

NURSING STUDENTS' PERCEPTIONS OF HOW WORKING AS NURSING ASSISTANTS
IMPACTS THEIR EDUCATION

by

Jerry R. Harvey

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a Baccalaureate of Science in Nursing (BSN) pre-licensure program. Benner's Novice to Expert Theory, Situated Learning Theory, and the Johari Window Communication Model each suggested that immersing oneself in the culture of nursing would have positive outcomes for the student working as a nursing assistant. A qualitative phenomenological design was used to explore the following research questions: (a) What are the unique experiences of junior nursing students who have worked or are working as nursing assistants while in school? (b) How do nursing students who work as nursing assistants perceive that their work impacts their schoolwork? and (c) What is the mean academic achievement on junior level core nursing courses of students who work as nursing assistants in comparison to other nursing students in the same courses who worked in non-nursing jobs? Individual interviews, a focus group, and mean nursing grade comparisons were used to explore these questions among a purposeful sample of seven senior level nursing students in a baccalaureate nursing program in central Virginia who had worked as nursing assistants. Findings suggested that nursing faculty should encourage students to work as nursing assistants as long as they work less than 18 hours per week and focus on learning from nursing personnel while developing their skills as a nursing assistant.

Keywords: academic success, nursing student, part-time work, nursing assistant

Dedication

First and foremost, I dedicate this dissertation to my wonderful wife, Carol. You are the love of my life and the most amazing Christ centered woman I have ever known. Your love for me and your dedication to Christ have made me a better man. You are my rock and because of you, I strive to be a better person. You point me to the cross of Christ daily and I am beyond grateful that the Lord chose you to be my partner in life!

I also dedicate this dissertation to my daughters, Elizabeth and Rachel. If the had Lord let me choose anyone I wanted to be my children, I would have chosen you. I marvel at your intelligence, beauty, and growth in Christ! I am humbled that the Lord has blessed and surrounded me with such strong and amazing women.

All three of you (Carol, Elizabeth, and Rachel) have been supportive and encouraging during each phase of this doctoral journey. When I was low, you picked me up. When I was happy, you rejoiced with me. When I needed a hug, one of you was always there to provide one for me. Most importantly, all three of you had constant and unwavering faith that I could complete this educational journey. Lastly, thank you for constantly reminding me of Philippians 4:8 which says: “finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable, if anything is excellent or praiseworthy think about such things.” By helping me focus on the things of Lord, you fostered the growth in me needed to be successful in completing this dissertation and the Doctor of Education degree.

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Because Christ our Lord acknowledged me to His Father, I humbly acknowledge Him as my lord and savior. Through His direction and strength, He has allowed me to persevere through the dissertation process. Throughout this process, my mantra has come from Psalms 19:14 which says: “May the words of my mouth and the meditation of my heart be pleasing in your sight, O Lord, my Rock and my Redeemer.” Therefore, it is my prayer that this dissertation and everything that is done related to it will bring glory to God our Father.

The process of reviewing literature, developing a framework, doing the research, and analyzing the data required much help from many people. First I would like to acknowledge the support, direction, leadership, and countless hours of hard work by Dr. Cindy Goodrich. Words cannot express my gratitude for the many hours she has selflessly invested into me. Dr. Goodrich is an amazing mentor and I am proud to call her my friend. I am also grateful for the guidance provided by Dr. Kim Little and Dr. Tonia Kennedy. They were both gracious with their time and provided a well rounded approach to my research. I am forever grateful!

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List of Abbreviations

Associate Degree Nurse (ADN)

Bachelor of Science in Nursing (BSN)

Certified Nursing Assistant (CNA)

Electrocardiogram (EKG)

Grade Point Average (GPA)

Health Care Assistant (HCA)

Intensive Care Unit (ICU)

Institutional Review Board (IRB)

Licensed Practical Nurse (LPN)

National Council Licensure Exam (NCLEX)

CHAPTER ONE: INTRODUCTION

Overview

Academic success and the variables that play a part in it are of major concern among colleges, college professors, and the nursing profession. According to McMenamain (2014), the American academic system will need to produce over one million new nurses by the year 2022 due to a retiring nurse population. This issue is perpetuated by a lack of nursing faculty to educate student nurses. The American Association of Colleges of Nursing (2012a) reported that there is a 12% shortage of nursing faculty in America. Due to the lack of nursing faculty, the American Association of Colleges of Nursing (2012b) estimated that nursing schools are turning away approximately 79,000 students annually. Therefore, it is incumbent upon nursing faculty to maximize strategies to promote the success of nursing students.

