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I am submitting herewith a dissertation written by Patricia Livingston Smith entitled "A Comparative Study of Non-Traditional and Traditional Graduates of a Master of Science in Nursing Degree Program." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Administration and Supervision.


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We have read this dissertation
and recommend its acceptance:





Accepted for the Council:


Vice Provost
and Dean of The Graduate School

A COMPARATIVE STUDY OF NON-TRADITIONAL AND
TRADITIONAL GRADUATES OF A MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM

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ABSTRACT

Despite the need for master's prepared nurses, few universities in the United States admit non-nurse college graduates to a Master of Science in Nursing (MSN) degree program. Doubt prevails as to whether these non-traditional students can be successful in a program designed to prepare advanced practitioners of nursing and as to their ability to assume the role of the master's prepared nurse in the service setting.

The purpose of this study was to compare non-traditional and traditional graduates of a MSN program in terms of demographic, academic, career, and professional development characteristics. The study population consisted of all 221 (79 non-traditional and 142 traditional) graduates of The University of Tennessee, Knoxville, College of Nursing from 1981-1986. Data were collected from each graduate's academic record and responses to a mailed questionnaire. The overall response rate for the questionnaire was 82 percent.

Little or no difference was found between the non-traditional and traditional graduates in terms of (1) academic success in the program, (2) self-perceptions of preparedness to practice within an area of clinical concentration, (3) current participation in the nursing work force, (4) self-perceptions of acceptance from colleagues, superiors, and physicians in current employment settings, (5) graduate degrees received since graduation, and (6) current enrollment in programs leading to an academic degree. Several notable differences between the two groups of graduates were found. Non-traditional

graduates as a group were (1) more often single, (2) more often male, (3) younger and, (4) had higher Graduate Record Examination (GRE) scores on enrollment in the program. Non-traditional graduates more often chose the Primary Care clinical concentration for study and encountered greater financial difficulty during the program. In terms of employment patterns, more of the non-traditional graduates initially assumed positions as staff nurses in hospitals. At the time of the study, the majority of these graduates were employed as nurse practitioners while the majority of traditional graduates were employed as nursing educators.

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CHAPTER I

INTRODUCTION

Traditionally, graduate nursing education has been offered to nurses who have earned undergraduate degrees in nursing. A limited number of colleges and universities are, however, admitting non-nurse college graduates to specialized graduate nursing programs. Should these non-traditional students be admitted to a Master of Science in Nursing (MSN) degree program? Can students with little or no exposure to nursing succeed in a program designed to prepare advanced practitioners of the discipline? Will prospective employers hire a master's prepared nurse who has little or no actual experience in the field? Will these non-traditional graduates be able to make a significant contribution to the profession and to society?

The answers to the questions are not clear. Few have studied the outcomes of these non-traditional programs and little is known about the career patterns of their graduates. This study was designed to investigate the characteristics and career patterns of non-nurse college graduates who have completed a master's program in nursing.

Graduate education in nursing is available at the master's and doctoral levels. Master's programs in nursing are designed to

. . . prepare graduates for advanced nursing practice who function in roles such as clinical specialists, nurse practitioners, administrators, and educators. The graduates practice in a variety of settings, provide leadership in specialty areas and initiate collaborative and consultative relationships with others for the purpose of improving nursing and health care and

influencing health policy. The graduates identify researchable problems, participate in conducting research, and promote the use of research findings (National League for Nursing Council of Baccalaureate and Higher Degree Programs, 1987a, p. 1).

The National League for Nurses (NLN) describes graduate programs in nursing as preparation for specialization. Most NLN accredited programs offer courses in a clinical specialty area, e.g., maternal and child nursing, medical-surgical nursing, community health nursing, and provide courses for a functional role, such as administration, teaching or clinician (NLN, 1987b, p. 2). The typical program requires two years of full-time study.

Currently, there are 189 master's nursing programs in the United States producing more than 5,000 graduates each year (Rosenfeld, 1988, p. 82). The number of programs has grown considerably over the last decade; nonetheless, there remains a critical need for greater numbers of master's prepared nurses (Murphy, 1981; American Nurses' Association, 1983). The Institute of Medicine (1983), in a recent, major national report, strongly recommended that the federal government expand support of fellowships, loans and programs at the graduate level to assist in increasing the rate of growth in the number of nurses with master's and doctoral degrees (p. 10).

The majority of MSN degree programs in the country, however, limit admission to students who are already nurses. In a 1984 study, McKeivitt (1986) found that 75 percent of all MSN programs in the United States "expected" applicants to have a baccalaureate degree in nursing (BSN) from an NLN approved program as a condition for admission; an additional 18.6 percent "required" the BSN (p. 226). Most graduate

nursing faculty believe that graduate education in nursing should be built upon the first professional degree, a baccalaureate in nursing. Indeed, the National League for Nursing, the primary accrediting agency for nursing programs in the country, states that the master's program in nursing is "built upon the knowledge and competencies that characterize baccalaureate education in nursing" (National League for Nursing, 1987a, p. 1).

In addition, McKeivitt (1986) found that over 25 percent of all MSN programs required applicants to have at least one year of nursing experience prior to enrollment and another 2.5 percent required two or more years of nursing experience prior to enrollment (p. 227). Such traditional admission requirements--a bachelor's degree in nursing and experience in nursing--have almost excluded the non-nurse college graduate from a master of science in nursing degree program.

At least one study, though, has shown that growing numbers of college graduates are interested in becoming nurses. In a 1978 survey of 608 schools of nursing across the nation, Slavinsky, Diers, and Dixon (1983) found that almost 5 percent of all applicants were individuals with college degrees (p. 374). In the same study, the investigators found that 1 out of 20 of the students who were actually admitted to a nursing program had already acquired a baccalaureate or advanced degree in a field other than nursing (p. 374). Unfortunately, the vast majority of these college graduates were forced to enroll in associate degree or diploma nursing programs or pursue nursing as a second baccalaureate degree.

Admitting a non-nurse college graduate to a master's program, however, is not a new concept in nursing education. As early as 1918 Vassar College established a post-baccalaureate training camp for nurses. The Vassar students spent approximately 27 months in formal classes at the college and attended nearby nursing schools for their practical training (Dreves, 1975, p. 2000).

Between the late 1920s and mid-1950s, at least three other academic institutions began specialized programs for non-nurse college graduates, including Yale University, Western Reserve University, and John Hopkins University (Ventura, 1979, p. 28). But, eventually, each of these universities closed their programs or converted their programs for non-nurses into specialty programs for graduate students who were licensed nurses (Diers, 1976, p. 92; Slavinsky, Diers and Dixon, 1983, p. 376). Later, in 1960, Frances Reiter began the Graduate School of Nursing at New York Medical College (now known as Pace University). Reiter believed that a four-year liberal arts background was the only appropriate foundation for nursing education and in her program, the master's degree was awarded to graduates after two additional years of study in nursing (Plummer and Phelan, 1976, p. 99). This program continues today.

The concept, however, has not been embraced by many other universities. Currently, there are only seven nursing programs in the United States and Canada which admit non-nurses with baccalaureate degrees to graduate study. The six schools which offer a master's program in nursing to these students include: Pace University

(Pleasantville, New York); Yale University (New Haven, Connecticut); McGill University (Montreal, Quebec, Canada); The University of Tennessee (Knoxville, Tennessee); Massachusetts General Hospital, Institute of Health Professions (Boston, Massachusetts); and Vanderbilt University (Nashville, Tennessee). Case Western Reserve University (Cleveland, Ohio) is the only institution in the nation offering a Doctorate of Nursing (ND) program to non-nurses with baccalaureate degrees (Schraeder, 1988, p. 34). The faculty from all the above programs believed that "a completed undergraduate degree and all that it engenders is the foundation for professional education in nursing," but they did not specify a degree in nursing (Schraeder, 1988, p. 34). All the programs but the one at McGill University reflected the belief that graduate education in nursing implied specialization (Schraeder, 1988, p. 34).

With the exception of the Pace program, all of the current MSN programs in the United States have opened since the mid-1970s. Yale University re-opened its three year master's program for non-nurse college graduates in 1974 (Diers, 1976, p. 92). The University of Tennessee, Knoxville (UTK), the only public university offering this type of non-traditional study, admitted its first class of non-nurse MSN students in 1979 (Hart, 1981, p. 34). The Massachusetts General Hospital, Institute of Health Professions (MGHIHP) began its program in 1982 (Slavinsky and Diers, 1982, p. 294) and Vanderbilt University initiated its master's program for non-nurse college graduates in 1986 (Conway-Welch, 1986).

All of the programs are two or three years in length and require intense study. Generally, the first year is devoted to the study of "basic" nursing and three of the schools provide some form of recognition at the completion of that phase of the program. Students at Pace, MGHIHP and Yale take their state nursing licensure examinations at that point in the program. This certification is thought to assist a student in confirming her or his identity as that of a nurse and, also, it enables a student to work part-time as a licensed registered nurse (RN) during the remainder of the program (Schraeder, 1988, p. 35).

What kind of students do these programs attract? Hart (1981), dean of the UTK program, stated that the non-nurse students "are adult learners . . . serious, career oriented students . . . able to assimilate new material more quickly and with more ease than their baccalaureate counterparts" (p. 33). She also noted that non-nurses who seek graduate degrees "have clear career goals . . . and once the commitment is made to pursue a graduate degree, there is a simultaneous commitment to remain active in the field" (Hart, 1981, p. 33). Schraeder (1988), after an informal survey of directors of the six programs, described the typical non-nurse MSN student as "bright, well educated, . . . possessing a heightened sense of dedication to humankind, . . . and able to articulate well-formulated political and social views" (p. 36). She also noted that they preferred to gain the skills to do important "people oriented work" while obtaining a graduate degree (p. 36).

Nonetheless, many nurses and nurse educators are skeptical of the non-traditional programs and their graduates. Slavinsky and Diers (1982) disclosed three commonly held beliefs which impede the acceptance of non-nurses in graduate nursing programs. First, most assume that science prerequisites are essential for academic success in a MSN program. Second, many believe generalist preparation (a baccalaureate in nursing) is the only foundation for specialization. And, lastly, some insist that "it is impossible to become a good nurse in two years, much less an advanced practitioner in three" (pp. 294-295). Even Hart (1981) questioned the amount of time it would take non-traditional graduates to become productive members of the health care delivery system and wondered whether they would move into the mainstream of the work force, the hospital, before seeking employment as teachers or clinical nurse specialists (p. 37).

The answers to these doubts and questions are unclear as non-nurse, college graduates enrolled in MSN programs have been the focus for study in only a few published reports. Several investigators have compiled brief demographic profiles of non-nurse students or applicants (Kakosh, 1967; Diers, 1976; Smith, 1976; Schraeder, 1988). Two investigators have studied selected academic characteristics of non-nurse MSN students (Ventura, 1979; Munro and Krauss, 1985) and only one team of investigators has conducted a follow-up study of non-traditional graduates (Plummer and Phelan, 1976). Further research is needed to provide a better understanding of the characteristics and career patterns of these non-traditional students and graduates.

I. STATEMENT OF THE PROBLEM

Despite the need for master's prepared nurses and the increasing number of non-nurse college graduates seeking admission to nursing programs, only a few institutions of higher education have designed graduate nursing programs for these non-traditional students. Little is known about the demographic and academic characteristics of non-nurse MSN students and there is virtually no research on the career patterns and professional contributions of non-traditional MSN graduates.

II. PURPOSE OF THE STUDY

The purpose of the study was to compare non-traditional and traditional graduates of a Master of Science in Nursing degree program in terms of demographic, academic, career, and professional development characteristics.

III. RESEARCH QUESTIONS

The following research questions were formulated to guide the study:

1. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected demographic variables?
2. Does a difference exist between non-traditional and traditional MSN graduates in primary reasons for

- a. seeking the MSN degree;
 - b. entering the UTK-MSN program?
3. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected academic variables?
4. Does a difference exist between non-traditional and traditional MSN graduates in self-perceptions of
 - a. ability to assume the role of the master's prepared nurse upon graduation;
 - b. preparedness to practice within an area of clinical concentration upon graduation;
 - c. financial difficulty encountered during the program;
 - d. satisfaction with the overall MSN program?
5. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the first nursing position secured following graduation?
6. Does a difference exist between non-traditional and traditional MSN graduates in patterns of participation in the nursing work force?
7. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the nursing position in which they are currently employed?
8. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected measures of professional activity?

9. Does a difference exist between non-traditional and traditional MSN graduates with regard to the attainment of additional academic degrees and professional certifications?

10. Does a difference exist between non-traditional and traditional MSN graduates with regard to

- a. future educational goals;
- b. future career goals?

IV. DESIGN OF THE STUDY

A comparative survey design was used to determine differences between non-traditional and traditional MSN graduates from The University of Tennessee, Knoxville, College of Nursing. Data were obtained from each graduate's academic record and responses to a mailed survey instrument.

V. ASSUMPTIONS

The following assumptions were determined prior to the study:

- 1. The survey instrument elicited valid responses.
- 2. The graduates were aware of their own feelings, perceptions and abilities and reported them accurately.
- 3. Any unknown variables affecting the perceptions, feelings and abilities of individuals graduates in the study equally affected all graduates in the study.

VI. DELIMITATIONS AND LIMITATIONS

The population for this study was limited to MSN graduates from The University of Tennessee, Knoxville, College of Nursing. Therefore, generalizations of the findings of this study to other populations may not be appropriate.

The survey instrument was not designed to detect all possible differences between non-traditional and traditional MSN graduates. A thorough study of differences between the two groups of graduates requires faculty appraisals, employer appraisals, determinations of beliefs, traits, personality characteristics, etc. However, these variables were beyond the scope of this study.

Two categories of nurses were admitted to the MSN program at The University of Tennessee, Knoxville: nurses who held BSNs and nurses who held degrees in fields other than nursing. No attempt was made to identify differences between these two groups as all nurses were pooled into the traditional group. Since all data were aggregated across a six-year (1981-1986) time span, differences between non-traditional and traditional MSN graduates from year to year will remain unknown.

VII. DEFINITIONS OF TERMS AND ABBREVIATIONS

For the purpose of this study the following definitions of terms and abbreviations were utilized:

1. BSN. Bachelor of Science in Nursing.

2. Clinical Concentration. An area of nursing specialization selected by a graduate student for in-depth study.

3. Clinical Manager/Clinical Coordinator/Head Nurse. One who is in charge of a clinical nursing unit in a hospital, including the operating room, emergency room and outpatient departments, and is responsible to a supervisor or an assistant director (Kelly, 1975, p. 474).

4. Clinical Nurse Specialist. An expert practitioner within a specialized field or sub-specialty of nursing (e.g., orthopedic or pediatric clinical nurse specialist) (Kelly, 1975, p. 473).

5. CNS. Clinical nurse specialist.

6. MSN. Master of Science in Nursing.

7. Non-traditional MSN student/graduate. A non-nurse college graduate who was enrolled in and subsequently graduated from the Master of Science in Nursing degree program at The University of Tennessee, Knoxville, College of Nursing.

8. NP. Nurse practitioner.

9. Nurse Practitioner. A nurse who has been prepared to function in primary care sites providing more extensive health services to clients in collaboration with a physician or independently, in consultation with a physician as needed (Kelly, 1975, p. 506).

10. Nursing Administrator/Supervisor. One who provides managerial and leadership functions and is responsible for the nursing care delivered on several or all clinical units in an agency (Kelly, 1975, pp. 476;480).

11. Professional certification. The process by which an agency or organization grants recognition to an individual who has met certain pre-determined qualifications which may include a) graduation from an accredited program b) acceptable performance on a qualifying examination and/or c) completion of a given amount of work experience (Department of Health, Education, and Welfare, 1971, p. 7).

12. Registered Nurse. One who has graduated from a state board approved program of nursing and has passed a national licensing examination (Bullough, 1980, p. 28).

13. RN. Registered Nurse.

14. Staff Nurse. One in a first-level position for RNs in a hospital or agency who is responsible for planning, implementing, coordinating, and evaluating patient care (Kelly, 1975, p. 471).

15. Traditional MSN student/graduate. A registered nurse with a baccalaureate degree in nursing or in a field other than nursing who was enrolled in and subsequently graduated from the Master of Science in Nursing degree program at The University of Tennessee, Knoxville, College of Nursing.

16. UTK. The University of Tennessee, Knoxville.

17. UTK-CN. The University of Tennessee, Knoxville, College of Nursing.

VIII. ORGANIZATION OF THE STUDY

Chapter I contains an introduction to the study, the statement of the problem, the purpose of the study, the research questions, the

design of the study, the assumptions, the delimitations and limitations, definitions of terms and abbreviations, and the organization of the study. Chapter II contains a review of the related literature. Chapter III describes the methodology. Chapter IV includes the presentation of the data. Chapter V contains a summary of the study, a summary of the findings, a discussion of the findings, conclusions, and recommendations.

CHAPTER II

REVIEW OF LITERATURE

I. INTRODUCTION

Several authors have discussed the practice of admitting non-nurse college graduates to a Master of Science in Nursing (MSN) degree program, but few have empirically studied the phenomenon. Several investigators have compiled brief, demographic profiles of non-nurse applicants or students. Two investigators have studied selected academic characteristics of non-nurse MSN students but only one team of investigators has conducted and reported a follow-up study of the career patterns of non-traditional MSN graduates.

Relatively little has been written about traditional graduate nursing students, as well. Most graduate faculties gather and compile student data in evaluating their programs, but these data are rarely published in the literature. However, the National League for Nursing (NLN) publishes certain demographic and academic data on all students enrolled in graduate nursing programs in the United States, and a few follow-up studies of MSN graduates have been published in the literature. These data provide some insight into known characteristics and career patterns of traditional MSN graduates.

All relevant findings from research studies and other writings have been organized and presented in this chapter under the following major headings: demographic characteristics, motivation for entering

the program, academic characteristics, perceptions of MSN graduates, career patterns, and professional activities and goals. A summary of the findings from the literature review is presented in the final section of this chapter.

II. DEMOGRAPHIC CHARACTERISTICS

Age, Gender, Marital Status, and Race

Kakosh (1967) was one of the first to compile a profile of non-nurse college graduates who enroll in a MSN program. In a study of 69 students who had entered the Graduate School of Nursing at New York Medical College (now known as Pace University) from 1962-1966, she found that the ages ranged from 20 years to 45 years with a mean age of 23 years on enrollment. All but 2 of the students enrolling in this time period were female (97 percent) and 63 (91 percent) of the students were single at the time of admission (p. 65). Almost 10 years later, Plummer and Phelan (1976) conducted a study of 214 alumni from the Pace University program. They, too, reported that females were predominant, comprising 97 percent of the graduates (p. 100).

Smith (1976), in an article entitled "Why College Graduates Choose Nursing," described the characteristics of non-nurse college graduates who had applied to the University of Massachusetts' Bachelor of Science in Nursing (BSN) degree program. Of the 114 non-traditional applicants from 1974 and 1975, Smith found that their ages ranged from 21 years to 48 years, though most of the applicants were between 21 and 30 years of age (p. 88). The applicants were predominately female,

however, according to Smith, the number of male applicants increased from 18 to 23 percent between 1974 and 1975. Seventy-two percent of the applicants in 1974 were single while 87 percent of the applicants in 1975 were single (p. 89).

Diers (1976), in describing the characteristics of the first class of 12 non-nurse MSN students at Yale, noted that all were female and ranged in age from 19 years to 29 years (p. 97). Ten years later, Munro and Krauss (1985) conducted a comparative study of the three groups of students admitted to the Yale program from 1974-1982. Among the 435 graduates under study, 91 percent were female. The ages for all students ranged from 18 years to 57 years; the mean age was 26.6 years. The majority (89.5 percent) of the students were Caucasian, but other racial and ethnic groups were represented as follows: Black--5.6 percent; Asian--2.3 percent; Hispanic--2.3 percent; and American Indian--0.22 percent. Most (64 percent) were single, 27 percent were married and others were separated, divorced or widowed (p. 193).

Schraeder (1988) cited similar findings from a survey of directors of the six MSN programs in the U.S. and Canada which admit non-nurse college graduates. The directors reported that the age of their students ranged from 22 years to 50 years with most groups averaging 28 or 29 years of age. Many directors noted that the non-nurse students were entering graduate school immediately after college or after a brief work experience. Thus, their ages were similar to the ages of typical graduate students (p. 36). The directors also stated that the number of males attracted to their

programs was increasing and that males now comprised 5 to 10 percent of the non-nurse student group (p. 36).

