>Manage care of client with peripheral IV</td>
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<td>77.</td>
<td>Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc)</td>
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<td>78.</td>
<td>Serve as a resource person to other staff</td>
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<tr>
<td>79.</td>
<td>Teach primary caregivers specific techniques for client care (e.g., colostomy)</td>
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<td>80.</td>
<td>Provide holistic/complimentary therapy (e.g., biofeedback, therapeutic touch, etc)</td>
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<tr>
<td>81.</td>
<td>Use clinical pathways/care maps/care plans to guide and evaluate client care</td>
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<tr>
<td>82.</td>
<td>Manage care of a client with altered skin integrity (e.g., decubitus ulcer, fistula, rash, skin graft, etc)</td>
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<tr>
<td>83.</td>
<td>Monitor output (e.g., NG tube, emesis, stools, etc)</td>
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<td>84.</td>
<td>Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc)</td>
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<td>85.</td>
<td>Act as liaison between client and others (e.g., coordinate care, manage care, etc)</td>
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<td>86.</td>
<td>Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupuncture, etc)</td>
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<tr>
<td>Question A</td>
<td>Mark an X only if activity Performance does not apply to you.</td>
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<tr>
<td><strong>Question B</strong></td>
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<td><strong>Question C</strong></td>
<td>– Indicate priority of activity 1=lowest, 2=low, 3=high, 4=highest</td>
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<tr>
<td>87. Assist client to accept dependency on others, as appropriate</td>
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<td>88. Orient client to reality</td>
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<td>89. Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc)</td>
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<td>90. Assess/triage clients to prioritize the order of care delivery</td>
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<td>91. Evaluate client care environment for safety hazards</td>
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<td>92. Participate in developing an interdisciplinary plan of care</td>
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<td>93. Evaluate client’s nutritional status (e.g., skin turgor, laboratory work, diet history, etc)</td>
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<td>94. Participate in educating staff</td>
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<td>95. Teach client about health risks and health promotion (e.g., risky behaviors, self breast/testicular exams, etc.)</td>
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<td>96. Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc)</td>
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<td>97. Identify potential for skin breakdown (e.g., immobility, nutritional status, incontinence, etc)</td>
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<td>98. Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc)</td>
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<tr>
<td>99. Provide non-pharmacological measures for pain relief (e.g., massage, imagery, TENS unit, etc)</td>
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<tr>
<td>100. Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc)</td>
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</table>
Do the 100 activities listed above represent what you actually do in your position? (Circle)

Yes  No

If no, what important activity(ies) was (were) missing from this survey? (Please specify)


Approximately what percentage of your time is spent on each of the following functions during a typical work week? (The total must equal 100%)

<table>
<thead>
<tr>
<th>Function</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Administration/management</td>
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<td>Direct client care</td>
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<tr>
<td>Indirect client care</td>
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<td>Education of students</td>
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<td>Research</td>
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<tr>
<td>Other (please specify below)</td>
<td>TOTAL 100%</td>
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On a regular basis do you have administrative responsibilities (e.g., Unit Manager, Team Leader, Charge Nurse, Coordinator, etc)

Yes  No

Approximately what percentage of you time is spent on each of the following steps of the Nursing Process during a typical work week? (The total must equal 100%)

<table>
<thead>
<tr>
<th>Step</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>a. Assessment</td>
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<td>b. Analysis</td>
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<td>c. Planning</td>
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<td>d. Implementation</td>
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<td>e. Evaluation</td>
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<tr>
<td>TOTAL 100%</td>
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SECTION 4. PERSONAL INFORMATION

In this section you are asked to provide background information that will be summarized to describe the group that completed this questionnaire. **No individual responses will be reported.**

1. **Gender**  
   Male  Female

2. **Racial/Ethnic Background (Choose all that apply)**  
   a. American Indian/Alaska native  
   b. Asian (e.g., Filipino, Japanese, Chinese, etc)  
   c. Black/African American  
   d. Hispanic or Latino  
   e. Native Hawaiian/Other pacific Islander  
   f. White

3. Is English the first language you learned to speak?  
   Yes  No

4. **Type of basic/initial nursing education program completed?**  
   a. RN – Diploma in U.S.  
   b. RN – Associate Degree in U.S.  
   c. RN – Baccalaureate Degree in U.S.  
   d. Any nursing program NOT located in the U.S.  
   e. Other program (please specify) _____________________________

5. **Type of highest nursing degree currently held**  
   a. RN – Diploma in U.S.  
   b. RN – Associate Degree in U.S.  
   c. RN – Baccalaureate Degree in U.S.  
   d. RN – Generic Master’s Degree in U.S.  
   e. RN – Generic Doctorate Degree in U.S.  
   f. Any nursing program NOT located in the U.S.  
   g. Other program (please specify) _____________________________

You may write any comments or suggestions that have in the space provided below.

---

**THANK YOU FOR PARTICIPATING IN THIS STUDY!**  
Appendix B

Denise Miller  
P.O. Box 8  
Foster, WV 25081

February 21, 2007

Dear Ms. Miller:

You have permission to use the NCSBN RN Practice Analysis Survey tools for research purposes. Appropriate attribution to NCSBN should always be cited. These surveys may not be reproduced for sale.

Sincerely,

Kevin Kenward, Ph.D.  
Director of Research
Appendix C

Carol D. Miller, RN, BSN, SFNP
P.O. Box 8
Foster, WV 25081
(304) 369-0962
E-mail: dmillerbsn@hotmail.com

Dear Fellow Colleague:

I am a graduate student at Mountain State University pursuing a Master of Science in Nursing degree with an emphasis as a Family Nurse Practitioner. A requirement for this degree is the completion of a thesis that will examine skills of nurses with associate nursing degrees vs. skills of nurses with baccalaureate nursing degrees. The American Nurses Association (ANA) has posted a Position Statement declaring their position on education that the minimum educational level of entry for registered professional nursing should be the baccalaureate nursing degree. The research study I am pursuing examines this issue. Please read the enclosed Questionnaire to decide if you wish to participate.

The Questionnaire should take approximately 45 minutes to complete and is based solely on your last shift worked. Please return the Questionnaire in the self-addressed, stamped envelope by April 30, 2007. Thank you in advance for your cooperation and dedication to the nursing profession.

Should you choose to request a copy of the results of the research, please enclose a self-addressed, stamped envelope with your returned Questionnaire. All surveys are kept strictly confidential and NO names or identifiers are on them. Envelopes for those who request copies of the completed research are kept separately to further insure confidentiality.

Sincerely,

Carol D. Miller, RN, BSN, SFNP
Enclosures
Appendix D

Memorandum for Record

To: Carol Denise Miller
From: Wayne E. Ellis
Date: 4/23/07

Re: IRB Action Number: 2007-010
Researcher: Carol Denise Miller, BSN SFNP

In accordance with the requirements specified on page 7 of Mountain State University’s Manual of Policies and Procedures Governing Research, the Institutional Review Board (IRB) of Mountain State University has reviewed this research proposal. Specific areas of review were:

- Nature of the research: A comparison of skill differences of ADN and BSN graduates at three and four years post graduation.
- Privacy protection procedures: There is no need to maintain specific/personal information on individual participants; therefore, reasonable record maintenance protocols are sufficient.
- Data safeguard procedures: Reasonable care.
- Maintenance of data after research is complete- recommendation is for destruction of any records that might reveal the specific identity of the participants upon completion of the paper.

Conclusions of Review:
- This research is approved. There is no risk of harm.

Wayne E. Ellis, Ph.D.
Chair, Mountain State University IRB