Anything that competes for students' time may be viewed as a distractor or a variable working against the potential success of students. These competitors include time engaged in social activities, entertainment, rest, and in work (Kanar, 2014). Even with the push of the president to make college more affordable, many students need to work while in school to make ends meet (The White House, 2013). The time and type of part-time work as a nursing assistant was the specific focus of this research.

Background

In their literature review, Pitt, Powis, Jones, and Hunter (2012) identified four categories of factors associated with nursing student academic and clinical success: demographic factors, academic factors, cognitive factors, and behavioral factors. The variable of part-time work during school fell in the category of demographic factors. None of the studies included in the review explored the relationship of part-time work with clinical performance, but several examined the relationship of part-time work with academic success. For nursing students who

worked less than 16 hours per week, there was no significant negative relationship between their work and their academic achievement. For those students who did work more than sixteen hours per week, there was a significant negative relationship with their academic achievement. Grades were used as the measure of academic success.

Riggert, Boyle, Petrosko, Ash, and Rude-Parkins (2006) provided a literature review exploring the relationship of part-time employment and grades among undergraduate students from various fields of study. Students of all disciplines who worked more than 16 hours per week tend to have less academic success than their counterparts who worked less than 16 hours. In many of the studies cited by Riggert et al. (2006), students who worked less than 16 hours per week had greater academic success than those who did not work at all. Therefore, a strong argument has been established that not only does working greater than 16 hours per week have a negative effect on academic achievement, but that working less than 16 hours may have a positive effect on academic achievement when compared to not working at all.

Another key concept explored in the literature was the impact of part-time work on specific disciplines of study. Of particular importance for this research are the findings of Reyes, Hartin, Loftin, Davenport, and Carter (2012). They explored the relationship between part-time work and academic success among nursing students. Interestingly, they used the Grade Point Average (GPA) mean scores of the five nursing classes that had the highest attrition rate in their program. This provided a more legitimate means of using critical nursing practice courses to measure the effect of working part time on nursing students when they are at their most vulnerable. Reyes et al. (2012) found a strong negative correlation between the number of hours worked part time and academic success. Reyes et al. (2012) suggested that future research should explore the context of the work in which students are employed as well as how exposure to work

experiences may benefit students academically. Additionally, Stombaugh and Judd (2014) examined the relationship between obtaining a nursing assistant certification during nursing school and confidence levels of basic nursing skills. They found that those who worked as nursing assistants demonstrated greater confidence than those who obtained certification without working in the field. Therefore, Stombaugh and Judd (2014) recommended that future studies explore the relationship between work experience and potential success within nursing programs.

Schwarz and Leibold (2014) interviewed a group of Associate Degree Nurses (ADN) who were going back to school at the Bachelor of Science in Nursing (BSN) level. The participants of the study identified multiple constraints that had prevented them from continuing in school. The most common constraints were the need to work and to manage their time effectively. This would seem to go along with the underlying theme that nursing students, no matter their level, have multiple factors that compete with the time needed for school preparation.

Several theories are linked to the understanding of how the type of work done while in school may impact students' perceptions. From a nursing perspective, Patricia Benner (2001) explored how nurses develop professionally and a large part of the novice to expert theory includes skill development. From an education perspective, situated learning theory associates greater learning with immersing oneself into the professional culture (Lave & Wenger, 1991). The communication theory established from the Johari Window Model seeks to explain how individuals communicate to themselves and others within a community that for this research had a deep connection to how the type of work one does impacts the perception of school (Luft & Ingham, 1961). Each of these theories provides a structural reference that may help explain if or

why nursing students working as nursing assistants may have a different experience than those students who do not work or work in a non-nursing job while in nursing school.