Lynaugh, Gerrity and Hagopian (1985) surveyed all 136 traditional MSN graduates of the Primary Care-Family Nurse Clinician program at the University of Pennsylvania from 1975 through 1981. Responses were returned by 103 of the 130 graduates located for a response rate of 79 percent. Of the group of respondents, 95 percent were female, 98 percent were Caucasian, and as stated, "41 percent are below the age of 29" (p. 292). No other information relative to the students ages were offered in the report, therefore it was unclear whether 41 percent of the students were below age 29 upon enrollment, upon graduation or in the year of the survey, which was not specified. However, in view of the information given it appears that the majority of the students in this study were older than 29 years of age.

According to the NLN report, Nursing Student Census With Policy Implications 1987 (Rosenfeld, 1988), males accounted for 3.3 percent of all 1986 graduations from 156 of the 189 MSN programs in the United States. Approximately 90 percent of all MSN graduates were Caucasian. Other racial groups represented among the graduates were as follows: Blacks--5.5 percent; Hispanic--2.1 percent, Asian--1.5 percent; and American Indian--0.3 percent (p. 86). No data on ages or marital status of graduate students were reported in the NLN census nor were these data reported in any other studies of MSN students.

Home of Record, Prior Experience

Smith (1976) reported that the majority of the 114 non-nurse college graduates applying to the University of Massachusetts BSN program were from Massachusetts. However, she pointed out that out-of-state applicants were increasing, from 4 in 1974 to 29 in 1975 (p. 89). In relation to prior experience, approximately 50 percent of the 114 applicants reported they had been previously employed in the health care field; over 25 percent had performed volunteer work in health care settings; 4 had observed other health care personnel; and 7 (6 percent) of the applicants stated they had no past experience related to their intended major (p. 89).

Munro and Krauss (1985) compared the amount of experience the registered nurse and non-nurse students reported upon entering the Yale MSN program. In the study of 435 graduates from 1974 through 1981, 337 registered nurses reported from less than 1 to 27 years ($\bar{x} = 3.4$, s.d. = 3.7) of nursing experience prior to enrollment. The 98 non-nurses reported no experience in nursing but reported 0 to 9.9 years ($\bar{x} = 2.6$, s.d. = 2.4) of health related experience (p. 193).

In Lynaugh, Gerrity and Hagopian's (1985) survey of Primary Care-Family Nurse Clinician graduates of the University of Pennsylvania, 90 percent of the 103 respondents stated they had been employed in nursing positions before they entered the program. Many (50 percent) had been employed in hospitals and an additional 22 percent had previously practiced in community health settings (p. 292).

III. MOTIVATION FOR ENTERING THE PROGRAM

Kakosh (1967), in her study of the 69 non-nurse students who entered the Graduate School of Nursing at New York Medical College, found that the typical student had given much thought to her decision to become a nurse. She described the student's immediate goal as "wanting to become the best nurse possible" (p. 64). As the result of interaction with the students over a 5-year period, Kakosh concluded that their "pervasive reason for selecting nursing is clearly based on not only human values but strong social commitment as well" (p. 64). She found that the typical student was well informed about professional nursing programs and was eager to find a program which built upon her or his liberal arts undergraduate degree (p. 64).

Smith (1976) also examined why college graduates desire to enter a nursing program. Of the 114 applicants to the BSN program at the University of Massachusetts, 34 percent expressed the "desire to help people" as their primary motivation for choosing nursing, 25 percent had experienced disappointment in their initial careers, 16 percent of the applicants stated they were returning to an original goal, 11 percent desired marketable skills and saw opportunity in the health care field, 11 percent recognized the changing image of nurses and desired to become nurse practitioners or nurse midwives, and the remaining applicants were noncommittal (p. 89). It is significant to note in Smith's study that almost half of the applicants stated they planned to continue their education past the baccalaureate degree and

almost one-third were specific about a desired clinical specialty (p. 90).

In the Schraeder (1988) survey of directors of the six MSN programs which admit non-nurse college graduates, the directors characterized the students as "bright, well educated and possessing a heightened sense of dedication to humankind" (p 36). In addition, from her interviews with the directors, Schraeder determined that there were three major groups of college graduates who sought a master's degree in nursing. The author wrote:

The first group comprises individuals who late in the college experience identified nursing as a career interest and who recognize the lack of extrinsic value in a baccalaureate degree in our society. These individuals specifically want a graduate degree [italics added]. The second group is made up of the "people" types. These are individuals who have been active in altruistic occupations or avocations and who now seek a degree that gives them flexibility and the skills to do important "people-oriented" work. Many of these students have had Peace Corps experiences, belong to the clergy or religious, or have been active in the consumer health movement, . . . The third group has been labeled "mysterious." These are the individuals who have had no apparent previous health care interest. Some may have had an ill parent or relative and been impressed by the nurses who provided care. Others may have done volunteer work and found themselves suddenly attracted to a caring profession. Still others may simply have been unhappy with their previous job. They may have been bored, not advancing quickly enough, or induced by some internal force to change careers (p. 36).

At least two teams of researchers have inquired about the motivation of traditional students for entering a graduate program in nursing. Thomas, Erickson and Heick (1974) conducted a follow-up study of nursing service administration graduates of the University of Iowa from 1968 to 1972. A total of 59 of 71 graduates responded to their mailed questionnaire for a response rate of 82 percent. Among other

questions, the graduates were asked what factors were important in their selection of the program. The factors rated as "most important" were the stature of the university, the program's accreditation by the NLN, and the program description in published documents. The next "most important" factors cited were locale, family, and other personal considerations. Less frequently mentioned were factors such as qualifications of the nursing faculty and recommendations by enrollees or graduates (p. 457).

Lynaugh, Gerrity and Hagopian (1985) asked the 136 alumni of the University of Pennsylvania School of Nursing from 1978 to 1982 about their motivation for entering their Family Nurse Clinician Program. The two main reasons cited by the 103 respondents were (1) "they believed primary care practice would give them more ability to influence patient care," and (2) "increased independence" (p. 292).

IV. ACADEMIC CHARACTERISTICS

Previous Degrees, Graduate Record Examination Scores, and Grade Point Averages

Kakosh (1967) reported that the majority of the 69 non-nurse students who had entered the Graduate School of Nursing at New York Medical College from 1962 to 1966 held a bachelor of arts degree. In her study, she made the following observations:

Although those students who majored in the natural sciences--biology, zoology, chemistry, and mathematics--outnumbered any other single field of college study, the majority have majored in other areas: social and behavioral sciences, education, language, speech, and journalism, home economics, fine arts and music (p. 65).

According to Kakosh, these students achieved high scores on the Graduate Record Examination (GRE). Twenty of the 29 non-nurse college graduates admitted in 1966 had a total raw score of 1,000-1,090 and 11 of these scored between 1,100 and 1,490 on the GRE (p. 65).

Smith (1976), in her study of college graduate applicants to the BSN program at the University of Massachusetts, observed that these potential students had varied academic backgrounds. In reviewing the records of 114 applicants from 1974 and 1975, she found that 10 percent of the 1974 applicants and 20 percent of the 1975 applicants were biological science majors. The others were graduates from psychology, advertising, education, political science, journalism, German, French, music and art programs (p. 89).

Ventura (1979) conducted a study of non-nurses in the Graduate School of Nursing at Pace University (formerly New York Medical College) to determine whether the type of undergraduate major affected a student's success in the program. After grouping the 100 students of the classes of 1976 and 1977 into three groups by undergraduate major (i.e., social sciences and psychology majors, liberal arts majors, and biological and physical science majors), he (1) compared the three groups in terms of attrition rate at the end of the first year of the program, and (2) compared the groups in terms of their mean performance on four standardized NLN science examinations. He found no difference in attrition rates among the three groups of undergraduate majors, and the three groups scored equally well upon the NLN examinations (p. 30). Ventura then analyzed the attrition rates by undergraduate major for

all 359 non-nurse students who were enrolled in the program from 1964 to 1976. The investigator reported that 82 percent of all non-nurse students had completed the program, and he found no differences in attrition from the program among the groups of undergraduate majors (p. 31). Finally, Ventura grouped the 295 non-nurse students who had successfully completed the program by undergraduate major, as before, and compared these groups in terms of total mean GRE scores and their performance on the state nursing licensure examination. The investigator found that the total mean GRE scores for the three groups ranged from 1,172 to 1,198. Those students who were liberal arts majors demonstrated the highest total GRE mean (1,198), and this group scored slightly higher on each of the five sections of the state nursing licensure examination (p. 32). Therefore, Ventura concluded that the findings of his study did not support the general contention that certain prescribed pre-nursing courses (psychology, sociology, or physical science) were necessary for admission to a Master of Science in Nursing degree program (p. 33).

Munro and Krauss (1985) investigated differences among the three groups of students admitted to the Yale MSN program--nurses who held a BSN, nurses who held a baccalaureate in a field other than nursing and non-nurse college graduates. After reviewing the academic records of 435 students who graduated from the program between 1974 and 1981, the investigators found that all but 28 (6 percent) had graduated from the program. Analysis of variance was used to compare the three groups of students in terms of grade point average (GPA) at the end of

the first and second year of their specialty programs. The investigators found the GPA means for the three groups "almost indistinguishable," and therefore concluded that the nurses who held a BSN, nurses who held a baccalaureate in a field other than nursing and non-nurse college graduates were equally successful in the graduate program (p. 194).

Academic characteristics (GRE scores, GPAs) of traditional MSN students were reported in several studies designed to determine predictors of success in graduate nursing programs (Ainslie, et al., 1976; Sime, Corcoran and Libera, 1983; Thomas, 1977). In a study by Ainslie, et al. (1976), the academic records of 193 graduates of a MSN program in a private eastern university from 1970 to 1974 were reviewed. Mean GRE scores for 105 of the graduates were reported as follows: mean GRE--verbal = 527; mean GRE--quantitative = 462. The mean GPA for the 193 graduates was 3.59 (p. 298).

Thomas (1977) studied the academic records of 198 traditional MSN graduates of the University of Iowa from 1971 through 1975 to determine predictors of success in a graduate nursing program. She reported the following ranges of mean scores for each of the 5 classes: GRE--verbal = 481-520; GRE--quantitative = 437-492, and the master's GPA = 3.46-3.54 (p. 101).

Type of Enrollment, Clinical Concentrations

According to the NLN survey, Nursing Student Census With Policy Implications-1987 (Rosenfeld, 1988), in 1986 only 28.4 percent of all students enrolled in the 189 masters program in the country were

full-time students. This percentage reflected a dramatic decline in full-time enrollments since 1967 when 61 MSN programs reported that 77.9 percent of their students were enrolled full-time (p. 76). In terms of functional areas of study, 72 percent of full-time students were enrolled in the advanced clinical practice area, while 17 percent were enrolled in the administration/management area and 9 percent in the teaching area (p. 78). It should be noted that nurse practitioner programs were included in the advanced clinical practice functional area. Only 56 percent of part-time students were enrolled in the advanced clinical practice area, while 22 percent were enrolled in the administration/management area and 22 percent in the teaching area (p. 80).

In 1986, the percentages of full-time students enrolled in the various clinical concentrations were as follows: maternal-child--38 percent; medical-surgical--31 percent; community health--15 percent; psychiatric-mental health--10 percent; and other programs (e.g., public policy, nursing service or undesignated)--6 percent (p. 79). The percent of part-time students enrolled in the various clinical concentrations were: medical-surgical--44 percent; maternal-child--20.5 percent; community health--13 percent and psychiatric mental-health nursing--12.5 percent (p. 81). Specific data regarding type of enrollment or clinical concentration choices of non-nurse MSN students were not available; however, most of the programs designed for these non-traditional students required a full-time study commitment.

V. PERCEPTIONS OF MSN GRADUATES

Self-Perceptions of Ability

Kakosh (1967) reported that many of the 69 non-nurse students who had enrolled in the two-year Graduate School of Nursing at New York Medical College from 1962 to 1966 expressed much anxiety about applying clinical skills and had requested more time for clinical practice. The investigator noted that as the result of student concern, this program was extended through the three month vacation period between the first and second years (p. 65).

In 1975, Plummer and Phelan (1976) surveyed all of the alumni of the Graduate School of Nursing at New York Medical College. The purpose of the survey was to determine whether the non-nurse college graduates enrolled in the program had attained the program objectives. A personal data card, identifying the graduate by class and geographical location, and two questionnaires (one to be completed by the graduate and one to be completed by the graduate's employer) were mailed to 214 alumni. Forty-five percent of the data cards, 40 percent of the alumni questionnaires and 27 percent of the employer questionnaires were returned (p. 100).

The graduates were asked to rate their own performance in relation to the seven objectives of the program. Seventy-five to 87 percent of the graduates rated their performance as "good" to "excellent" in relation to four of the seven objectives (i.e., nursing care directed toward meeting basic human needs, scientific inquiry, collaborating with other health team members, and performing delegated

medical measures of diagnosis and treatment). Less than half of the graduates rated themselves as "good" or "excellent" in relation to three program objectives--professional issues (48 percent), primary health care (47 percent), and coordinating health service programs (38 percent). Forty percent of the graduates felt the latter two objectives were not applicable to their jobs. The researchers noted that many of the graduates worked in hospitals and that these agencies rarely used nurses as nurse practitioners or as health service program planners. It is significant to note that 26 percent of the graduates rated themselves as "fair" in meeting the objective relating to professional issues. This finding was described as "disconcerting" by the researchers as, apparently, the graduates had not maintained the high level of commitment to professional issues they had demonstrated during their student days (Plummer and Phelan, 1976, p. 101).

The Pace alumni were also asked to identify the most valuable and least valuable learning experiences of the program. The researchers stated that the positive comments outnumbered the negative responses and that, in general, "the more time (that) had elapsed since graduation, the more the alumni appreciated the program" (p. 102). Those alumni who offered negative comments most often complained about the lack of emphasis upon technical skills and the organizational skills which would enable them to work with groups of patients (Plummer and Phelan, 1976, p. 102). Results of this study must be viewed with caution due to the poor response rate of both alumni and employers.

Hayter (1978) conducted a follow-up study of 87 traditional MSN graduates of the University of Kentucky from 1970 to 1975 to determine if they were "adequately prepared for their positions" (p. 380). Two questionnaires (one for the graduate and one for the graduate's employer) were mailed to 86 of the graduates (one was not located) and 74 (86 percent) of the graduates and 67 (78 percent) of the employers returned the questionnaires (p. 381). The graduates were asked to rate (on a four-point scale) their own preparation in relation to 17 specific functions drawn from the program objectives and NLN criteria for master's programs. The majority of the graduates rated themselves as "excellent" or "good" on each function. The "excellent" rating was most frequently assigned to the functions of identifying patient problems through assessment, continuing to learn and develop professionally, making nursing decisions, and transmitting knowledge to patients, personnel or students. The "excellent" rating was least frequently assigned to the functions of providing leadership, collaborating with members of other disciplines and intervening in health care or educational systems to bring about change (p. 383).

Perceptions of Financial Difficulty Encountered

Slavinsky and Diers (1982) observed that the non-nurse college graduates in the Yale program experienced serious financial pressures during the program. They noted that many entered the program with debts from undergraduate school, and some had financial responsibility for a family (p. 296).

In an earlier study, Kakosh (1967) also commented on the financial burden reported by the students at the Graduate School of Nursing at New York Medical College. She found that 41 of 69 (59 percent) non-nurse students had obtained loans to finance their programs.

Schraeder (1988) identified the "cost factor" as a major concern of non-traditional students. She pointed out that all the MSN programs which admitted non-nurses required a full-time commitment, thus students reported great difficulty managing a job as well. In addition, she noted that because these students were not registered nurses when they entered the master's program, they were often ineligible for governmental traineeships and other monies designated for graduate nursing education (p. 38). In contrast, none of the studies of traditional MSN graduates revealed student concerns relative to financing the graduate program.

Two studies of traditional MSN graduates revealed data on self-perceptions of their programs. In an attempt to evaluate the curricular offerings at the University of Pittsburgh Hospital School of Nursing, Donley, Jepson and Perloff (1973) surveyed 78 of their graduates. The alumni had completed a master's program in either medical-surgical, obstetric, pediatric or psychiatric-mental health nursing between December 1968 and June 1971. Only 44 of those surveyed returned the mailed questionnaire for a response rate of 56 percent. The graduates were given a listing of hypothetical curricula options and were asked what they would have chosen if the option had been available on enrollment in the program. Nearly 60 percent of the

graduates selected a curriculum that offered functional preparation (e.g., teaching, administration) as well as a clinical focus (e.g., maternal-child, adult health); only 34 percent of the graduates selected the clinical option exclusively (p. 647). The researchers stated their findings implied that 40 percent of the graduates were dissatisfied with their own programs. However, graduate satisfaction with the overall program was not directly assessed.

Perceptions of Satisfaction

Thomas, Erickson and Heick (1974) surveyed the satisfaction levels of their nursing service administration graduates of the University of Iowa. When asked about the level of satisfaction with their nursing major, 86 percent of the 59 respondents in this study said they would choose the administration major if given the choice again. The others stated they would have chosen a clinical specialty (p. 458).

In the Hayter (1978) follow-up study of MSN graduates from the University of Kentucky, the graduates were asked to rate the overall satisfaction with the program on a four-point scale from "poor" to "excellent." Ratings from the 74 respondents were as follows: "excellent"--28.4 percent; "good"--55.4 percent; "fair"--14.9 percent; "poor"--0 percent; no answer--1.4 percent (p. 382).

VI. CAREER PATTERNS

Plummer and Phelan (1976) appear to be the only investigators who have conducted a follow-up study of non-traditional MSN graduates.

Of the 87 alumni of the Pace University program from 1962 to 1975 who responded to their survey, 80 percent of the respondents were active in the nursing work force. Of the active respondents, a total of 40 percent practiced within New York or the mid-Atlantic states and others were scattered throughout the country. Six of the graduates were practicing in foreign countries (p. 100). Of the 65 respondents who were employed, 45 percent were employed as staff nurses in hospital settings, 15 percent were teachers, in-service educators or nursing administrators, and 15 percent were nurse practitioners or clinical nurse specialists (p. 100). Of the "inactive" nurses, some reported they were looking for employment or were on leave for child-bearing or child-rearing reasons, two were full-time students, two were performing volunteer work in the West Indies and four alumni were employed in non-nursing positions (p. 100).

Slavinsky and Diers (1982) reported that the non-traditional graduates from the Yale program competed favorably in the job market with traditional graduates (p. 295). However, they noted that some graduates reported difficulty in finding positions in their specialties and "have encountered some bias because they have not 'done their time' as staff nurses" (p. 295). In another article discussing the Yale program, Slavinsky, Diers and Dixon (1983) stated that few of these non-traditional graduates had dropped out of nursing (p. 375). The authors added ". . . they not only stay in nursing but . . . they also make creative professional contributions by publishing and by working

in innovative practice settings" (p. 375). No data were offered by the authors to substantiate these comments.

In an early follow-up study of traditional MSN graduates, Donley, Jepson and Perloff (1973) surveyed 78 alumni of the University of Pittsburgh Hospital School of Nursing. Of the 44 respondents, the majority (57 percent) had assumed teaching positions, 23 percent were functioning as clinical nurse specialists and 20 percent were employed as administrators (p. 647).

In the Thomas, Erickson and Heick (1974) follow-up study of 71 nursing service administration graduates of the University of Iowa, the investigators determined that 96 percent of their graduates were active in the nursing work force. Sixty-three percent of those employed were nursing administrators (e.g., nursing service directors, supervisors, or clinical coordinators) and 13 percent had assumed nursing faculty positions. Others were employed as in-service personnel or consultants in government positions and two were pursuing post-master's education (p. 458). In terms of job satisfaction, most of the graduates (64 percent) cited the "professional challenge" as the best aspect of their current jobs; 17 percent of the graduates cited the work environment as the best aspect of their jobs. The graduates were least satisfied with the following aspects of their jobs: "agency policies, understaffing, problems in relationships with others and non-professional responsibilities" (p. 458). Overall satisfaction rates were not reported for the graduates.

In the Hayter (1978) follow-up study of 87 MSN graduates of the University of Kentucky from 1970-1975, she found that 93 percent of the 74 respondents were employed in nursing positions and that 85 percent of these had been continually employed in nursing since their graduation. As in the Donley, Jepson and Perloff (1973) study, Hayter found the majority of the graduates employed in faculty positions (62 of the 106 positions reported). Twelve of the graduates were clinical nurse specialists, 10 were supervisors or administrators, 9 were staff nurses, and 13 reported they were employed in a variety of other positions (p. 382). Almost three-fourths (73 percent) of the graduates practiced within the state of Kentucky, while others had relocated in 14 other states (p. 382).

Hungler, Joyce, Krawczyk and Polit (1979) provided additional information on the career patterns of traditional MSN graduates. The purpose of their study was to investigate the relationship between a nurses' area of functional preparation and the nurses' level of professionalism. In 1975 they surveyed all 637 graduates of the 17 year old MSN program at Boston College. Only 272 usable questionnaires were returned for a 43 percent response rate. The investigators found that the graduates who were prepared for teaching were more likely to be employed as nursing faculty, but those prepared as clinical nurse specialists were less likely to be employed in clinical specialist positions (e.g., CNS, clinician, clinical coordinator, practitioner) (p. 200). Of the respondents who reported unemployment in their area of clinical specialization, most stated they were employed in teaching

positions, administrative positions, or as nurse liaisons between clinical agencies and universities (p. 202).

In the Lynaugh, Gerrity and Hagopian (1985) follow-up study of 136 nurse practitioner graduates of the University of Pennsylvania School of Nursing, the investigators found that 89 percent of the 103 respondents were currently employed. The investigators speculated that much of the unemployment was related to child-bearing responsibilities. The great majority (76 percent) were employed as nurse practitioners in primary care settings (e.g., clinics, centers) or were teaching in nurse practitioner programs. Many of the graduates reported employment in several part-time positions (p. 292). Over half (55 percent) of the respondents were practicing in Pennsylvania and an additional 32 percent were practicing in nearby Mid-Atlantic states or in the New England area. Ten percent of the respondents were practicing in other parts of the country and two graduates were employed in foreign countries (p. 293). Over 63 percent of the nurse practitioner graduates reported they worked with clients at poverty or low income levels (p. 293). Fifty-six of the 103 respondents reported their 1983, annual, full-time salaries; 70 percent earned between \$20,001 and \$27,000, and 20 percent earned less than \$20,000 (p. 294).

VII. PROFESSIONAL ACTIVITIES AND GOALS

Professional Activities

Plummer and Phelan (1976) published a study describing the professional activity of non-traditional MSN graduates. In their survey of 214 alumni of the Pace University program from 1962 to 1975,

40 (46 percent) of the 87 respondents reported membership in the American Nurses' Association and 16 of these were members of another nursing organization, as well. Six (7 percent) of the respondents had been inducted into nursing or educational honor societies since graduation and 6 (7 percent) of the respondents had authored one or more articles or books (p. 102). Several of the Pace graduates reported continuing education activities. Sixteen (18 percent) were pursuing some type of continuing nursing education, 6 had earned a second master's degree in nursing or nursing education, and 1 had completed a doctorate in educational psychology and another was a doctoral candidate in higher education (Plummer and Phelan, 1976, p. 102).

In the Thomas, Erickson and Heick (1974) follow-up study, 59 of the 71 nursing service administration graduates of the University of Iowa reported their professional activities. Eight (13.5 percent) reported membership and activity in professional organizations; nine (15 percent) reported consultant work for various educational, governmental, and health care agencies (pp. 458-459). Five (8 percent) of the graduates had published one or more articles since graduation. Almost one-third of their graduates reported involvement in some form of research activity. Seventeen (29 percent) reported having collaborated with others on a research project, 44 (75 percent) had participated in small, informal research projects and at least 7 (12 percent) stated they had been the principal investigator of a formal research project. By 1972, 4 (7 percent) of the 59 graduates from

1968-1972 had obtained credits for post-master's courses and many (86 percent) of the others reported participation in non-credit continuing education courses (p. 459).

Hayter (1978), in a survey of traditional MSN graduates from the University of Kentucky, found that their graduates were active in "professional organizations, community service and creative endeavors" (p. 382). Of the 74 respondent she reported that:

Fifty-five (74 percent) were members of ANA and 33 reported membership in 14 other health-related organizations. Thirty-one (42 percent) of the graduates reported that they had given talks, 29 (39 percent) had conducted or participated in workshops, 18 (24 percent) had been involved in research activities or were planning to do so, and 8 (10 percent) had published articles (p. 382).

Twenty-one of their graduates (28 percent) had taken courses for credit since graduating and 86 percent had participated in continuing education activities in the last year (p. 382).

The Hungler, Joyce, Krawczyk and Polit (1979) study of "professionalism" among MSN graduates yielded additional information on professional activities of traditional MSN graduates. From the responses of 272 alumni of Boston College, the investigators found that graduates who had specialized in teaching were significantly ($p < .001$) more likely to be members of the American Nurses' Association and the NLN than clinical specialist graduates (p. 199). Also, the number of publications authored was significantly ($p < .05$) higher for those prepared as teachers than clinical specialists (p. 199). The investigators found that graduates prepared as teachers were more likely to pursue post-master's degree education than those prepared as clinical specialists. The clinical specialists, however, were more

likely to attend non-formal types of post-master's education than those prepared as teachers (p. 199).

Goals

In the follow-up study of nursing service administration graduates at the University of Iowa, Thomas, Erickson and Heick (1974) found that only 19 percent (11 of 59 respondents) planned to pursue additional education in the future. Six of the 11 specified the doctorate as their educational goal (p. 459).

Hayter (1978), in her follow-up study of 87 University of Kentucky MSN graduates, found that 19 percent (14 of 74 respondents) of the graduates planned to pursue a doctoral degree. The investigator also reported that 27 percent (20 respondents) stated that they definitely did not plan to pursue the doctoral degree (p. 382). The majority of the respondents stated they planned to continue working and 42 percent of the graduates cited teaching as their long-term goal (p. 382).

VIII. SUMMARY

Few studies specific to graduate students in nursing were found in the literature. Nonetheless, the studies reviewed provided some insight into the characteristics of non-traditional and traditional MSN graduates. From the studies reviewed, it was found that non-nurse college graduates entering MSN programs were slightly younger, more often male and were more likely to be single than their nurse counterparts. The traditional students had more experience in nursing

prior to enrollment. The non-traditional student was described as having a strong commitment to nursing and clear-cut career goals. Studies of academic characteristics demonstrated that non-nurse graduate students were bright and were as successful in a MSN program as traditional students.

The programs for non-nurses were designed for full-time study; therefore, all the non-traditional students were likely enrolled in full-time study. Only 28 percent of traditional students were found to be full-time enrollees. The majority of traditional students were enrolled in medical-surgical and maternal-child nursing concentrations. No data concerning the choice of clinical concentrations for non-nurse students were found.

Non-traditional students rated their clinical preparedness lower than traditional students, expressed concern over the lack of emphasis on technical skills and experienced more financial pressures during the program than traditional students. Little is known about the career paths of non-traditional graduates; however, most traditional MSN graduates assumed teaching, administrative or clinical nurse specialist positions following graduation. Few traditional graduates of MSN programs planned to pursue higher academic credentials, nevertheless, their professional activities were varied. Data regarding professional activities and goals of non-traditional graduates were almost non-existent.

CHAPTER III

METHODOLOGY

I. INTRODUCTION

The purpose of the study was to compare non-traditional and traditional graduates of a Master of Science in Nursing (MSN) degree program in terms of demographic, academic, career, and professional development characteristics.

This chapter will describe the population selected for the study, the research questions investigated, the data collection process (academic record review, development of the survey instrument, pilot study, and procedures) and the treatment of the data.

II. THE POPULATION

The population selected for the study was comprised of all the MSN graduates of The University of Tennessee, Knoxville, College of Nursing (UTK-CN), from 1981 (the year the first non-traditional students graduated) through 1986. Of the 221 subjects in the total population, 79 (36 percent) were non-traditional graduates and 142 (64 percent) were traditional graduates. An effort was made to include all 221 subjects in the study. At the time of the study the graduates had been out of the program from one to six years.

III. RESEARCH QUESTIONS

The following research questions were investigated:

1. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected demographic variables?
2. Does a difference exist between non-traditional and traditional MSN graduates in primary reasons for
 - a. seeking the MSN degree;
 - b. entering the UTK-MSN program?
3. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected academic variables?
4. Does a difference exist between non-traditional and traditional MSN graduates in self-perceptions of
 - a. ability to assume the role of master's prepared nurse upon graduation;
 - b. preparedness to practice within an area of clinical concentration upon graduation;
 - c. financial difficulty encountered during the program;
 - d. satisfaction with the overall MSN program?
5. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the first nursing position secured following graduation?
6. Does a difference exist between non-traditional and traditional MSN graduates in patterns of participation in the nursing work force?

7. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the nursing position in which they are currently employed?

8. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected measures of professional activity?

9. Does a difference exist between non-traditional and traditional MSN graduates with regard to the attainment of additional academic degrees and professional certifications?

10. Does a difference exist between non-traditional and traditional MSN graduates with regard to

- a. future educational goals;
- b. future career goals?

IV. DATA COLLECTION

To answer the research questions, data were collected from academic records and from responses to a mailed survey instrument.

Academic Record Review

Permission was obtained from the Dean of the College of Nursing and from other appropriate persons, including the graduates, to collect data from each academic record. All 221 records were reviewed to obtain data with which to compare the non-traditional and traditional graduates. The data obtained from each academic record included (1) gender, (2) race or ethnic background, (3) age on graduation, (4) home of record, (5) previous academic degree(s), (6) Graduate Record

Examination (GRE)--verbal score, (7) GRE--quantitative score, (8) clinical concentration chosen, (9) thesis option chosen, and (10) grade point average (GPA) upon graduation. It should be noted that only graduate course grades taken by non-traditional students during their program of study were computed into the final GPA.

The Survey Instrument

Several nursing surveys were studied to gain ideas for the content and format of the survey instrument (Brimmer, Skoner, Pender, Williams, Fleming and Werley, 1983; Cassells, Redman and Jackson, 1986; Fitzpatrick, Boyle and Anderson, 1986; Knopf, 1983; Lynaugh, Gerrity and Hagopian, 1985; Schwirian, 1979; Yocom, 1987). A 38 item questionnaire, entitled MSN Graduate Survey (see Appendix A) was then developed by the researcher. The data solicited from the survey instrument included (1) marital status upon enrollment, (2) employment status during the program, (3) sources of financial support during the program, (4) level of financial difficulty experienced during the program, (5) amount and kind of experience prior to enrollment, (6) primary reason for seeking the MSN degree, (7) primary reason for entering the UTK-MSN program, (8) self-perception of ability to assume the role of the master's prepared nurse upon graduation, (9) self-perception of preparedness to practice in area of clinical concentration, (10) self-perception of satisfaction with the overall MSN program, (11) characteristics of first employment following graduation (location of employment, employment setting, type of position, prior employment in the setting or position, self-perception

of acceptance in the position and overall satisfaction with first nursing position), (12) characteristics of current nursing employment (employment status, location of employment, employment setting, type of position, annual salary, self-perception of acceptance in the position, and overall satisfaction with current nursing position), (13) pattern of participation in the work force, (14) measures of professional activity (number of current professional organizational memberships, self-rating of organizational activity, number of presentations since graduation, number of publications since graduation, self-rating of research involvement), (15) measures of professional growth (academic degree(s) received since graduation, current enrollment in a degree program, professional certifications received since graduation), (16) future educational goals, and (17) future career goals.

Several questions on the survey instrument were specifically designed to reflect characteristics of the program from which the subjects were graduated. For example, in item nine, The University of Tennessee, Knoxville, College of Nursing, Master of Science in Nursing degree program objectives were used as the measure of ability to "assume the role of the master's prepared nurse upon graduation." A panel of three UTK-CN graduate faculty reviewed the survey instrument for face and content validity.

Careful attention was given to the survey format to facilitate ease in answering questions. Only a few questions required written responses. Space was provided at the end of each category of questions to allow for additional responses or comments.

A cover letter (see Appendix B) was also designed to explain the purpose of the survey instrument and provide information relative to consent and handling of the data collected and instructions pertaining to the return of the survey. To insure that human rights were adequately protected, the study proposal, including the survey instrument, was submitted to the University's Committee on Research Involving Human Subjects. Upon review the proposal was approved.

The Pilot Study

A pilot study was conducted to further determine the validity, clarity and appropriateness of the survey instrument and the cover letter. A convenience sample of three non-traditional and three traditional graduates who were not in the study population was selected. The graduates were contacted by telephone and asked to participate in the pilot study. Upon agreement, each participant was given a copy of the cover letter, the questionnaire, and a sheet of instructions. The instructions directed the participants to complete the survey and report the time it took to complete the survey. They were asked to offer comments relative to the clarity and wording of instructions and questions, the arrangement of questions, the format for answers and the appropriateness of the content of the questions and the cover letter. Each of the six graduates provided useful comments and both the instrument and the cover letter were revised as the result of the pilot study. The actual survey instrument was printed in booklet form to enhance its appearance and usability.

Procedures

It is important to note that this study became a part of a larger research project designed to evaluate The University of Tennessee, Knoxville, College of Nursing MSN program. Therefore, the MSN Graduate Survey and cover letter designed by the researcher was combined with another researcher's instrument and cover letter in a mailing packet. A pre-addressed, postage-paid envelope was provided for the return of the questionnaires.

A listing of addresses for the graduates was obtained from the university's alumni office. This listing was reviewed and revised by several of the UTK-CN graduate faculty. Afterwards, the researcher contacted by telephone eight to ten graduates in each of the six classes and asked them to confirm and update the addresses. Many of the graduates had relocated and/or changed their names because of marriage or divorce since their graduation, therefore, the above activities greatly enhanced the accuracy of the initial mailing.

Each questionnaire was coded in order to confirm the receipt of a graduate's questionnaire. A follow-up letter (see Appendix C) was mailed to all non-respondents approximately three weeks after the initial mailing. Three weeks later a total of 142 (64 percent) questionnaires had been returned. At this point, additional telephone contacts were made to determine whether the remaining addresses were viable. Upon confirmation of an address, a second follow-up letter (see Appendix D) or cover letter (in the event the graduate had never

received the mailings) and another questionnaire were mailed to the graduate.

Several other techniques were employed to enhance the response rate. An announcement of the impending survey appeared in the spring edition of the UTK-CN alumni newsletter, the Alumni Link (see Appendix E). A cover letter endorsing the study, signed by the Dean of the College of Nursing was included in the mailing packet (see Appendix F). All letters from the researcher were placed upon official College of Nursing stationery. Furthermore, the researcher offered all respondents a copy of an abstract of the completed study.

V. TREATMENT OF THE DATA

All data were aggregated across the six-year (1981-1986) time span for each of the non-traditional and traditional graduate groups prior to analysis. The Statistical Analysis System (SAS) was employed to facilitate the analysis of the data. Descriptive statistics (i.e., frequencies, percents, ranges, means, and standard deviations) were used to describe the variables under study for each of the groups. Selected data were arranged in tables to simplify the presentation of the findings.

CHAPTER IV

PRESENTATION OF THE DATA

I. INTRODUCTION

The purpose of the study was to compare non-traditional and traditional graduates of a Master of Science in Nursing (MSN) degree program in terms of demographic, academic, career and professional development characteristics. Ten research questions were formulated to guide the study. The population selected for the study was comprised of all 221 MSN graduates of The University of Tennessee, Knoxville, College of Nursing (UTK-CN) from 1981 through 1986.

Data were obtained from each graduate's academic record and responses to a mailed survey instrument. This chapter includes a discussion of response rates for the survey instrument and a presentation of the data pertaining to each of the research questions.

II. RESPONSE RATES

The survey instrument was returned by 182 of the 221 graduates in the total study population for a response rate of 82 percent. Eighty-one percent (64 of 79) of the non-traditional graduates in the study responded, while 83 percent (118 of 142) of the traditional graduates responded. However, viable addresses were never located for at least 10 (3 non-traditional and 7 traditional) graduates; thus, the actual response rate for each sub-population and the total population would be slightly higher.

The 182 respondents to the survey instrument appeared to be very representative of the two sub-populations under study. This can be demonstrated in at least two ways. First, the respondents and non-respondents were well dispersed among each of the classes from 1981 through 1986. Table 1 displays the number of respondents and non-respondents among the nontraditional and traditional graduates for each year. Secondly, the respondents and non-respondents to the survey instrument were very similar in terms of the clinical concentrations they represented. These data are presented in Table 2.

The number of graduates represented by the data varied depending upon the availability of data in the academic record and the number of respondents to each question. The exact number of non-traditional and traditional graduates for each variable under study is referenced within each table. Percentages within the tables may not total 100 percent due to rounding.

III. RESEARCH QUESTIONS

Demographic Variables

Does a difference exist between non-traditional and traditional MSN graduates with regard to selected demographic variables?

Among the non-traditional graduates, the ratio of males to females was almost three times greater than among the traditional graduates, 13.9 percent versus 4.9 percent, respectively. One non-traditional graduate was Black while all of the traditional graduates were Caucasian. More non-traditional than traditional graduates were

TABLE 1
NUMBER OF RESPONDENTS AND NON-RESPONDENTS
BY YEAR (1981-1986)

Year	Non-Traditional		Traditional		Total
	*R	NR	R	NR	
1981	4	1	26	1	32
1982	11	2	15	8	36
1983	16	1	15	8	40
1984	11	2	24	5	42
1985	12	3	14	0	29
1986	10	6	24	2	42
Total	64	15	118	24	221

*R = Respondents; NR = Non-Respondents.

TABLE 2
PERCENTAGE DISTRIBUTION OF RESPONDENTS AND NON-RESPONDENTS
BY CLINICAL CONCENTRATION

Clinical Concentration	Non-Traditional		Traditional	
	*R(%)	NR(%)	R(%)	NR(%)
Primary Care	60.8	73.3	30.3	33.3
Secondary/Tertiary Care	25.3	13.3	42.3	50.0
Community/Mental Health	2.5	0	13.4	12.5
Parent/Child	11.4	13.3	5.6	4.2
Associate Degree Nursing Educator	0	0	8.5	0

*R = Respondents; NR = Non-Respondents.

NOTE. The total numbers of non-traditional respondents and non-respondents were 64 and 15, respectively; the total numbers of traditional respondents and non-respondents were 118 and 24, respectively.

single on enrollment in the MSN program (51.5 percent versus 22 percent). Fewer non-traditional graduates were natives of Tennessee on enrollment in the program. Only 79.8 percent of the non-traditional graduates were from Tennessee or the states contiguous to Tennessee. Almost all (96.5 percent) of the traditional graduates reported Tennessee or a state contiguous to Tennessee as their home of record. Two of the non-traditional graduates were residing outside the

continental United States at the time of their admission to the program, one in New Delhi, India and one in the Virgin Islands. A comparison of these data is presented in Table 3.

On comparing the ages of the non-traditional and traditional graduates upon graduation from the program, the non-traditional graduates were, on the average, 5 years younger. Table 4 presents the ages (means, standard deviations, and ranges) for non-traditional and traditional graduates.

Differences in the amount and type of experience the non-traditional and traditional graduates had prior to enrollment in the MSN program were determined. As non-nurses, the non-traditional graduates had no nursing experience prior to enrollment. However, 46 of 62 (74.2 percent) non-traditional graduates reported having had some type of health related experience. The non-traditional graduates averaged over 3 years of experience in a variety of health related fields. Traditional graduates, it was found, averaged 8.5 years of nursing experience prior to the program. The amount of experience for non-traditional and traditional graduates and the kinds of health related experience for the non-traditional graduates are presented in Table 5 and Table 6.

Motivation for Entering the Program

Does a difference exist between non-traditional and traditional MSN graduates in primary reasons for (a) seeking the MSN degree and (b) entering the UTK-MSN program?

TABLE 3

A COMPARISON OF DEMOGRAPHIC VARIABLES FOR NON-TRADITIONAL
AND TRADITIONAL GRADUATES ON ENROLLMENT IN A MASTER
OF SCIENCE IN NURSING DEGREE PROGRAM

Variable	Non-Traditional (N=79)		Traditional (N=142)		Difference In Percents
	Number	Percent	Number	Percent	
Gender					
Male	11	13.9	7	4.9	9.0
Female	68	86.1	135	95.1	9.0
Race					
Caucasian	78	98.7	142	100.0	1.3
Black	1	1.3	0	0	1.3
Marital Status ^a					
Single	33	51.5	26	22.0	29.5
Married	20	31.3	78	66.1	34.8
Divorced	11	17.2	14	11.9	5.3
Home of Record					
Tennessee	59	74.7	118	83.1	8.4
Contiguous States ^b	4	5.1	19	13.4	8.3
Tennessee or Contiguous States	63	79.8	137	96.5	16.7
Other States	14	17.7	5	3.5	14.2
Other Countries ^c	2	2.5	0	0	2.5

^aThe number of non-traditional respondents was 64; the number of traditional respondents was 118.

^bThe states contiguous to Tennessee are: Alabama; Arkansas; Georgia; Kentucky; Mississippi; Missouri; North Carolina; and Virginia.

^cOther countries included the Virgin Islands, a territory of the United States.

TABLE 4
A COMPARISON OF AGES OF NON-TRADITIONAL AND
TRADITIONAL GRADUATES ON GRADUATION FROM
A MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

	Non-Traditional (N=79) Age (Years)	Traditional N=142) Age (Years)	Difference In Means
Mean	29.6	34.6	5
Standard Deviation	4.9	6.6	
Range	24 - 45	23 - 54	

TABLE 5
YEARS OF HEALTH RELATED EXPERIENCE FOR NON-TRADITIONAL
GRADUATES AND NURSING EXPERIENCE FOR TRADITIONAL
GRADUATES PRIOR TO ENROLLMENT IN A MASTER
OF SCIENCE IN NURSING DEGREE PROGRAM

	Non-Traditional (N=34) Health Related Experience (Years)	Traditional (N=113) Nursing Experience (Years)
Mean	3.3	8.5
Standard Deviation	3.2	6.6
Range	0.25 - 16.5	0 - 33.2

TABLE 6
HEALTH RELATED EXPERIENCE OF NON-TRADITIONAL GRADUATES
PRIOR TO ENROLLMENT IN A MASTER OF SCIENCE IN
NURSING DEGREE PROGRAM

Experience	Non-Traditional (N=46)	
	Number	Percent
Employed--Health Related Field ^a	16	34.8
Employed--Auxiliary Nursing Service ^b	7	15.2
Volunteer--Health Agency/Peace Corps	7	15.2
Employed--Health Related Field and Volunteer-- Health Agency/Peace Corps	6	13.0
Employed--Health Related Field and Employed-- Auxiliary Nursing Service	4	8.7
Employed Auxiliary Nursing Service and Volunteer--Health Agency/Peace Corps	2	4.4
Other ^c	4	8.7

^aPositions reported were as follows: physician assistant; surgical assistant; laboratory technician; and phlebotomist.

^bPositions reported were as follows: nursing technician; aide; and orderly.

^cExperience reported included the following: military corpsman; nursing student and volunteer in a health agency; nursing student and employed in a health related field; and Licensed Practical Nurse and employed in a health related field.

Both non-traditional and traditional graduates reported a variety of reasons for seeking the MSN degree. The majority of the non-traditional graduates sought the degree because they "desired to become an RN" (33.9 percent) or because they "desired a career change" (25.4 percent). Altruistic motives were expressed by 8 (13.6 percent) of the nontraditional graduates when they indicated they "desired to serve humankind." Almost half (49.6 percent) of the traditional graduates reported that they sought the degree because they "wanted additional knowledge and skills" and another 24.8 percent indicated the degree was required or recommended for the position they held at the time. A comparison of primary reasons for seeking the MSN degree as reported by the non-traditional and traditional graduates is presented in Table 7.

The graduates reported a variety of reasons for entering the UTK-MSN degree program. The majority (67.2 percent) of the non-traditional graduates stated they entered the program at UTK, specifically, because non-nurses were allowed admission. More than three-fourths (76.9 percent) of the traditional graduates indicated they entered the program because of its locale; another 11.1 percent was attracted to the program because of its clinical options or curriculum. Table 8 presents a comparison of primary reasons for entering the UTK-MSN program for non-traditional and traditional graduates.

Academic Variables

Does a difference exist between non-traditional and traditional graduates with regard to selected academic variables?

TABLE 7

A COMPARISON OF PRIMARY REASONS FOR SEEKING THE
MASTER OF SCIENCE IN NURSING DEGREE FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES

Reason	Non-Traditional (N=59)		Traditional (N=113)		Difference In Percents
	Number	Percent	Number	Percent	
Wanted Additional Knowledge and Skills	7	11.9	56	49.6	37.7
Desired to Become a Registered Nurse	20	33.9	0	0	33.9
Desired a Career Change	15	25.4	5	4.4	21.0
Required or Recommended for Current Position	0	0	28	24.8	24.8
Desired to Serve Humankind	8	13.6	2	1.8	11.8
Needed for Advancement in Employment Setting	2	3.4	13	11.5	8.1
Desired to Become a Nurse Practitioner	3	5.1	1	0.9	4.2
Desired a Higher Income	1	1.7	3	2.7	1.0
Financial Aid Available	1	1.7	1	0.9	0.8
Other					
Met Personal Goals/Needs	2	3.4	3	2.7	0.7
Kellogg Program Offered ^a	0	0	1	0.9	0.9

^aThe Kellogg Program was a specialized Master of Science in Nursing (MSN) track designed for Associate Degree in Nursing (ADN) educators offering summer and off-campus nursing courses.

TABLE 8

A COMPARISON OF PRIMARY REASONS FOR ENTERING THE
UNIVERSITY OF TENNESSEE, KNOXVILLE, MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES

Reason	Non-Traditional (N=61)		Traditional (N=108)		Difference In Percents
	Number	Percent	Number	Percent	
Locale (desirable, convenient, etc.)	10	16.4	83	76.9	60.5
Non-Registered Nurses Admitted	41	67.2	0	0	67.2
Desirable Clinical Options/Curriculum	4	6.6	12	11.1	4.5
Tuition Affordable/ Financial Aid Available	2	3.3	2	1.9	1.4
Previous Academic Credits Applied	2	3.3	0	0	3.3
Recommended By Another	2	3.3	0	0	3.3
Reputation of College of Nursing	0	0	1	0.9	0.9
Reputation of University	0	0	0	0	0
Other					
Non-Bachelor of Science in Nursing Registered Nurses Admitted	0	0	5	4.6	4.6
Kellogg Program Offered	0	0	5	4.6	4.6

The majority (48) of the non-traditional graduates held Bachelor of Arts degrees and 10 (12.7 percent) held master's degrees before entering the MSN program. One hundred-six (74.6 percent) of the traditional graduates held Bachelor of Science in Nursing degrees prior to enrolling in the MSN program. Thirteen (9.2 percent) had obtained master's degrees, and 3 (2.1 percent) had obtained doctorates before entering the program. These data are presented in Table 9.

Most of the subjects in the study population were required to submit Graduate Record Examination (GRE) scores for consideration in the admission process. After compiling the available scores, it was found that the mean scores for the non-traditional graduates were higher than for the traditional graduates, 38 points higher on the verbal section of the examination and 85.7 points higher on the quantitative section. A comparison of GRE mean scores is found in Table 10.

Graduate students enrolled in the UTK-MSN program were required to select an area of nursing specialization or a clinical concentration. Non-traditional graduates could choose one of the following areas of specialization on completion of the first year of the program: Primary Care, Secondary/Tertiary Care, Community/Mental Health, and Parent/Child. Traditional graduates in this population could choose from these four areas of specialization and additionally, the Associate Degree in Nursing (ADN) Educator clinical concentration was available to the Class of 1986. As shown in Table 11, the majority (60.8 percent) of the non-traditional graduates chose the primary care specialty (the nurse practitioner track) and the majority (42.3

TABLE 9
A COMPARISON OF HIGHEST DEGREE EARNED BY NON-
TRADITIONAL AND TRADITIONAL GRADUATES
PRIOR TO ENROLLMENT IN A MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM

Degree	Non-Traditional (N=79)		Traditional (N=142)		Difference In Percents
	Number	Percent	Number	Percent	
Bachelor of Arts	43	54.4	5	3.5	50.9
Bachelor of Science	26	32.9	15	10.6	22.3
Bachelor of Science in Nursing	0	0	106	74.6	74.6
Master's	10 ^a	12.7	13	9.2	3.5
Doctoral	0	0	3	2.1	2.1
Master's or Doctoral	10	12.7	16	11.3	1.4

^aFive of these subjects held Bachelor of Arts undergraduate degrees and five held Bachelor of Science undergraduate degrees.

TABLE 10
A COMPARISON OF GRADUATE RECORD EXAMINATION (GRE)
VERBAL AND QUANTITATIVE SCORES FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES
ON ENROLLMENT IN A MASTER OF SCIENCE
IN NURSING DEGREE PROGRAM

Graduate Record Examination Scores	Non-Traditional (N=73)	Traditional (N=123)	Difference In Means
<u>GRE - Verbal</u>			
Mean	531.9	493.9	38.0
Standard Deviation	99.2	92.4	
Range	300 - 790	270 - 720	
<u>GRE - Quantitative</u>			
Mean	534.8	449.1	85.7
Standard Deviation	91.6	92.7	
Range	290 - 720	220 - 680	

TABLE 11

A COMPARISON OF CLINICAL CONCENTRATIONS CHOSEN BY
NON-TRADITIONAL AND TRADITIONAL GRADUATES IN
A MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Clinical Concentration	Non-Traditional (N=79)		Traditional (N=142)		Difference In Percents
	Number	Percent	Number	Percent	
Primary Care	48	60.8	43	30.3	30.5
Secondary/Tertiary Care	20	25.3	60	42.3	17.0
Community/Mental Health	2	2.5	19	13.4	10.9
Parent/Child	9	11.4	8	5.6	5.8
Associate Degree Nursing Educator	0	0	12	8.5	8.5

percent) of traditional graduates chose the secondary care specialty (advanced practice with medical-surgical hospitalized patients).

All graduates in the study had the option of writing a thesis. Only 1 (1.3 percent) of the 79 non-traditional graduates chose this option, while 16 (11.3 percent) of the 142 traditional graduates elected to write a thesis in the program.

Grade point averages for all non-traditional and traditional graduates were calculated to determine how academically successful they were in the program. In this population, non-traditional and traditional graduates had identical grade point averages--3.62. The means, standard deviations, and ranges of grade point averages are presented in Table 12.

Perceptions of the Program

Does a difference exist between non-traditional and traditional MSN graduates in self-perceptions of (a) ability to assume the role of the master's prepared nurse upon graduation; (b) preparedness to practice within an area of clinical concentration upon graduation; (c) financial difficulty encountered during the MSN program; and (d) satisfaction with the overall MSN program?

To answer part (a) of this question, the graduates were asked to rate themselves, on a four-point scale, on each of the eight UTK-CN program objectives. The objectives were as follows:

1. Provide comprehensive, high quality care to individuals and groups in a variety of settings.

TABLE 12

A COMPARISON OF GRADE POINT AVERAGES FOR NON-TRADITIONAL
AND TRADITIONAL GRADUATES ON COMPLETION OF A MASTER
OF SCIENCE IN NURSING DEGREE PROGRAM

Grade Point Average	Non-Traditional (N=79)	Traditional (N=142)
Mean	3.62	3.62
Standard Deviation	0.22	0.22
Range	3.15 - 4.00	3.02 - 4.00

2. Work collaboratively with other health professionals in the systematic implementation and evaluation of health care delivery to large groups.

3. Utilize advanced teaching skills in the professional role.

4. Utilize advanced administrative skills in the professional role.

5. Utilize advanced clinical practice skills in the professional role.

6. Utilize research findings in the implementation and evaluation of nursing care.

7. Participate in clinical research activities by assisting with data collection, tabulation, analysis, and by generating research topics.

8. Assume a leadership role in teaching or clinical practice.

Over 70 percent of the non-traditional graduates rated themselves as "excellent" or "good" on objectives (1) provide comprehensive care (78.2 percent), (2) work collaboratively with others (85.7 percent), (3) utilize advanced teaching skills (82.6 percent), (6) utilize research findings (78.1 percent), and (8) assume a leadership role (73.5 percent). More non-traditional than traditional graduates rated themselves as "excellent" or "good" on objective (6) utilize research findings (78.1 percent versus 69.2 percent) and on objective (7) participate in clinical research activities (62.5 percent versus 49.6 percent). Of the non-traditional graduates, 68.7 percent rated themselves as "excellent" or "good" on objective (5) utilizing

advanced clinical practice skills. Only 25.4 percent of the non-traditional graduates perceived themselves as "excellent" or "good" on objective (4) utilizing advanced administration skills.

Over 90 percent of the traditional graduates rated themselves as "excellent" or "good" on objectives (1) provide comprehensive care (94.9 percent), (2) work collaboratively with others (97.4 percent), (3) utilize advanced teaching skills (93.2 percent), (5) utilize advanced clinical practice skills (91.4 percent), and (8) assume a leadership role (96.6 percent). Fewer of the traditional graduates rated themselves as "excellent" or "good" on objectives (4) utilize advanced administration skills (60.7 percent), and (6) utilize research findings (69.2 percent). Only half (49.6 percent) of the traditional graduates perceived themselves as "excellent" or "good" on objective (7) participate in clinical research activities. A comparison of the graduates' self-ratings for the program objectives is presented in Table 13.

To answer part (b) of the research question--self-perceptions of preparedness to practice within an area of clinical concentration upon graduation, the graduates were asked to rate themselves as either "well prepared," "adequately prepared," or "minimally prepared." Most (85.9 percent) of the non-traditional and almost all (95.8 percent) of the traditional graduates felt "well prepared" or "adequately prepared" in their area of clinical concentration. However, 14.1 percent of the non-traditional graduates reported that they felt "minimally prepared" in their area of clinical concentration. A comparison of these data are found in Table 14.

TABLE 13

A COMPARISON OF SELF-RATINGS ON PROGRAM OBJECTIVES
BY NON-TRADITIONAL AND TRADITIONAL GRADUATES
ON GRADUATION FROM A MASTER OF SCIENCE
IN NURSING DEGREE PROGRAM

Objective/Rating	<u>Non-Traditional</u>		<u>Traditional</u>		Difference In Percents
	Number	Percent	Number	Percent	
1. Provide Comprehensive Care					
Excellent/Good	50	78.2	111	94.9	16.7
Fair/Poor	14	21.8	6	5.2	16.6
2. Work Collaboratively With Others					
Excellent/Good	54	85.7	114	97.4	11.7
Fair/Poor	9	14.3	3	2.6	11.7
3. Utilize Advanced Teaching Skills					
Excellent/Good	52	82.6	109	93.2	10.6
Fair/Poor	11	17.5	8	6.8	10.7
4. Utilize Advanced Administrative Skills					
Excellent/Good	16	25.4	71	60.7	35.3
Fair/Poor	47	74.6	46	39.3	35.3
5. Utilize Advanced Clinical Practice Skills					
Excellent/Good	44	68.7	107	91.4	22.7
Fair/Poor	20	31.3	10	8.5	22.8
6. Utilize Research Findings					
Excellent/Good	50	78.1	81	69.2	8.9
Fair/Poor	14	21.9	36	30.8	8.9

TABLE 13 (Continued)

Objective/Rating	<u>Non-Traditional</u>		<u>Traditional</u>		Difference In Percents
	Number	Percent	Number	Percent	
7. Participate in Clinical Research Activities					
Excellent/Good	40	62.5	58	49.6	12.9
Fair/Poor	24	37.5	59	50.4	12.9
8. Assume a Leadership Role					
Excellent/Good	47	73.5	113	96.6	23.1
Fair/Poor	17	26.6	4	3.5	23.1

TABLE 14

A COMPARISON OF SELF-PERCEPTIONS OF PREPAREDNESS TO PRACTICE
 WITHIN AN AREA OF CLINICAL CONCENTRATION ON GRADUATION
 FROM A MASTER OF SCIENCE IN NURSING DEGREE PROGRAM
 FOR NON-TRADITIONAL AND TRADITIONAL GRADUATES

Preparedness	Non-Traditional (N=64)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Well Prepared	24	37.5	67	56.8	19.3
Adequately Prepared	31	48.4	46	39.0	9.4
Well Prepared or Adequately Prepared	55	85.9	113	95.8	9.9
Minimally Prepared	9	14.1	5	4.2	9.9

To answer part (c) of the research question, self-perceptions of financial difficulty encountered during the MSN program, the graduates in the study were asked to rate, on a three-point scale, the level of financial difficulty they had encountered during the program. More non-traditional than traditional graduates experienced "some" or "great" financial difficulty during the program (72.6 percent versus 44 percent). (See Table 15).

Another factor considered, however, was the employment status of the graduates during the program. Half (49.2 percent) of the non-traditional graduates reported they were unemployed throughout the program, while almost half (43.2 percent) of the traditional graduates were employed full-time during the MSN program. Table 16 presents a comparison of the numbers of non-traditional and traditional graduates employed during the program.

The graduates were also asked to report sources of financial support while in the program. As shown in Table 17, most of the non-traditional graduates relied primarily upon their own savings, earnings and support from a spouse, relatives, and friends as did a large number of the traditional graduates. However, one-third (35.6 percent) of the traditional graduates reported having employer assistance during the program; only 1.6 percent of the non-traditional graduates had any employer assistance. Also, 23.7 percent of the traditional graduates received financial support from the College of Nursing in the form of federal traineeships designated for registered nurses in the program. These funds were not available to the non-traditional graduates.

TABLE 15

A COMPARISON OF SELF-PERCEPTIONS OF FINANCIAL DIFFICULTY
ENCOUNTERED DURING A MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES

Difficulty	Non-Traditional (N=62)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
No Difficulty	17	27.4	66	55.9	28.5
Some Difficulty	37	59.7	45	38.1	21.6
Great Difficulty	8	12.9	7	5.9	7.0
Some or Great Difficulty	45	72.6	52	44.0	28.6

TABLE 16

A COMPARISON OF EMPLOYMENT STATUS DURING A MASTER
OF SCIENCE IN NURSING DEGREE PROGRAM FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES

Employment Status	Non-Traditional (N=63)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Full-Time (33 hours/ week or more)	0	0	51	43.2	43.2
Part-Time (17-32 hours/week)	11	17.5	12	10.2	7.3
Part-Time (1-16 hours/week)	14	22.2	16	13.6	8.6
Full-Time and Part- Time	7	11.1	21	17.8	6.7
Unemployed	31	49.2	18	15.2	34.0

TABLE 17

A COMPARISON OF SOURCES OF FINANCIAL SUPPORT DURING A MASTER
OF SCIENCE IN NURSING DEGREE PROGRAM FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES

Source of Financial Support	Non-Traditional (N=64)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Own Earnings, Savings, Loans	52	81.3	82	69.5	11.8
Spouse, Relatives, Friends	38	59.4	36	30.5	28.9
Employer Assistance	1	1.6	42	35.6	34.0
Governmental Grant/ Scholarship/Loan	20	31.3	36	30.5	0.8
College of Nursing Fellowship/ Scholarship	0	0	28 ^a	23.7	23.7
Private Foundation Fellowship/ Scholarship	6	9.4	14	11.9	2.5
University Fellowship/ Scholarship/Loan	2	3.1	5	4.2	1.1
Military/Veteran's Benefits	1	1.6	4	3.4	1.8

^aAll of these subjects received federal traineeships distributed by the College of Nursing.

NOTE: A graduate may have reported more than one source of financial support.

To answer part (d) of the question, differences in self-perceptions of satisfaction with the overall MSN program, the graduates were asked to rate the level of satisfaction they perceived on a four-point scale. Of the non-traditional graduates, 65.6 percent stated they were "very satisfied" or "satisfied" with the overall MSN program. Of the traditional graduates, 81.2 percent stated they were "very satisfied" or "satisfied" with the overall MSN program. These data are presented in Table 18.

Comments about their satisfaction with the overall MSN program were offered by 30 (47 percent) of the non-traditional graduates. Many non-traditional graduates expressed concern over their lack of clinical experience and their lack of proficiency in basic technical skills upon graduation. One graduate expressed the concern in the following statement, "Due to the lack of clinical experience, I felt it would be pretentious to go into the clinical setting as a leader." Some of the graduates suggested the following strategies to deal with this perceived problem: "increase the clinical hours"; "provide internships"; "place more emphasis on procedures and skills"; and "assure consistency in quality of clinical preceptors." Other non-traditional graduates stated that the learning environment was "too stressful" and that faculty, in general, were not as "supportive" and "collegial" as expected.

Thirty-eight (32 percent) of the traditional graduates offered comments relative to their satisfaction with the MSN program. Most of their comments pertained to their clinical specialty or to the general

TABLE 18

A COMPARISON OF SELF-PERCEPTIONS OF SATISFACTION WITH THE
OVERALL MASTER OF SCIENCE IN NURSING DEGREE
PROGRAM FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES

Satisfaction	Non-Traditional (N=64)		Traditional (N=117)		Difference In Percents
	Number	Percent	Number	Percent	
Very Satisfied	13	20.3	39	33.3	13.0
Satisfied	29	45.3	56	47.9	2.6
Very Satisfied or Satisfied	42	65.6	95	81.2	15.6
Slightly Dissatisfied	16	25.0	19	16.2	8.8
Very Dissatisfied	6	9.4	3	2.6	6.8
Slightly Dissatisfied or Very Dissatisfied	22	34.4	22	18.8	15.6

curriculum (e.g., "lack of clinical role models in specialty area," "wanted more content in administration"). More of the traditional graduates offered positive comments (e.g., "academic preparation was excellent," "enjoyed smaller classes," "enjoyed personal relationships with professors"). Two of the traditional graduates, specifically, commented upon having non-nurse graduate students in their classes (e.g., "they tended to slow us down," "they hindered our course work as we spent a lot of time repeating material I had in the BSN program").

First Nursing Position

Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the first nursing position secured following graduation?

The graduates were asked to report the following information concerning their initial employment--geographic location of employment, the employment setting, the type of position assumed, whether they had been employed in the setting or position prior to graduation, whether the setting or position was the graduate's first choice, self-perceptions of acceptance in the position and self-perceptions of satisfaction with the position. Of the non-traditional graduates, 82.5 percent were employed in Tennessee or in the eight states contiguous to Tennessee following graduation as compared to 98.3 percent of the traditional graduates. (See Table 19).

Of the non-traditional graduates, 50.8 percent were initially employed in a hospital setting. The majority of traditional graduates were initially employed in either nursing schools (40.7 percent) or

TABLE 19
A COMPARISON OF GEOGRAPHIC LOCATION OF FIRST EMPLOYMENT
FOR NON-TRADITIONAL AND TRADITIONAL GRADUATES
OF A MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Location	Non-Traditional (N=63)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Tennessee	47	74.6	92	78.0	3.4
Contiguous States ^a	5	7.9	24	20.3	12.4
Tennessee or Contiguous States	52	82.5	116	98.3	15.8
Other States	11	17.5	2	1.7	15.8

^aThe states contiguous to Tennessee are: Alabama; Arkansas; Georgia; Kentucky; Mississippi; Missouri; North Carolina; and Virginia.

hospital settings (35.6 percent). Table 20 presents an array of data describing the initial employment settings for non-traditional and traditional graduates.

It is important to note that only 7 (11.1 percent) of the non-traditional graduates reported that they had been employed in this setting prior to their graduation from the MSN program; over half (61 percent) of the traditional graduates reported that they had been employed in this setting prior to their graduation.

Upon graduation more than half (52.4 percent) of the non-traditional graduates assumed staff nurse positions and 42.9 percent began their nursing careers as nurse practitioners. Very few (3.2 percent) of the non-traditional graduates initially assumed clinical nurse specialist (CNS) positions. The majority (40.7 percent) of the traditional graduates assumed educator positions. Others chose CNS, administrative or nurse practitioner positions. Over half (54.7 percent) of the traditional graduates had been employed in these positions prior to graduation from the MSN program. The types of positions assumed by the graduates immediately following graduation are displayed in Table 21.

Fewer non-traditional than traditional graduates obtained employment in the settings of their choice (69.8 percent versus 85.6 percent). Also, fewer non-traditional than traditional graduates stated that they were initially employed in the position of their choice (67.7 percent versus 78.3 percent).

In order to investigate self-perceptions of acceptance in their initial employment settings, the graduates were asked to report the

TABLE 20
A COMPARISON OF FIRST EMPLOYMENT SETTINGS FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES OF A
MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Setting	Non-Traditional (N=63)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Hospital	32	50.8	42	35.6	15.2
Nursing School	0	0	48 ^a	40.7	40.7
Public Health Department	7	11.1	9	7.6	3.5
Physician Office	5	7.9	4	3.4	4.5
Home Health Agency	2	3.2	3	2.5	0.7
Independent Practice	1	1.6	2	1.7	0.1
Occupational Health	1	1.6	1	0.9	0.7
Nursing Home	0	0	1	0.9	0.9
Other					
Health Clinic/ Center	12	19.0	5	4.2	14.8
Other City, State, ^b Federal Agency	2	3.2	2	1.7	1.5
Correctional Facility	1	1.6	0	0	1.6
United States Armed Forces	0	0	1	0.9	0.9

^aOne of these subjects reported employment in a physician's office as well as a nursing school.

^bSettings included in this category were an organ procurement agency and municipal and federal government settings.

TABLE 21

A COMPARISON OF FIRST EMPLOYMENT POSITIONS FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES OF A
MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Position	Non-Traditional (N=63)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Staff Nurse	33	52.4	8	6.8	45.6
Nurse Practitioner	27	42.9	20 ^a	16.9	26.0
Educator	0	0	48 ^b	40.7	40.7
Clinical Nurse Specialist	2	3.2	18	15.3	12.1
Administrator, Supervisor	0	0	14	11.9	11.9
Clinical Manager, Clinical Coordinator, Head Nurse	0	0	10	8.5	8.5
Researcher	0	0	0	0	0
Other	1 ^c	1.6	0	0	1.6

^aOne of these subjects reported having a dual position as a Nurse Practitioner/Educator.

^bOne of these subjects reported having a dual position as an Educator/Administrator.

^cThis subject reported having a consulting position.

level of acceptance they had perceived from administrators/supervisors, physicians, and other nurses. Fewer non-traditional than traditional graduates felt "high" levels of acceptance by administrators/supervisors (82 percent versus 92.1 percent), other master's prepared nurses (87 percent versus 99 percent), and other RNs (75.4 percent versus 85.8 percent). More non-traditional graduates (93.3 percent) than traditional graduates (83 percent) felt "high" levels of acceptance from physicians during their initial employment. These data are presented in Table 22.

The graduates were also asked to report the level of satisfaction they perceived in the first position assumed following graduation. Of the non-traditional graduates, 58.8 percent reported that they were either "very satisfied" or "satisfied" with their initial positions. In contrast, 82.1 percent of the traditional graduates felt "very satisfied" or "satisfied" with the first position assumed following graduation. Table 23 displays a comparison self-perceptions of satisfaction with the first nursing position for non-traditional and traditional graduates.

Participation in the Nursing Work Force

Does a difference exist between non-traditional and traditional MSN graduates in patterns of participation in the nursing work force?

The graduates were asked if they had been continuously employed in nursing (at least 11 months/year) since graduating from the MSN program. Of the non-traditional graduates, 73.4 percent (47 of 64) reported they had been continuously employed; 87.3 percent (103 of 118)

TABLE 22

A COMPARISON OF SELF-PERCEPTIONS OF ACCEPTANCE IN FIRST
EMPLOYMENT SETTING FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES OF A MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM

Acceptance	<u>Non-Traditional</u>		<u>Traditional</u>		Difference In Percents
	Number	Percent	Number	Percent	
<u>Administrator/ Supervisor</u>					
High Level	50	82.0	105	92.1	10.1
Low Level	11	18.0	9	7.9	10.1
<u>Master's Prepared Nurses</u>					
High Level	47	87.0	102	99.0	12.0
Low Level	7	13.0	1	1.0	12.0
<u>Other Registered Nurses</u>					
High Level	46	75.4	97	85.8	10.4
Low Level	15	24.6	16	14.2	10.4
<u>Physicians</u>					
High Level	56	93.3	93	83.0	10.3
Low Level	4	6.7	19	17.0	10.3

NOTE: The total number of non-traditional and traditional graduate respondents varied for each category of professionals.

TABLE 23

A COMPARISON OF SELF-PERCEPTIONS OF SATISFACTION WITH
FIRST NURSING POSITION FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES OF A MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM

Satisfaction	Non-Traditional (N=63)		Traditional (N=117)		Difference In Percents
	Number	Percent	Number	Percent	
Very Satisfied	18	28.6	53	45.3	16.7
Satisfied	19	30.2	43	36.8	6.6
Very Satisfied or Satisfied	37	58.8	96	82.1	23.3
Slightly Dis- satisfied	18	28.6	10	8.5	20.1
Very Dissatisfied	8	12.7	11	9.4	3.3
Slightly Dis- satisfied or Very Dissatisfied	26	41.3	21	17.9	23.4

of the traditional graduates had been continuously employed in the nursing work force. The most frequent reason cited for a leave of absence by members of both groups was "childbirth, personal health, or family needs." The reasons reported for leaves of absence from nursing for the graduates are displayed in Table 24.

No difference was found in the percent of non-traditional and traditional graduates currently employed in the nursing work force. Ninety-five percent of the non-traditional and traditional graduates reported current employment on either a full-time or part-time basis. (See Table 25).

Current Nursing Position

Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the nursing position in which they are currently employed?

Each graduate was asked to report the following information concerning his or her current employment--geographic location of employment, employment setting, the type of position, annual salary, and self-perceptions of acceptance in the position and satisfaction with the position. The non-traditional graduates were more dispersed throughout the country than the traditional graduates; only 73.8 percent of the non-traditional graduates were currently practicing in Tennessee or in the eight states contiguous to Tennessee. Of the traditional graduates, 92.8 percent reported they were currently employed in Tennessee or in the states contiguous to Tennessee. (See Table 26.)

TABLE 24
A COMPARISON OF REASONS FOR LEAVES OF ABSENCE FROM
NURSING FOR NON-TRADITIONAL AND TRADITIONAL
GRADUATES OF A MASTER OF SCIENCE IN
NURSING DEGREE PROGRAM

Reason	Non-Traditional (N=17)		Traditional (N=15)		Difference In Percents
	Number	Percent	Number	Percent	
Educational Leave	1	5.9	3	20.0	14.1
Childbirth/Personal Health or Family Needs	12	70.6	10	66.6	4.0
Could Not Find Desirable Position/ Lacked Credentials	3	17.6	1	6.7	10.9
No Financial Need	0	0	0	0	0
Not Interested In Nursing	0	0	0	0	0
Other In Non-Nursing Position	1	5.9	1	6.7	0.8

TABLE 25
 A COMPARISON OF CURRENT EMPLOYMENT STATUS FOR
 NON-TRADITIONAL AND TRADITIONAL GRADUATES
 OF A MASTER OF SCIENCE IN NURSING
 DEGREE PROGRAM

Employment Status	Non-Traditional (N=64)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Full-Time	51	79.7	100	84.7	5.0
Part-Time	10	15.6	12	10.2	5.4
Full-Time or Part-Time	61	95.3	112	94.9	0.4
Unemployed	3	4.7	6	5.1	0.4

TABLE 26

A COMPARISON OF THE GEOGRAPHIC LOCATION OF CURRENT
EMPLOYMENT FOR NON-TRADITIONAL AND TRADITIONAL
GRADUATES OF A MASTER OF SCIENCE
IN NURSING DEGREE PROGRAM

Location	Non-Traditional (N=61)		Traditional (N=112)		Difference In Percents
	Number	Percent	Number	Percent	
Tennessee	40	65.6	81	72.3	6.7
Contiguous States ^a	5	8.2	23	20.5	12.3
Tennessee or Contiguous States	45	73.8	104	92.8	19.0
Other States	16	26.2	8	7.1	19.1

^aThe states contiguous to Tennessee are: Alabama; Arkansas; Georgia; Kentucky; Mississippi; Missouri; North Carolina; and Virginia.

Of the non-traditional graduates, 42.6 percent were employed in a hospital setting. Most of the other non-traditional graduates were employed in health clinics or centers and public health departments. The majority of the traditional graduates were currently employed in either nursing schools (39.3 percent) or in hospital settings (35.7 percent). Table 27 presents an array of data describing the current employment settings for the non-traditional and traditional graduates.

Almost half (49.2 percent) of the non-traditional graduates were employed as nurse practitioners; another 16.4 percent were employed as staff nurses. The majority of the traditional graduates were employed as nursing educators (39.3 percent), clinical nurse specialists (17.9 percent), administrators/supervisors (17 percent), and nurse practitioners (16.1 percent). The types of positions currently held by the non-traditional and traditional graduates are presented in Table 28.

Over half (60.8 percent) of the non-traditional graduates earned between \$25,000 and \$34,999/year; about the same percentage (64.3 percent) of traditional graduates earned \$25,000 to \$34,999/year. However, an additional 19.4 percent of the traditional graduates earned \$35,000 or more and two (2 percent) of the traditional graduates earned more than \$50,000/year. It should be noted that only 51 non-traditional and 98 traditional graduates responded to this item in the survey. Table 29 presents a comparison of salaries for non-traditional and traditional graduates.

Again, the graduates were asked to report the level of acceptance they perceived from administrators/supervisors, physicians,

TABLE 27

A COMPARISON OF CURRENT EMPLOYMENT SETTINGS FOR NON-TRADITIONAL AND TRADITIONAL GRADUATES OF A MASTER OF SCIENCE IN NURSING DEGREE PROGRAM

Setting	Non-Traditional (N=61)		Traditional (N=112)		Difference In Percents
	Number	Percent	Number	Percent	
Hospital	26 ^a	42.6	40	35.7	6.9
Nursing School	2	3.3	44 ^b	39.3	36.0
Public Health Department	9	14.8	3	2.7	12.1
Physician Office	3	4.9	7	6.3	1.4
Occupational Health	2	3.3	0	0	3.3
Independent Practice	1 ^c	1.6	2	1.8	0.2
Home Health/Hospice	1	1.6	2	1.8	0.2
Nursing Home	0	0	1	0.9	0.9
Other					
Health Clinic/ Center	10	16.4	8	7.1	9.3
Other City, State, Federal Agency ^d	3	4.9	4	3.6	1.3
United States Armed Forces	2	3.3	1	0.9	2.4
Correctional Facility	2	3.3	0	0	3.3

^aTwo of these subjects reported employment in a hospital and physician office setting.

^bThree of these subjects reported employment in a nursing school and in an independent practice setting.

^cThis subject reported owning a nursing placement service.

^dSettings included in this category were: Child and Family Services; an organ procurement agency; a state psychiatric center; a group home; a Veteran's Administration domiciliary; and other municipal; state and federal government settings.

TABLE 28

A COMPARISON OF CURRENT EMPLOYMENT POSITIONS FOR NON-TRADITIONAL AND TRADITIONAL GRADUATES OF A MASTER OF SCIENCE IN NURSING DEGREE PROGRAM

Position	Non-Traditional (N=61)		Traditional (N=112)		Difference In Percents
	Number	Percent	Number	Percent	
Staff Nurse	10	16.4	4	3.6	12.8
Clinical Nurse Specialist (CNS)	8	13.1	20 ^a	17.9	4.8
Nurse Practitioner (NP)	30 ^b	49.2	18 ^c	16.1	33.1
Educator	2	3.3	44 ^d	39.3	36.0
Administrator/ Supervisor	3	4.9	19	17.0	12.1
Clinical Manager, Coordinator, Head Nurse	3	4.9	4	3.6	1.3
Researcher	1	1.6	0	0	1.6
Other ^e	4	6.6	3	2.7	3.9

^aThree of these subjects reported dual positions: CNS/Educator; CNS/Administrator; and CNS/Clinical Manager.

^bTwo of these subjects reported dual positions: NP/Consultant; NP/Administrator.

^cThree of these subjects reported dual positions: NP/Educator (2); NP/Administrator.

^dTwo of these subjects reported dual positions: Educator/Administrator and Educator/Private Practice.

^ePositions reported included: Consultant; Marketing Director; Patient Educator; Military Nurse; Quality Assurance Coordinator; Consultant; and Marketing Director.

TABLE 29
A COMPARISON OF CURRENT ANNUAL SALARIES FOR NON-TRADITIONAL
AND TRADITIONAL GRADUATES OF A MASTER OF SCIENCE IN
NURSING DEGREE PROGRAM EMPLOYED IN FULL-TIME
NURSING POSITIONS

Salary	Non-Traditional (N=51)		Traditional (N=98)		Difference In Percents
	Number	Percent	Number	Percent	
Less than \$20,000	1	2.0	1	1.0	1.0
\$20,000 - \$24,999	15	29.4	15	15.3	14.1
\$25,000 - \$29,999	20	39.2	34	34.7	4.5
\$30,000 - \$34,999	11	21.6	29	29.6	8.0
\$35,000 - \$39,999	3	5.9	11	11.2	5.3
\$40,000 - \$44,999	1	2.0	3	3.1	1.1
\$45,000 - \$49,999	0	0	3	3.1	3.1
\$50,000 or More	0	0	2	2.0	2.0

NOTE: Total annual salaries for subjects reporting dual positions have been included.

and other nurses in their current employment settings. The data are presented in Table 30. Over 95 percent of the non-traditional graduates reported "high" levels of acceptance from administrators/supervisors and nurses in their current employment settings. However, the percent of non-traditional graduates reporting "high" levels of acceptance from physicians decreased slightly from 93.3 percent (first employment) to 91.5 percent (current employment). (Refer to Table 22, page 82.) Over 94 percent of the traditional graduates reported "high" levels of acceptance from administrators/supervisors and other nurses in their current employment settings. Ten percent more of the traditional graduates reported "high" levels of acceptance from physicians in their current employment settings than in their first employment settings (92.6 percent versus 83 percent). (Refer to Table 22, page 82.)

The graduates were also asked to report the level of satisfaction they perceived in their current nursing positions. Of the non-traditional graduates, 70.5 percent stated that they were "very satisfied" or "satisfied" with their current positions. Of the traditional graduates 92.9 percent were "very satisfied" or "satisfied" with their current positions. These data are presented in Table 31. It should be noted that 11.7 percent more of the non-traditional graduates and 10.8 percent more of the traditional graduates were "very satisfied" or "satisfied" with their current positions than with their initial positions. (Refer to Table 23, page 83.)

TABLE 30
A COMPARISON OF SELF-PERCEPTIONS OF ACCEPTANCE IN
CURRENT EMPLOYMENT SETTING FOR NON-TRADITIONAL
AND TRADITIONAL GRADUATES OF A MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM

Acceptance	<u>Non-Traditional</u>		<u>Traditional</u>		Difference In Percents
	Number	Percent	Number	Percent	
<u>Administrators/ Supervisors</u>					
High Level	61	100.0	105	96.3	3.7
Low Level	0	0	4	3.7	3.7
<u>Master's Prepared Nurses</u>					
High Level	54	96.4	102	99.0	2.6
Low Level	2	3.6	1	1.0	2.6
<u>Other Registered Nurses</u>					
High Level	58	95.1	101	94.4	0.7
Low Level	3	4.9	6	5.6	0.7
<u>Physicians</u>					
High Level	54	91.5	100	92.6	1.1
Low Level	5	8.5	8	7.4	1.1

NOTE: The total number of non-traditional and traditional graduate respondents varied for each category of professionals.

TABLE 31

A COMPARISON OF SELF-PERCEPTIONS OF SATISFACTION WITH
CURRENT NURSING POSITION FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES OF A MASTER OF SCIENCE
IN NURSING DEGREE PROGRAM

Satisfaction	Non-Traditional (N=61)		Traditional (N=112)		Difference In Percents
	Number	Percent	Number	Percent	
Very Satisfied	25	41.0	56	50.0	9.0
Satisfied	18	29.5	48	42.9	13.4
Very Satisfied or Satisfied	43	70.5	104	92.9	22.4
Slightly Dis- satisfied	13	21.3	4	3.6	17.7
Very Dissatisfied	5	8.2	4	3.6	4.6
Slightly Dis- satisfied or Very Dissatisfied	18	29.5	8	7.2	22.3

Professional Activity

Does a difference exist between non-traditional and traditional MSN graduates with regard to selected measures of professional activity?

Since graduating from the MSN program, the non-traditional graduates have been less involved in professional activities than the traditional graduates. The group means for the non-traditional graduates were lower than the group means for the traditional graduates for numbers of organizational memberships (1.56 versus 2.16), numbers of presentations (1.39 versus 3.35), and numbers of publications (0.23 versus 0.59). According to their self-ratings the non-traditional graduates were less active within professional organizations and less involved in research endeavors. Only 15.6 percent of the non-traditional graduates as compared to 42.4 percent of the traditional graduates rated themselves as "very active" or "active" in professional organizations. Fewer non-traditional than traditional graduates (40.6 percent versus 51.7 percent) have been participants in research activities since graduation. A comparison of professional activity for the two groups of graduates is presented in Table 32 and Table 33.

Educational Activity

Does a difference exist between non-traditional and traditional MSN graduates with regard to the attainment of additional academic degrees and professional certifications?

None of the non-traditional graduates had received an additional academic degree, however, at the time of the survey, 9.4

TABLE 32
A COMPARISON OF MEAN NUMBER OF PROFESSIONAL ORGANIZATIONAL
MEMBERSHIPS, PRESENTATIONS, AND PUBLICATIONS FOR NON-
TRADITIONAL AND TRADITIONAL GRADUATES OF A
MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Variable	Non-Traditional (N=64)	Traditional (N=118 ^a)	Difference In Means
<u>Organizational Memberships</u>			
Mean	1.56	2.16	0.60
Standard Deviation	1.41	1.25	
Range	0 - 6	0 - 10	
<u>Presentations</u>			
Mean	1.39	3.35	1.96
Standard Deviation	3.20	8.09	
Range	0 - 20	0 - 75 ^b	
<u>Publications</u>			
Mean	0.23	0.59	0.36
Standard Deviation	0.85	1.74	
Range	0 - 6	0 - 16	

^aThe number of traditional subjects reporting presentations was 117.

^bThe range of presentations for traditional subjects was 0 - 30 with the exception of one subject who reported 75 presentations.

TABLE 33

A COMPARISON OF SELF-RATINGS OF ORGANIZATIONAL AND
RESEARCH ACTIVITY FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES OF A MASTER OF
SCIENCE IN NURSING DEGREE PROGRAM

Activity	Non-Traditional (N=64)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
<u>Organizational</u>					
<u>Activity</u>					
Very Active	2	3.1	19	16.1	13.0
Active	8	12.5	31	26.3	13.8
Very Active or					
Active	10	15.6	50	42.4	26.8
Minimally					
Active	30	46.9	54	45.8	1.1
Not Active	24	37.5	14	11.9	25.6
<u>Research Activity</u>					
Principal					
Investi-					
gator of					
Formal					
Project(s)	2	3.1	14	11.9	8.8
Participation					
in Formal					
Project(s)	6	9.4	13	11.0	1.6
Participation					
in Informal					
Project(s)	18	28.1	34	28.8	0.7
Total Partici-					
pation	26	40.6	61	51.7	11.1
No Partici-					
pation	38	59.4	57	48.3	11.1

percent of the non-traditional graduates was enrolled in an academic program. A slightly larger percentage of non-traditional graduates (54.7 percent) than traditional graduates (43.6 percent) had received professional certifications. Two (1.7 percent) of the traditional graduates had received Doctor of Philosophy degrees since graduating from the MSN program. These findings are further described in Table 34.

Educational and Career Goals

Does a difference exist between non-traditional and traditional MSN graduates with regard to (a) future educational goals, and (b) future career goals?

At the time of the survey, a smaller percentage of non-traditional graduates (9.4 percent) than traditional graduates (24.6 percent) stated they planned to pursue a doctoral degree in nursing within the next ten years. Identical percentages of the non-traditional and the traditional graduates (29.7 percent) stated they planned to obtain one or more specialty certifications within the next decade. Similar percentages of non-traditional and traditional graduates, 28.1 percent and 26.3 percent, respectively, stated that they had no plans to continue their education. It should be noted that 12.7 percent (10 of 79) of the non-traditional graduates held master's degrees before they entered the MSN program; 9.2 percent (13 of 142) of the traditional graduates held master's degrees, and 2.1 percent (3 of 142) held doctorates before they enrolled in the MSN program. (Refer

TABLE 34

A COMPARISON OF EDUCATIONAL ACTIVITY OF NON-TRADITIONAL
AND TRADITIONAL GRADUATES SINCE GRADUATION
FROM A MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Educational Activity	Non-Traditional (N=64)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Graduate Degrees Received	0	0	2 ^a	1.7	1.7
Enrolled in Academic Program	6	9.4	8	6.8	2.6
Professional Certifi- cations Received ^b	35	54.7	51	43.6	11.1

^aBoth subjects reported having received the Ph.D. degree.

^bA variety of certifications were reported including: (1) Family Nurse Practitioner (FNP); (2) Critical Care Registered Nurse (CCRN); (3) Pediatric Nurse Practitioner (PNP); (4) Family Nurse Clinician (FNC); and certifications in the fields of oncology, community mental health, maternal-child nursing, primary care, critical infant care, and nursing administration.

to Table 9, page 60.) A comparison of the educational goals for the graduates is presented in Table 35.

Finally, the graduates were asked to reveal their nursing career goals by reporting the type of position in which they wished to be practicing ten years from now. The majority (32.3 percent) of the non-traditional graduates wanted to be nurse practitioners in the future, although another 27.4 percent stated they were unsure about their career goals. The majority (26.3 percent) of the traditional graduates stated they wanted to be practicing as nursing educators in the future and another 22 percent were unsure. A comparison of the career goals for the non-traditional and traditional graduates is presented in Table 36.

TABLE 35

A COMPARISON OF EDUCATIONAL GOALS FOR NON-TRADITIONAL
AND TRADITIONAL GRADUATES OF A MASTER OF SCIENCE
IN NURSING DEGREE PROGRAM

Goal	Non-Traditional (N=64)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Other Master's Degree	10	15.6	15	12.7	2.9
Nursing Doctorate	6	9.4	29	24.6	15.2
Doctorate - Other Field	13	20.3	20	16.9	3.4
Specialty Certifica- tion	19	29.7	35	29.7	0
No Plans to Pursue a Degree or Certification	18	28.1	31	26.3	1.8
Other					
Other Courses ^a	3	4.7	5	4.2	0.5
Additional Educa- tion (Unspecified)	8	12.5	8	6.8	5.7

NOTE: Some subjects reported more than one goal.

^aCourses reported include computer courses, courses to maintain certification and refresher courses.

TABLE 36

A COMPARISON OF NURSING CAREER GOALS FOR NON-TRADITIONAL AND
TRADITIONAL GRADUATES OF A MASTER OF SCIENCE IN NURSING
DEGREE PROGRAM

Goal	Non-Traditional (N=62)		Traditional (N=118)		Difference In Percents
	Number	Percent	Number	Percent	
Nurse Practitioner (NP)	20 ^a	32.3	15 ^b	12.7	19.6
Unsure	17	27.4	26	22.0	5.4
Educator	8 ^c	12.9	31 ^d	26.3	13.4
Administrator/ Supervisor	4	6.5	22 ^e	18.6	12.1
Non-Nursing Position	7	11.3	5	4.2	7.1
Clinical Nurse Specialist (CNS)	4	6.5	9	7.6	1.1
Researcher	1	1.6	2	1.7	0.1
Unemployed	0	0	3	2.5	2.5
Clinical Manager, Clinical Coordi- nator, Head Nurse	0	0	0	0	0
Other Private Independent/ Group Practice	1	1.6	5	4.2	2.6

^aOne subject reported a dual goal of NP/Administrator.

^bOne subject reported a dual goal of NP/Researcher.

^cTwo of these subjects reported dual goals: Educator/NP; and Educator/Clinical Manager.

^dThree of these subjects reported dual goals: Educator/CNS; Educator/NP; and Educator/Researcher.

^eTwo of these subjects reported dual goals: Administrator/Clinical Manager; and Administrator/Researcher.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

I. INTRODUCTION

This chapter is organized into six sections. The introduction serves as section one. A summary of the study is presented in section two. A summary of the findings is presented in section three. A discussion of the findings is presented in section four. The conclusions are presented in the fifth section and recommendations are presented in the final section of the chapter.

II. SUMMARY OF THE STUDY

Despite the need for master's prepared nurses, few universities in the United States admit non-nurse college graduates to a Master of Science in Nursing (MSN) degree program. Doubt prevails as to whether these students can be successful in a program designed to prepare advanced practitioners of nursing and as to their ability to assume the role of the master's prepared nurse in the service setting.

The purpose of this study was to compare non-traditional and traditional graduates of an MSN program in terms of demographic, academic, career, and professional development characteristics. The following research questions guided the study:

1. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected demographic variables?
2. Does a difference exist between non-traditional and traditional MSN graduates in primary reasons for
 - a. seeking the MSN degree;
 - b. entering the UTK-MSN program?
3. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected academic variables?
4. Does a difference exist between non-traditional and traditional MSN graduates in self-perceptions of
 - a. ability to assume the role of the master's prepared nurse upon graduation;
 - b. preparedness to practice within an area of clinical concentration upon graduation;
 - c. financial difficulty encountered during the program;
 - d. satisfaction with the overall MSN program?
5. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the first nursing position secured following graduation?
6. Does a difference exist between non-traditional and traditional MSN graduates in patterns of participation in the nursing work force?

7. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected characteristics of the nursing position in which they are currently employed?

8. Does a difference exist between non-traditional and traditional MSN graduates with regard to selected measures of professional activity?

9. Does a difference exist between non-traditional and traditional MSN graduates with regard to the attainment of additional academic degrees and professional certifications?

10. Does a difference exist between non-traditional and traditional MSN graduates with regard to

- a. future educational goals;
- b. future career goals?

The study population consisted of all 221 (79 non-traditional and 142 traditional) graduates of The University of Tennessee, Knoxville, College of Nursing (UTK-CN) from 1981-1986. Data were collected from each graduate's academic record and responses to a mailed survey instrument designed by the researcher. The overall response rate for the survey was 82 percent (81 percent and 83 percent for non-traditional and traditional graduates, respectively). The data were aggregated for each of the groups prior to analysis. Descriptive statistics were used to describe the variables under study.

The strengths of the study include: (1) the 221 subjects in the study population represented 6 years of MSN graduates; (2) certain data, e.g., GPAs, choice of clinical concentrations, ages, etc. were

collected for all subjects; (3) 82 percent of the study population responded to the mailed survey instrument and the respondents were representative of the total population; (4) the study resulted in a wealth of information describing non-traditional and traditional MSN graduates; and (5) it is the first known study of non-traditional graduates of a public university.

III. SUMMARY OF THE FINDINGS

No difference was found between the non-traditional and traditional MSN graduates with regard to their

1. academic success in the program as determined by mean GPAs;
2. current participation ("full-time" or "part-time") in the nursing work force.

Little difference (no more than 10 percent) was found between the non-traditional and traditional MSN graduates in terms of

1. racial composition of the groups;
2. graduate degrees held upon enrollment in the program;
3. selection of the thesis option;
4. self-perceptions of preparedness ("well prepared" or "adequately prepared") to practice in an area of clinical concentration;
5. current employment in hospitals, physician offices, health clinics/centers, independent practice settings, occupational health settings, home health/hospice settings, nursing homes, correctional

settings, the United States Armed Forces, or city/state/federal agencies (excluding public health departments);

6. current employment in clinical nurse specialist, clinical manager/coordinator/head nurse, or research positions;

7. self-perceptions of "high" levels of acceptance from administrators/supervisors, master's prepared nurses, other registered nurses, and physicians in current employment settings;

8. number of graduate degrees received since graduating from the program;

9. current enrollment in academic degree programs;

10. future educational goals--obtain another master's degree, a doctorate in a field other than nursing, specialty certifications or no educational goals;

11. future career goals--practice as a clinical nurse specialist, a nurse researcher, an independent practitioner or assume a non-nurse position.

Considerable difference (a difference greater than 10 percent unless otherwise noted) was found between the non-traditional and traditional MSN graduates with regard to

1. marital status--more non-traditional than traditional graduates were "single" upon enrollment in the program;

2. gender composition of the groups--the difference between the groups was not more than 10 percent but almost three times as many males were found among the non-traditional graduates than among the traditional graduates;

3. home of record upon enrollment in the program--fewer non-traditional than traditional graduates were from Tennessee or the states contiguous to Tennessee;

4. primary reasons for seeking the MSN degree--most of the non-traditional graduates sought the degree because they wanted to become registered nurses or desired a career change while most of the traditional graduates sought the degree because they wanted additional knowledge and skills or because the degree was required or recommended for their current positions;

5. primary reasons for entering the UTK program--the majority of the non-traditional graduates entered the UTK program because non-nurses were allowed admission while a majority of the traditional graduates cited "locale" as the primary reason for entering the UTK program;

6. types of undergraduate degrees held upon enrollment in the program--the majority of the non-traditional graduates held Bachelor of Arts degrees while the majority of the traditional graduates held Bachelor of Science in Nursing degrees;

7. clinical concentrations chosen for study in the program--the majority of the non-traditional graduates chose the Primary Care clinical concentration while the majority of the traditional graduates chose the Secondary/Tertiary Care clinical concentration;

8. self-ratings of ability to assume the role of the master's prepared nurse upon graduating from the program--fewer non-traditional graduates rated themselves as "excellent" or "good" on the program

objectives, with the exception of the objectives "utilizing research findings" and "participating in clinical research activities in the practice setting." More non-traditional graduates rated themselves as "fair" or "poor" on the objectives "utilizing advanced administrative skills" and "utilizing advanced clinical skills in practice settings";

9. self-perceptions of financial difficulty encountered during the program--more non-traditional than traditional graduates experienced "some" or "great" financial difficulty during the program;

10. employment status during the program--almost half of the non-traditional graduates were unemployed throughout the program while almost half of the traditional graduates were employed full-time throughout the program;

11. sources of financial support while in the program--more non-traditional than traditional graduates relied upon their own earnings, savings and loans or support from family and friends; more of the traditional graduates received employer assistance or federal traineeships for registered nurses;

12. self-perceptions of satisfaction with the overall MSN program--fewer non-traditional than traditional graduates were "very satisfied" or "satisfied" with the program;

13. geographic location of the first employment following graduation from the program--fewer non-traditional than traditional graduates were initially employed in Tennessee or the states contiguous to Tennessee;

14. setting of first employment following graduation from the program--the majority of the non-traditional graduates were initially employed in hospitals or health clinics/centers while the majority of the traditional graduates were initially employed in nursing schools;

15. first position assumed following graduation from the program--more of the non-traditional graduates initially assumed staff nurse or nurse practitioner positions while more of the traditional graduates initially assumed educator positions;

16. self-perceptions of acceptance within first employment settings--fewer non-traditional than traditional graduates perceived "high" levels of acceptance from administrators/supervisors, master's prepared nurses, and other registered nurses; more non-traditional than traditional graduates felt "high" levels of acceptance from physicians within their first employment settings;

17. self-perceptions of satisfaction with first nursing position following graduation--fewer non-traditional than traditional graduates were "very satisfied" or "satisfied" with their first positions;

18. geographic location of current employment--fewer non-traditional than traditional graduates were currently employed in Tennessee or the states contiguous to Tennessee;

19. setting of current employment--more non-traditional than traditional graduates were employed in public health departments and fewer non-traditional than traditional graduates were employed in nursing schools;

20. current nursing position--more non-traditional than traditional graduates were employed as nurse practitioners while more traditional than non-traditional graduates were employed as nursing educators;

21. current annual salaries--more non-traditional graduates earned less than \$25,000 annually and more traditional graduates earned greater than \$35,000 annually;

22. self-perceptions of satisfaction with current nursing position--fewer non-traditional than traditional graduates were "very satisfied" or "satisfied" with their current nursing positions;

23. self-ratings of organizational activity since graduating from the program--fewer non-traditional than traditional graduates rated themselves as "very active" or "active" within their professional organizations;

24. self-ratings of participation in research activities since graduating from the program--fewer non-traditional than traditional graduates reported participation in research projects;

25. professional certifications obtained since graduating from the program--more non-traditional than traditional graduates have obtained professional certifications;

26. future educational goals--fewer non-traditional than traditional graduates aspired to earn a nursing doctorate;

27. future career goals--more non-traditional than traditional graduates aspired to practice as nurse practitioners while fewer

non-traditional than traditional graduates aspired to practice as nursing educators or administrators/supervisors.

A notable difference was found between the non-traditional and traditional graduates in

1. years of work experience in nursing prior to enrollment in the program--although the non-traditional graduates had a wide variety of paid and volunteer health related experience, they had no prior nursing experience; traditional graduates averaged 8.5 years of nursing experience prior to enrollment in the program;

2. mean Graduate Record Examination (GRE) scores achieved--the non-traditional graduates averaged 38.0 points higher than the traditional graduates on the verbal section and 85.7 points higher than the traditional graduates on the quantitative section of the GRE;

3. mean age upon graduation from the program--the mean age of the non-traditional graduates was 29.6 while the mean age for the traditional graduates was 34.6;

4. mean number of professional organizational memberships held, presentations given and publications authored since graduation--the non-traditional graduates had slightly lower mean scores for organizational memberships, presentations and publications.

IV. DISCUSSION OF THE FINDINGS

In terms of demographic variables, the majority of the non-traditional and traditional graduates were Caucasian (98.7 percent and 100 percent, respectively). As a group the non-traditional

graduates were more often single (51.5 percent versus 22.0 percent) and their mean age was five years younger than the traditional graduates (29.6 years versus 34.6 years). There was only a 9 percent difference between the groups in the number of males among the graduates; however, there were almost three times as many males among the non-traditional graduates (13.9 percent versus 4.9 percent).

The findings relative to race, age and marital status were consistent with the findings of Lynaugh, Gerrity, and Hagopian (1985) and Munro and Krauss (1985). Also, the findings from this study particularly corroborated the findings of Schraeder (1988) who reported that among non-traditional student groups, males comprised 5 to 10 percent of the groups and that most of the students enrolled in the programs were in their late twenties (p. 36).

Fewer of the non-traditional graduates were from Tennessee or the states contiguous to Tennessee. Almost 18 percent of the non-traditional graduates traveled from other states to enroll in the program and two moved from residences outside the continental United States. The non-traditional graduates had no experience in nursing as compared to the 8.5 years of experience the traditional graduates averaged. Nevertheless, the non-traditional graduates had accumulated a wide variety of health related experience prior to enrolling in the MSN program.

In terms of experience, both groups of graduates in the present study had more nursing or health related experience than the nurses and non-nurses in the Munro and Krauss (1985) study. Since their ages were

similar to the ages of the subjects in the study by Munro and Krauss, the rationale for this finding is unclear.

The non-traditional and traditional graduates reported different primary reasons for seeking the MSN degree. Most of the non-traditional graduates sought the MSN degree because they wanted to become a registered nurse or because they desired a career change. Eight non-traditional graduates wanted the degree because they desired to serve humankind. The traditional graduates reported that they sought the degree because they wanted additional knowledge and skills or because it was required or recommended for the position in which they were employed.

The findings relative to the non-traditional graduates were very similar to the findings of Kakosh (1967), Smith (1976) and Schraeder (1988). They found the immediate goal for most of the non-nurses was to become a registered nurse. The altruistic motives of non-traditional graduates were also discussed in the above studies. In the present study, 8 of the 59 non-traditional graduates designated the desire to serve humankind as their primary reason for the degree versus 2 of the traditional graduates. But, perhaps fewer traditional graduates selected this item as a primary reason because they perceived themselves as already in a human service profession.

The non-traditional graduates reported they chose the UTK-MSN program, specifically, because non-nurse college graduates were admitted. The traditional graduates stated they chose the UTK-MSN program, primarily, because of its desirable locale. Traditional

graduates in the Thomas, Erickson, and Heick (1974) study rated locale as a "very important" factor but not the "most important" factor in their selection of the University of Iowa nursing program (p. 457). The University of Tennessee, Knoxville offers the only MSN program in the East Tennessee area; this may account for the high percentage of traditional graduates citing locale as their primary reason. On the other hand, non-nurse college graduates must find a MSN program which will admit them; therefore, locale may become a secondary consideration.

After investigating academic characteristics, it was determined that on enrollment in the program the majority of non-traditional graduates held Bachelor of Arts undergraduate degrees, while the majority of the traditional graduates held Bachelor of Science in Nursing undergraduate degrees. The percent of non-traditional and traditional graduates holding graduate degrees prior to the program was similar, although three of the traditional graduates held doctorates. The non-traditional graduates had higher mean scores for both the verbal and quantitative sections of the Graduate Record Examination. In fact, their mean score on the quantitative section of the examination was almost 86 points higher than the mean score for traditional graduates. The mean GPA for both non-traditional and traditional graduates was exactly 3.62.

Similar findings have been reported in previous studies, e.g., a predominance of Bachelor of Arts degrees among non-traditional graduates (Kakosh, 1967; Smith, 1976), a predominance of Bachelor of

Science in Nursing degrees among traditional graduates (McKevitt, 1986), and higher scores on the Graduate Record Examination (GRE) for non-traditional graduates (Kakosh, 1967; Ventura, 1979).

Interestingly, Munro and Krauss also found "almost indistinguishable" GPA mean scores for non-nurses and nurses admitted to the MSN program at Yale (p. 194).

Over half (60.8 percent) of the non-traditional graduates chose the Primary Care clinical concentration. Most (42.3 percent) of the traditional graduates chose the Secondary/Tertiary Care focus (analogous to the medical-surgical nursing specialty). These findings appear to be consistent with the report by Rosenfeld (1988), who found that the majority of MSN students in a national survey had chosen a medical/surgical specialty. Why the graduates chose their clinical concentrations was not investigated in this study; however, additional research is warranted.

Only a small percentage of each group chose the thesis option, but even fewer of the non-traditional graduates wrote a thesis during the program. Further research is needed to determine whether this is a typical finding in other MSN programs which permit student options regarding the thesis and, if so, why?

Regarding their self-perceptions of ability to assume the role of the master's prepared nurse, over 70 percent of the non-traditional graduates rated themselves as "excellent" or "good" on the objectives pertaining to "providing comprehensive care," "working collaboratively with others," "utilizing advanced teaching skills," "utilizing

research findings," and "assuming a leadership role." Fewer non-traditional graduates rated themselves as "excellent" or "good" on the objectives pertaining to "utilizing advanced administrative skills" (25.4 percent) and "utilizing advanced clinical practice skills" (68.7 percent). More non-traditional than traditional graduates rated themselves as "excellent" or "good" on "utilizing research findings" and "participating in clinical research activities."

The findings are consistent with the previous research of Plummer and Phelan (1976) who surveyed the non-traditional graduates of the Pace University program. The Pace graduates rated themselves against a similar set of program objectives and the researchers reported that over 75 percent of the respondents perceived themselves as "excellent" or "good" in "providing comprehensive care," "collaborating with other health team members," and "utilizing research findings." Also, the graduates in Plummer and Phelan's study expressed a concern about the lack of emphasis on technical skills and organizational skills (pp. 101, 102).

Over 90 percent of the traditional graduates rated themselves as "excellent" or "good" on five out of the eight MSN program objectives. The findings for the traditional graduates in the present study were similar to the Hayter (1978) follow-up study of traditional graduates from the University of Kentucky. The majority of the graduates in the Hayter study also perceived themselves as "competent" on the majority of their program objectives (p. 383).

Little difference (9.9 percent) was noted between the non-traditional and traditional graduates with regard to their self-perceptions of preparedness to practice within an area of clinical concentration; however, the non-traditional graduates felt slightly less confident than the traditional graduates. It is unclear as to the exact nature of their concerns within the various specialties, but their lack of confidence might relate to their general lack of experience in the nursing field.

Almost 29 percent more of the non-traditional graduates encountered "some" or "great" financial difficulty during the MSN program. The discrepancy in the percent of non-traditional and traditional graduates encountering financial difficulty, could be attributed to the fact that the traditional graduates were licensed registered nurses and most worked full-time or part-time during the program. Many also received federal traineeship monies designated for registered nurses.

Others have written about the financial difficulty non-nurse MSN students encounter during their programs (Kakosh, 1967; Slavinsky and Diers, 1982; Schraeder, 1988). For example, non-nurse college graduates in the Yale program reported serious financial pressures in their program (Slavinsky and Diers, 1982). The degree of severity of financial pressure was less among the UTK graduates than among the Yale graduates. However, The University of Tennessee, Knoxville is a public institution, thus, less costly than Yale in terms of tuition and fees.

Additionally, the cost of living in Tennessee may be much less than in the Northeastern part of the country.

Fewer non-traditional than traditional graduates were very satisfied or satisfied with the overall MSN program (65.6 percent versus 81.2 percent). The major sources of dissatisfaction for the non-traditional graduates were: (1) the lack of clinical experience, (2) the lack of proficiency in technical skills, (3) the stress of the learning environment, and (4) the lack of faculty support.

The non-traditional graduates were exposed to a very unfamiliar, rigorous and very stressful, practice-oriented curriculum. As adult learners, their self-concepts may have been threatened by having to compete with peers who had considerable experience in the discipline. Also, new graduates who are confronted with the reality of functioning in work settings often feel inadequate. These feelings may have been exacerbated by the expectations of the graduates and their supervisors and colleagues that they would initially perform at the level of other master's prepared nurses. Interestingly, none of the previous studies of non-traditional graduates addressed "overall program satisfaction."

On studying the characteristics of the graduates' first employment following graduation, it was found that fewer non-traditional than traditional graduates began their practice in Tennessee or the states contiguous to Tennessee. More of the non-traditional graduates were initially employed in hospital settings

as staff nurses. More of the traditional graduates were initially employed in nursing schools as educators.

It was not surprising to find that more of the non-traditional graduates moved to "other states" to begin their practice, as more of the non-traditional graduates resided in "other states" before they entered the MSN program. Neither was it surprising to find that over 50 percent of the non-traditional graduates assumed staff nurse positions within hospital settings even though only 25.3 percent of the non-traditional group had chosen the Secondary/Tertiary Care specialty. Many of the non-traditional graduates expressed a need for additional "clinical experience" on graduating from the program and, perhaps, assumed their initial positions in the hospital setting to gain this experience. Other positions appeared to be available, as the traditional graduates assumed a variety of positions. Also, 67.7 percent of the non-traditional graduates stated that their first position was the position of their choice.

Fewer non-traditional than traditional graduates perceived "high" levels of acceptance from administrators/supervisors, master's prepared nurses and other registered nurses in their first employment settings. However, it is highly unusual in the practice setting to employ a master's prepared nurse who is a neophyte nurse in many aspects; therefore, the graduate's perceptions were likely accurate.

An interesting finding was that more non-traditional than traditional graduates perceived "high" levels of acceptance from physicians in their first employment settings. There could be many

reasons for this finding, but perhaps the non-traditional graduates were less socialized into traditional "subservient" nurse roles and felt more "collegial" in their relationships with physicians. Whatever the rationale, this finding merits further research.

Overall, the non-traditional graduates were less satisfied than the traditional graduates with their first positions, but again, some were not employed within the specialty area they had pursued during the MSN program. However, there could be numerous other reasons for this finding and more research is warranted.

A few studies were found in the literature in which the employment status of MSN graduates was determined. However, no research was found concerning the characteristics of the "first" nursing employment of MSN graduate with which to compare the findings of this study.

With regard to participation in the nursing work force, 95 percent of non-traditional and traditional graduates were currently employed on either a full-time or part-time basis. Since graduation, more non-traditional than traditional graduates had taken leaves of absence from their positions, but most leaves of absence for both groups were due to childbirth or family needs.

These findings were very similar to the findings of previous researchers. Plummer and Phelan (1976) found 80 percent of the non-traditional graduates from Pace University active in nursing (p. 100), a somewhat lower rate than found in the present study. However, reasons for leaves of absence found by Plummer and Phelan were similar

to the present study. For traditional graduates, investigators have found 96 percent (Thomas, Erickson, and Heick, 1974), 93 percent (Hayter, 1978) and 89 percent (Lynaugh, Gerrity, and Hagopian, 1985) of their populations active in nursing.

There were differences and similarities in relation to selected characteristics of their current employment. Fewer non-traditional than traditional graduates were currently employed in Tennessee or the states contiguous to Tennessee. The majority of the non-traditional graduates were currently employed as nurse practitioners. The majority of traditional graduates were employed as nursing educators. More of the non-traditional graduates earned less than \$25,000 annually and more of the traditional graduates earned greater than \$35,000 annually. Little difference was found in the amount of acceptance the graduates perceived from administrators/supervisors, MSNs, other RNs, and physicians in their current settings. The traditional graduates were slightly more satisfied with their current positions than the non-traditional graduates.

On comparing the findings of this study with the only other study of career patterns of non-traditional graduates, fewer of the UTK-CN non-traditional graduates were employed as educators/nursing administrators and as staff nurses than in the Plummer and Phelan (1976) study of the Pace graduates (3.3 percent educators/4.9 percent nursing administrators versus 15 percent and 16.4 percent versus 45 percent, respectively) (p. 100). However, more of the UTK-CN graduates were employed as nurse practitioners than was found in the Plummer and

Phelan (1976) study (49.2 percent versus 15 percent) (Plummer and Phelan, 1976, p. 100). Also, more of the UTK-CN non-traditional graduates had remained in the general area to practice than had the Pace graduates of New York (73.8 percent versus 40 percent). There may be many reasons for these discrepancies and further research is needed.

Also, slightly more of the UTK-CN traditional graduates remained in the general area to practice than was found in the Lynaugh, Gerrity and Hagopian (1985) study (92.8 percent versus 87 percent). In regard to positions assumed, the findings for traditional graduates were similar to the findings in the Donley, Jepson and Perloff (1973) and the Hayter (1978) studies. They, too, discovered that most of the traditional MSN graduates assumed nursing faculty positions.

In terms of salary discrepancies between non-traditional and traditional graduates in this study, experience is no doubt a major factor. Another factor to consider is that a larger percentage of traditional graduates reported employment in faculty and administrative positions which may provide higher salaries than clinical positions. Also, the salary findings were similar to the Lynaugh, Gerrity and Hagopian (1985) study of their nurse practitioner graduates which showed that 70 percent of 56 nurse practitioners earned between \$20,000 and \$27,000 annually. In the present study, 68.6 percent of the non-traditional graduates (the large majority of whom were nurse practitioners) earned between \$20,000 and \$29,000 annually. Only one UTK-CN non-traditional graduate earned less than \$20,000, unlike 20

percent of the nurse practitioners in the Lynaugh, Gerrity and Hagopian (1985) study.

No previous research was found regarding the "acceptance" of non-traditional graduates within practice arenas or regarding "job satisfaction" for non-traditional graduates. Only one study of traditional graduates mentioned the aspect of "job satisfaction" but the findings could not be directly compared with the findings of the present study. Research is sorely needed in these areas.

The non-traditional graduates were found to be less active in professional organizations and in other professional endeavors, including research activities. The group means for the non-traditional graduates was lower than the group means for the traditional graduates for numbers of organizational memberships, numbers of presentations, and numbers of publications. Because of the large discrepancy in the mean number of presentations between the two groups, these data were examined more closely. The number of presentations reported by the non-traditional and traditional graduates was 0-20 and 0-75, respectively. It was discovered, however, that only one traditional graduate had reported 75 presentations and given his reported position, this was probably an accurate figure. However, the data from this subject skewed the group means as the range of presentations for the other traditional graduates was 0-30.

Twenty-seven percent fewer non-traditional than traditional graduates rated themselves as "very active" or "active" in their professional organizations. Eleven percent fewer non-traditional than

traditional graduates reported that they had participated in research activities since graduating from the MSN program.

Previous studies of professional activity of MSN graduates have produced conflicting results. The Plummer and Phelan (1976) study of non-traditional graduates and the Thomas, Erickson and Heick (1974) study of traditional graduates both revealed low levels of professional activity. The Hayter (1978) study of traditional graduates revealed high activity in terms of membership in professional organizations and presentations but low involvement in research activities and publication efforts.

One interesting finding which may have implications for the present study was reported by Hungler, et al. (1979). They found that graduates prepared as nursing educators (and subsequently employed as nursing educators) were more likely to be members of their professional organizations and were more likely to publish. In the present study, a greater number of traditional graduates than non-traditional graduates were currently employed as nursing educators. Perhaps this finding accounts for the higher levels of professional activity among the traditional graduates. Also, the non-traditional graduates may have placed a higher priority on gaining clinical experience than involvement in professional activities during the first few years following graduation. However, in view of the fact that the MSN graduates were prepared to assume leadership roles in the profession, it was disconcerting to find data that suggests neither non-traditional or traditional graduates were very active in professional organizations, research, and other professional endeavors.

Little difference was found between the non-traditional and traditional graduates in terms of continued educational activity, e.g., having received another graduate degree or current enrollment in an academic program. A slightly larger percent of the non-traditional graduates had received professional certifications since their graduation.

The Plummer and Phelan (1976) study revealed that a larger percentage of their non-traditional graduates had earned graduate degrees than those in the present study. However, at the time of their survey, the Pace graduates had been out of the program from 1 to 12 years; the graduates in this study had been out of the program from 1 to 6 years. Other studies of traditional graduates reported numbers of members involved in educational activity but not numbers who had obtained degrees and certifications; therefore, comparisons could not be drawn. Hungler, et al. (1979), however, found that graduates who were prepared as nursing educators (and subsequently employed as nursing educators) were more likely to pursue post-master's degrees. The results of the present study do not lend support to Hungler's, et al. (1979) findings as the UTK traditional graduates, who were more often employed as nursing educators, were not more involved in academic programs than the non-traditional graduates.

In terms of educational goals, fewer non-traditional than traditional graduates planned to pursue a nursing doctorate in the future. The two groups of graduates, however, were equally motivated

to obtain specialty certifications in the future. With regard to career goals, the majority (32.3 percent) of non-traditional graduates hoped to be practicing as nurse practitioners ten years from now. The majority (26.3 percent) of traditional graduates hoped to be in nursing educator positions in the future. However, many of the graduates in each of the groups were unsure about their long-term career goals.

No prior research was found regarding the educational and career goals of non-traditional MSN graduates. Of the traditional graduates, more of the UTK-MSN graduates stated they wanted to further their education than the graduates in the Hayter (1978) study. These two surveys, though, were conducted over ten years ago and perhaps educational advancement is more valued today. Interestingly, Hayter (1978) also found that the majority (42 percent) of the traditional graduates in her study aspired to be nursing educators.

V. CONCLUSIONS

After comparing the non-traditional and traditional graduates of The University of Tennessee, Knoxville (UTK), Master of Science in Nursing degree program in terms of demographic, academic, career and professional development characteristics it was concluded that the non-traditional graduates compared very favorably with the traditional graduates. Moreover, the similarities and differences discovered may help to answer some of the larger questions facing nursing educators today which were posed in the introductory chapter of the study.

Can students with little or no exposure to nursing succeed in a program designed to prepare advanced practitioners of the discipline? As found in this study, the UTK non-traditional graduates were bright and highly motivated to obtain the MSN degree despite financial and other stressors. According to the graduates' mean grade point average, they were as academically successful in the program as the traditional graduates. They also felt as well prepared to practice within an area of clinical concentration as the traditional graduates.

Will prospective employers hire a master's prepared nurse who has little or no actual experience in the field? There was no indication from the study that the non-traditional graduates had difficulty finding a position in the nursing field. In fact, the findings indicated that the non-traditional graduates pursued very unique career patterns. On graduation from the MSN program the majority of the non-traditional graduates chose to begin their careers as staff nurses in hospital settings, while the majority of the traditional graduates assumed nursing faculty positions. With regard to their current employment, the majority of the traditional graduates remained employed as nursing educators while the non-traditional graduates were employed as nurse practitioners in a variety of primary care sites. It is clear that the non-traditional graduates were fulfilling a vital role in the delivery of health care services to a large segment of society. Ninety-five percent of the non-traditional and traditional graduates were currently participating in the nursing

work force. This finding suggests that the non-traditional graduates were just as committed to the profession as the traditional graduates.

The non-traditional graduates also appeared to be very successful in their careers. There was little difference between the non-traditional and traditional graduates in the level of acceptance they perceived from superiors and colleagues in their current employment settings. Additionally, it was found that the non-traditional graduates perceived "high" levels of acceptance from physicians in both initial and current positions.

Will these non-traditional graduates be able to make a significant contribution to the profession and to society? In the brief time the non-traditional graduates had been out of the program there was little evidence that they had made significant contributions to the profession in ways other than clinical practice. However, it is anticipated that they will do so in the future. The non-traditional graduates were already very involved in continuing educational activities and they reported that they planned to remain active in the profession.

VI. RECOMMENDATIONS

Recommendations for Nursing Educators

Based upon the overall findings of the study, graduate nursing faculty should consider altering their admission criteria and curricula to accommodate non-nurse college graduates. From the numbers of non-traditional graduates admitted to The University of Tennessee

Knoxville, College of Nursing and reports in the literature, there appears to be a significant pool of potential nurses, especially male nurses, among college graduates. In view of society's need for master's prepared nurses, nursing educators can no longer afford to continue to ignore these individuals.

The study revealed several unique characteristics and needs of non-traditional students which have implications for nursing educators. Faculty who design master's programs for these students should consider the following observations and recommendations.

1. Non-nurse college graduates will travel great distances to enroll in a nursing program which not only prepares them to become registered nurses but simultaneously offers them a graduate degree. Therefore, recruitment efforts should be national in scope.

2. The non-traditional graduates in this study demonstrated a decided interest in the Primary Care clinical concentration. Therefore, in redesigning curricula, faculty should strongly consider having this option available for these students and using it as a marketing tool.

3. Educators designing programs for non-traditional MSN students should be sensitive to their special learning needs. While the students in this study were talented academically and mastered the theoretical content of nursing readily, they felt they needed more time and opportunity to master the organizational and clinical skills of the discipline. Adequate opportunity for the development of these skills should be provided for within the program.

4. Upon graduation from the MSN program, more non-traditional than traditional graduates in the study felt competent in utilizing research findings and in participating in clinical research activities. Paradoxically, fewer non-traditional than traditional graduates were involved in research activities in their current employment settings. Faculty should consider requiring the writing of a thesis in the master's program as this experience might foster the use of research skills among graduates in practice settings.

5. Nursing educators should provide for various support services as they design or modify their programs to accommodate non-traditional students. Because of the level of stress perceived by most in the program, it is essential to provide high levels of faculty support and other counseling services. Also, financial aid in the form of scholarships, grants, and assistantships is sorely needed by this group of students and should be made available.

Recommendations for Future Research

1. In the study of this population of non-traditional and traditional graduates, baseline data were obtained and analyzed. It would be important to follow these graduates in a longitudinal study to determine changes which occur over time in their career patterns, professional growth, professional contributions, and career goals.

2. In future studies of these graduates, it would be important to include performance evaluations from employers or supervisors.

3. In future studies of these graduates, it would be important to investigate sources of satisfaction or dissatisfaction in their positions.

4. Additional analysis of the data categorized by clinical concentrations would complement the present research.

5. In studies of future non-traditional graduates, it would be informative to include faculty appraisals of the graduates' clinical skills in conjunction with self-appraisals. It is possible that the low self-ratings of abilities expressed by the non-traditional graduates were unwarranted.

6. Non-traditional graduates of other programs should be studied and the findings published. Perhaps, in the face of persistent documentation that non-nurse college graduates can succeed in MSN programs and are capable practitioners who make unique contributions to the profession, more universities will consider altering their "traditional" admission criteria and curricula.

REFERENCES

REFERENCES

- Ainslie, B. S., Anderson, L. E., Colby, B. K., Hoffman, M. A., Meserve, K. P., O'Conner, C., & Ouimet, K. M. (1976). Predictive value of selected admission criteria for graduate nursing education. Nursing Research, 25(4), 296-299.
- American Nurses' Association. (1983). Education for nursing practice in the context of the 1980s. Kansas City: American Nurses' Association.
- Brimmer, P. F., Skoner, M. M., Pender, N. J., Williams, C. A., Fleming, J. W., & Werley, H. H. (1983). Nurses with doctoral degrees: Education and employment characteristics. Research in Nursing and Health, 6, 157-165.
- Bullough, B. (1980). The law and the expanding nursing role. New York: Appleton-Century Crofts.
- Cassells, J. M., Redman, B. K., & Jackson, S. S. (1986). Student choice of baccalaureate nursing programs, their perceived level of growth and development, career plans and transition into practice: A replication. Journal of Professional Nursing, 2(3), 186-196.
- Conway-Welch, C. (1986). School sets sights on bold innovations. Nursing and Health Care, 7, 21-25.
- Department of Health, Education and Welfare. (1971). Report on licensure and related health personnel credentialing. Washington, D.C.: U. S. Government Printing Office.
- Diers, D. (1976). A combined basic-graduate program for college graduates. Nursing Outlook, 24(2), 92-98.
- Donley, R., Jepson, V., & Perloff, E. (1973). Graduate education for practice realities. Nursing Outlook, 21(10), 646-649.
- Dreves, K. D. (1975). Vassar training camp for nurses. American Journal of Nursing, 75(11), pp. 2,000-2,002.
- Fitzpatrick, J. J., Boyle, K. K., & Anderson, R. M. (1986). Evaluation of the doctor of nursing (ND) program: Preliminary findings. Journal of Professional Nursing, 2(6), 365-372.
- Hart, S. E. (1981). Generic graduate programs in nursing. In M. H. Smith (Ed.), Graduate Education in Nursing: Issues and Future Directions. (pp. 33-38). Atlanta: Southern Regional Education Board.

- Hayter, J. (1978). A follow-up study of a master's program. Nursing Outlook, 26(6), 380-385.
- Hungler, B. P., Joyce, A., Krawczyk, R., & Polit, D. (1979). Professionalism in nursing master's graduates. Journal of Advanced Nursing, 4, 193-203.
- Institute of Medicine, Division of Health Care Services. (1983). Nursing and nursing education: Public policies and private actions. Washington, DC: National Academy Press.
- Kakosh, M. E. (1967). Profiles of the college graduate in basic nursing. Nursing Outlook, 15(5), 64-65.
- Kelly, L. Y. (1975). Dimensions of professional nursing. New York: MacMillan.
- Knopf, L. (1983). Registered nurses fifteen years after graduation (Pub. No. 19-1919). New York: National League for Nursing.
- Lynaugh, J. E., Gerrity, P. L., & Hagopian, G. (1985) Patterns of practice: Master's prepared nurse practitioners. Journal of Nursing Education, 24(7), 291-295.
- McKevitt, R. K. (1986). Trends in master's education in nursing. Journal of Professional Nursing, 2(4), 225-233.
- Munro, B. H. & Krauss, J. B. (1985). The success of non-BSNs in graduate nursing programs. Journal of Nursing Education, 24(5), 192-196.
- Murphy, M. I. (1981). Master's programs in nursing in the eighties: Trends and issues, relationships to professional accreditation (Pub. Series 81, No. 2). Washington, D.C.: American Association of Colleges of Nursing.
- National League for Nursing Council of Baccalaureate and Higher Degree Programs. (1987). Characteristics of master's education in nursing (Pub. No. 15-1759). New York: National League for Nursing.
- National League for Nursing Council of Baccalaureate and Higher Degree Programs. (1987). Master's education in nursing: Route to opportunities in contemporary nursing 1986-87 (Pub. No. 15-1312). New York: National League for Nursing.
- Plummer, E. M., & Phelan, M. J. (1976). College graduates in nursing: A retrospective look. Nursing Outlook, 24(2), 99-103.

APPENDICES

APPENDIX A

MSN GRADUATE SURVEY

The University of Tennessee, Knoxville
College of Nursing

MSN GRADUATE SURVEY

JUNE 1988

MSN GRADUATE SURVEY

Directions: Please respond to the following questions by:

- (1) placing a mark (X) or number in the box, or
- (2) writing in the requested information or number on the line provided.

Space for additional comments is provided after selected questions and at the end of the survey.

General Information:

1. Which of the following best describes your status on admission to the UTK-MSN program? (mark one)

☐

RN
BSN

☐

RN
Non-BSN

☐

Non-RN

If you placed a mark in either of the RN boxes, how long did you practice as an RN prior to entering the program?

Years Months

If you placed a mark in the non-RN box, please indicate whether you had any paid or volunteer experience in the health field prior to entering the program.

☐

Yes

☐

No

If yes, briefly describe the kind and length of experience.

2. What clinical concentration did you pursue in the MSN program? (mark one)

☐

Primary Care

☐

Parent-Child

☐

Secondary/Tertiary Care

☐

ADN Educator

☐

Community-Mental Health

3. Gender?

☐

Male

☐

Female

Perceptions and Data Regarding the MSN Program:

4. Which of the following best describes your reason(s) for seeking the MSN degree? (Mark an "X" in each box that applies)

- | | |
|---|---|
| ☐ Required or recommended for current position | ☐ Desired a career change |
| ☐ Needed for advancement in employment setting | ☐ Desired to become an RN |
| ☐ Wanted additional knowledge and skills | ☐ Desired a higher income |
| ☐ Financial aid available for graduate school | ☐ Desired to serve humankind |
| ☐ Other (Specify) _____ | |

If you marked more than one box, please select the item which reflects your **primary reason** and write it in this space:

5. Which of the following best describes your reason(s) for entering the UTK-MSN program? (Mark an "X" in each box that applies)

- | | |
|---|---|
| ☐ Locale (desirable, convenient, etc.) | ☐ Non-RN's admitted to program |
| ☐ Tuition affordable | ☐ Desirable options for clinical concentration |
| ☐ Reputation of University | ☐ Previous academic credits applied |
| ☐ Reputation of College of Nursing | ☐ Recommended by another (nurse, MSN graduate, etc.) |
| ☐ Other (Specify) _____ | |

If you marked more than one box, please select the item which reflects your **primary reason** and write it in this space:

6. Marital status on entering the MSN program? (mark one)

☐ Single
 ☐ Married
 ☐ Divorced/Separated
 ☐ Widowed

7. What was your employment status during the academic portion of your MSN program? (mark one)

☐ Full-time (33 hrs/wk or more)
 ☐ A mixture of full-time and part-time
☐ Part-time (17-32 hrs/wk)
☐ Part-time (1-16 hrs/wk)
 ☐ Unemployed

8. Sources of financial support (\$500 or more per academic year) while in the MSN program? (Mark an "X" in each box that applies)

☐ Governmental grant, scholarship
 ☐ Military/Veteran's benefits
☐ University fellowship, scholarship
 ☐ Spouse or relative(s) financial support
☐ College of Nursing fellowship, scholarship
 ☐ Own earnings, savings, loans
☐ Private foundation fellowship, scholarship
 ☐ Employer assistance

☐ Other (Specify) _____

How much difficulty did you have in financing your MSN program? (mark one)

☐ No Difficulty
 ☐ Some Difficulty
 ☐ Great Difficulty

Additional Comments: _____

9. Please indicate your perception of your ability upon graduating from the MSN program in the following performance areas. Write in each box the number which best reflects your ability according to the following scale:

1-Poor 2-Fair 3-Good 4-Excellent

Ability to:

- ☐ a. Provide comprehensive, high quality care to individuals and groups in a variety of settings.
- ☐ b. Work collaboratively with other health professionals in the systematic implementation and evaluation of health care delivery to large groups.
- ☐ c. Utilize advanced teaching skills in the professional role.
- ☐ d. Utilize advanced administrative skills in the professional role.
- ☐ e. Utilize advanced clinical practice skills in the professional role.
- ☐ f. Utilize research findings in the implementation and evaluation of nursing care.
- ☐ g. Participate in clinical research activities by assisting with data collection, tabulation, analysis, and by generating research topics.
- ☐ h. Assume a leadership role in teaching or clinical practice.

10. Please indicate your perception of your overall preparedness to practice **within your area of clinical concentration** upon graduating from MSN program. (mark one)

☐ ☐ ☐
Minimally Prepared Adequately Prepared Well Prepared

11. Please indicate your level of satisfaction with the overall MSN program. (mark one)

☐ ☐ ☐ ☐
Very Slightly Satisfied Very
Dissatisfied Dissatisfied Satisfied Satisfied

Additional Comments (Questions 10-11): _____

Nursing Career Pattern:

The following questions pertain to the **first nursing position** in which you were employed immediately after graduating from the MSN program. If you held more than one position at that time, answer these questions in reference to your primary position.

If you have **never been employed** in a nursing position since your graduation from the MSN program, go to **question 28** and continue with the remainder of the survey.

12. What was the geographic location of your first nursing position following graduation from the MSN program? (mark one)

- ☐ Tennessee (Specify City) _____
- ☐ Other State (Specify) _____
- ☐ Other Country (Specify) _____

13. In what setting were you employed? (mark one)

- | | |
|---|---|
| ☐ Hospital | ☐ Occupational Health |
| ☐ Public Health Department | ☐ Physician's Office |
| ☐ Home Health Agency | ☐ Nursing Home |
| ☐ Nursing School | ☐ Independent Practice |
| ☐ Other (Specify) _____ | |

14. In what type of nursing position were you employed? (mark one)

- | | |
|--|---|
| ☐ Staff Nurse | ☐ Administrator, Supervisor |
| ☐ Clinical Nurse Specialist | ☐ Clinical Manager,
Clinical Coordinator,
Head Nurse |
| ☐ Nurse Practitioner | |
| ☐ Educator | ☐ Researcher |
| ☐ Other (Specify) _____ | |

15. Were you employed in this setting and/or position prior to your graduation from the MSN program?

Employment Setting

☐ Yes ☐ No

Position

☐ Yes ☐ No

16. Were you employed in the setting and position of your choice in your first employment following graduation?

Employment Setting ☐ Yes ☐ No
 Position ☐ Yes ☐ No

If you answered no to either of these, briefly explain why you took employment in the position and/or setting.
 Explanation: _____

17. Please indicate your perception of the acceptance (approving reception) you received from others as you functioned in this first nursing position. Write in each box the number which best reflects the level of acceptance according to the following scale:

1-Not Accepted 2-Minimally Accepted 3-Accepted 4-Well Accepted

☐ Administrators/Supervisors ☐ Other MSN's
☐ Other RN's ☐ Physicians

18. How satisfied were you with your first nursing position? (mark one)

☐ ☐ ☐ ☐
 Very Slightly
 Dissatisfied Dissatisfied Satisfied Very Satisfied

Additional Comments (Questions 17-18): _____

19. Have you been continuously employed (at least 11 months/year) in nursing since you graduated from the MSN program?

☐ Yes ☐ No

If no, leave(s) of absence was due to:

☐ Educational leave ☐ No financial need
☐ Childbirth or rearing ☐ Could not find desirable position
☐ Personal health ☐ Not interested in nursing
☐ Other family needs
☐ Other (Specify) _____

20. Are you currently working as an RN? (mark one)

- ☐ Yes, full-time (more than 32 hrs/wk)
 ☐ No, but looking for employment as an RN
- ☐ Yes, part-time (17-32 hrs/wk)
 ☐ No, and not looking for employment as an RN
- ☐ Yes, part-time (1-16 hrs/wk)

If you are **not currently working** as an RN, go to question 28 and continue with the remainder of the survey.

21. Have you changed employment settings or nursing positions since your first job following graduation from the MSN program?

- Employment Setting ☐ Yes ☐ No
- Position ☐ Yes ☐ No

Even if you answered no to the above items, please answer the following questions about your **current position**.

22. What is the geographical location of your current nursing position? (mark one)

- ☐ Tennessee (Specify City) _____
- ☐ Other State (Specify) _____
- ☐ Other Country (Specify) _____

23. In what setting are you currently employed? (mark one)

- ☐ Hospital
 ☐ Occupational Health
- ☐ Public Health Department
 ☐ Physician's Office
- ☐ Home Health Agency
 ☐ Nursing Home
- ☐ Nursing School
 ☐ Independent Practice
- ☐ Other (Specify) _____

24. What type of nursing position do you now hold? (mark one)

- | | |
|--|---|
| ☐ Staff Nurse | ☐ Administrator, Supervisor |
| ☐ Clinical Nurse Specialist | ☐ Clinical Manager,
Clinical Coordinator,
Head Nurse |
| ☐ Nurse Practitioner | |
| ☐ Educator | ☐ Researcher |
| ☐ Other (Specify) _____ | |

25. What is your approximate annual salary (before deductions)?
(mark one)

- | | |
|--|--|
| ☐ Less than \$10,000 | ☐ \$30,000 - \$34,999 |
| ☐ \$10,000 - \$14,999 | ☐ \$35,000 - \$39,999 |
| ☐ \$15,000 - \$19,999 | ☐ \$40,000 - \$44,999 |
| ☐ \$20,000 - \$24,999 | ☐ \$45,000 - \$49,999 |
| ☐ \$25,000 - \$29,999 | ☐ \$50,000 or more |

26. Please indicate your perception of the acceptance (approving reception) you have received from others as you function in this nursing position. Write in each box the number which best reflects the level of acceptance according to the following scale:

1-Not Accepted 2-Minimally Accepted 3-Accepted 4-Well Accepted

- | | |
|---|--------------------------------------|
| ☐ Administrators/Supervisors | ☐ Other MSN's |
| ☐ Other RN's | ☐ Physicians |

27. Please indicate your overall level of satisfaction with your current nursing position. (mark one)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| ☐ | ☐ | ☐ | ☐ |
| Very
Dissatisfied | Slightly
Dissatisfied | Satisfied | Very
Satisfied |

Additional Comments (Questions 26-27): _____

Professional Activities, Educational Accomplishments and Goals:

28. To how many professional nursing organizations (e.g., ANA, STT, specialty organizations, etc.) do you currently belong?

Number

29. How would you rate your overall level of activity in professional nursing organizations since graduating from the MSN program? (mark one)

☐

Not Active

☐

Minimally Active

☐

Active

☐

Very Active

30. How many formal presentations (including poster presentations) have you delivered at professional nursing meetings, conventions or workshops since graduating from the MSN program?

Number

31. How many nursing or health related publications (e.g., articles, books, chapters in an edited book) have you authored or coauthored since graduating from the MSN program?

Number

32. How would you rate your involvement in nursing research activity since graduating from the MSN program? (mark an "X" in each box that applies)

☐

No involvement

☐

Have participated in one or more small, pilot studies (e.g., collected clinical data).

☐

Have participated in one or more formal research project(s) (collaborator or data collector).

☐

Have been the principal investigator for one or more formal research project(s).

33. Did you hold any graduate degree(s) (e.g., MS, MPH, Ed.D, Ph.D.) upon entering the MSN program?

☐

Yes

☐

No

If yes, please identify the degree(s): _____

34. Have you received any academic degree(s) since graduating from the MSN program?

☐

Yes

☐

No

If yes, please identify the degree(s): _____

35. Are you currently enrolled in an academic program?

☐ Yes ☐ No

If yes, please specify the program: _____

36. Have you received any professional certification(s) since graduating from the MSN program? ☐ Yes ☐ No

If yes, please identify the certification(s): _____

37. What are your educational goals over the next ten (10) years? (mark an "X" in each box that applies)

☐ Other master's degree (Specify) _____

☐ Doctoral degree in nursing

☐ Doctoral degree in another field (Specify) _____

☐ Specialty certification (Specify) _____

☐ No plans to pursue a degree or certification

☐ Other _____

38. In what type of nursing position do you wish to be practicing ten (10) years from now? (mark one)

☐ Clinical Nurse Specialist ☐ Researcher

☐ Nurse Practitioner ☐ Unemployed

☐ Educator ☐ Unsure

☐ Administrator/Supervisor ☐ In non-nursing position

☐ Clinical Manager, Clinical Coordinator, Head Nurse ☐ Other (Specify) _____

Additional Comments: _____

Do you wish to have an abstract of this study? ☐ Yes ☐ No

Thank you for completing this survey. Please place it in the envelope provided and return it to:

Patricia L. Smith
1200 Volunteer Boulevard
Knoxville, Tennessee 37996-3441

APPENDIX B

COVER LETTER FOR MSN GRADUATE SURVEY

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

June 6, 1988



College of
Nursing

Dear MSN Graduate:

As part of my doctoral program I am studying the differences between traditional and non-traditional MSN graduates. My study population will include all 1981-1986 MSN graduates. Since you are in that group, I am asking you to participate in the research by completing the enclosed questionnaire.

For the purpose of this study, a non-traditional graduate is one who entered the MSN program as a non-nurse, college graduate. Currently, the UTK-College of Nursing is one of only six programs in the United States and Canada offering a graduate track of this nature. Your responses should add significantly to the body of knowledge on non-traditional nursing education. In addition, the data from this study will be summarized and presented in the self-study report being prepared for the College's NLN re-accreditation review. Therefore, your participation in the research will be of extreme value to me, our College and the entire nursing profession.

It should not take you more than a few minutes to record your responses on the MSN Graduate Survey. When you are finished, please mail the questionnaire to the College of Nursing in the enclosed, pre-addressed, stamped envelope, no later than June 24, 1988.

The return of your questionnaire will constitute your consent to participate in the study and permission for me to review your academic record. All information will be kept totally confidential. No individual responses will be revealed and all data will be reported in aggregate form. The code number on the form will only be used by me to record the return of your questionnaire.

Though your participation in this research is voluntary, a study of this nature is not possible without your cooperation. If you have any questions, please do not hesitate to contact me (collect) at 615-974-4151. I will be happy to send you an abstract of the study, once it is completed, if you will place a mark in the box provided at the end of the survey.

Thank you very much for assisting me with this project.

Sincerely,

Patricia L. Smith, MSN, RN
Doctoral Candidate
Educational Leadership

1200 Volunteer Boulevard Knoxville, Tennessee 37996-4110 (615) 974-4151

APPENDIX C

FIRST FOLLOW-UP LETTER

THE UNIVERSITY OF TENNESSEE
KNOXVILLE



College of
Nursing

June 27, 1988

Dear MSN Graduate:

A few days ago you received a survey designed to gather information about your perceptions of the UTK graduate program, your career patterns, professional activities, and goals. Your participation in this study is essential to the completion of my doctoral dissertation and to the College's evaluation of the MSN program.

I know how busy you must be, but please take a few moments to fill out the survey and return it to the College in the pre-addressed, stamped envelope.

Your assistance with this project will be greatly appreciated!

Sincerely,

Patricia L. Smith, MSN, RN
Doctoral Candidate
Educational Leadership

PLS/mlw

APPENDIX D

SECOND FOLLOW-UP LETTER

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

July 19, 1988



College of
Nursing

Dear MSN Graduate:

It is me again! I desperately need your responses to the MSN Graduate Survey which was mailed to you several weeks ago. In case you did not receive it or have misplaced it, I have enclosed another questionnaire and pre-addressed, stamped envelope in this mailing. As you might sense from the tone of this letter, my stress level is rising rapidly and I might soon succumb to dissertation dystrophobia if you do not intervene!

Seriously, I need your help with this project as I must have a good response rate to justify the findings. The questionnaire will only take a few moments of your time and all of your responses will be kept totally confidential.

Thank you for your time and effort. I am hoping to hear from you soon.

Sincerely,

Patricia L. Smith, MSN, RN
Doctoral Candidate
Educational Leadership

APPENDIX E

ANNOUNCEMENT IN ALUMNI LINK

ANNOUNCEMENT IN ALUMNI LINK

May, 1988

UTK-MSN GRADUATES

Each MSN graduate will soon receive a questionnaire designed to gather information regarding perceptions of the graduate program and individual career paths. Your participation in this study is very important. Responses will be summarized as aggregate data in the Self-Study, a report prepared by the College of Nursing as part of the NLN re-accreditation process. Pat Smith, a faculty member and doctoral candidate in Educational Administration and Supervision will also use a portion of the data in her study of non-traditional and traditional MSN graduates. Your assistance in this project will be most beneficial to the College of Nursing and greatly appreciated.

APPENDIX F

LETTER OF ENDORSEMENT

THE UNIVERSITY OF TENNESSEE
KNOXVILLE



June 6, 1988

College of
Nursing

Office of
the Dean

Dear MSN Graduate:

The College of Nursing is currently evaluating our MSN programs as we prepare for our reaccreditation review by the National League for Nursing. A very important part of this evaluation process is to obtain your assessment of your MSN preparation and experience. Therefore, I am asking you to share with us your thoughts and opinions relative to your program.

Enclosed in this packet you will find two survey instruments. The MSN Graduate Survey was designed by Patricia Smith to gather demographic and career pattern information. She will also use these data in her doctoral dissertation study. Evaluative data from the second instrument will be utilized by Dr. Mildred Fenske as she directs our comprehensive evaluation of the MSN programs. A self-addressed, stamped envelope is provided for your return of both survey instruments by June 24, 1988.

Please give your prompt and careful attention to this very important matter. We need your feedback and thank you in advance for your participation.

Sincerely,

Sylvia E. Hart

Sylvia E. Hart, Ph.D., R.N.
Dean and Professor

SEH/cb
Enclosures

VITA

Patricia Livingston Smith was born in Nashville, Tennessee. At an early age she moved with her family to Lake Charles, Louisiana. There she attended public school until her graduation from Gillis High School in 1960.

Her career goal was to become a registered nurse. However, she and her family felt a college degree was important. Therefore, she enrolled in the collegiate nursing program at Northwestern State University in Natchitoches, Louisiana and was graduated with a Bachelor of Science in Nursing degree in 1964.

Patricia practiced for several years as a staff nurse in a large charity hospital and a Veteran's Administration Center in Shreveport, Louisiana. She then moved to Hawaii with her husband, a young son, and a newborn daughter. After three years in Hawaii she and her family moved to Knoxville, Tennessee. There, Patricia practiced as a public health nurse with the Knox County Health Department and later became a nursing instructor for the Fort Sanders Presbyterian Hospital School of Nursing diploma program. In 1974, she joined The University of Tennessee, Knoxville, College of Nursing faculty and taught in the baccalaureate degree nursing program.

Between 1975 and 1977, Patricia and her family resided in Macon, Georgia where she taught in the associate degree nursing program at Macon Junior College. While in Georgia, she completed a Master of Science in Nursing degree in Adult Nursing/Teaching at The Medical

College of Georgia. Upon moving back to Tennessee, Patricia rejoined the nursing faculty at The University of Tennessee, Knoxville, where she is currently teaching undergraduate and graduate nursing courses.

Patricia was inducted into Phi Kappa Phi and Sigma Theta Tau honor societies. She is an active member of the American Nurses' Association and currently serves on the State Task Force on the Nurse Practice Act. She is a member of the Tennessee Public Health Association and is very involved in the Knoxville Chapter of the American Red Cross and other civic and church organizations.