Ultimately, there are several reasons the profession of nursing as a whole should be concerned with how working part time impacts the nursing student while in school. First, the nursing shortage and the anticipated greater need for nurses in the future are catalysts driving the need to graduate nurses. Secondly, nursing students who are better prepared during school potentially transition into the practice of nursing more easily than their counterparts. Finally, the first hurdle that graduate nursing students face is to pass the National Council Licensure Exam (NCLEX). The single biggest predictor of success on the NCLEX is undergraduate Grade Point Average (GPA) or academic achievement (Campbell & Dickson, 1996). Since it is known that working greater than 16 hours per week has a negative impact on GPA, the next research related to nursing students working while in school should focus on the type of work and how students perceive that work impacts their school experience. Both Reyes et al. (2012) and Stombaugh and Judd (2014) recommended that future research explore the impact of the type of work done by nursing students on their capabilities in nursing school.

Situation to Self

The worldview of the primary researcher of this study centered on the perspective of social constructivism with an ontological philosophy. This approach allowed the researcher to recognize that individuals may interpret events and situations from varying views that are constantly evolving and intertwined with the lived experience (Creswell, 2013). This philosophical posture also allowed the researcher to construct co-realities with the participants of the study based upon their responses and the researcher's own experiences. This approach incorporated the use of inductive reasoning during coding and thematic construction. Creswell

stated that in social constructivism, “individuals seek understanding of the world in which they live and work” (p. 24).

The author of this research worked part time as a nursing assistant and as an emergency medical technician while attending college as an undergraduate student. Both jobs would have qualified this author to participate in this research. The work done by this author during his undergraduate education had a profound effect on his perception of nursing school both academically and clinically. The purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a BSN pre-licensure program. This background has helped to draw conclusions from the perceptions of the participants of this study while looking through the lens of the pre-developed perceptions of the researcher.

Problem Statement

Many nursing students need to work to be able to afford school. Hasson, McKenna, and Keeney (2013) found that 50-60% of nursing students must work to afford college. Many students have multiple factors competing for their time while in school that include both fixed and flexible activities. Part-time work is considered a fixed activity because in most circumstances, students do not have absolute control over how many hours they work or when they work (Kanar, 2014). Previous studies have already demonstrated that students working greater than 16 hours per week tend to have poorer grades than those who do not work or those who work less than sixteen hours (Pitt et al., 2012). Reyes et al. (2013) specifically recommended that further studies explore how the type of work the nursing student is engaged in impacts the school experience. Because there seems to be adequate research in the literature discussing the impact of part-time work on school achievement, the next logical step in research would be to explore the context of part-time work rather than the number of hours working in

that job. Previous research has raised the question of if students are better served by working in a nursing culture than other environments (Hasson et al., 2013; Salamonson, Everett, Koch, Andrew, & Davidson, 2012). The literature supports this progression of thought because there seems to be a consensus that part-time work has many variables associated with its impact on the student, such as physical and mental demands. These demands stand in stark contrast with potential benefits such as association with the culture of nursing (Salamonson et al., 2012). Additionally, in the study by Hasson et al. (2013), the authors specifically recommended further studies related to the impact of working as a nursing assistant while in school. They found that students who had worked as nursing assistants prior to nursing school felt more confident in their skills but had trouble with role ambiguity while in school. The problem is that a gap in the literature exists exploring the type of work done while in school, or more specifically, the context of working as a nursing assistant while in nursing school.

Purpose Statement

The purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a BSN pre-licensure program. The phenomenon of working as a nursing assistant is defined as working as a nursing assistant in any inpatient or outpatient environment to include the emergency department, inpatient acute care setting, outpatient physician office, or long-term care facility. Nursing school is multidimensional; therefore, the roles of the nursing assistant are multidimensional also. Since the discipline of nursing has both clinical and academic components, nursing school has shown to place high demands on students' cognitive ability, time management, and clinical skill development. These challenges are amplified during the junior year, when nursing students are engaged in both academic and clinical activities weekly.

The theories that drove this study included Patricia Benner's Novice to Expert Theory (2001), the Situated Learning Theory (Lave & Wenger, 1991), and Johari Window Model (Luft & Ingham, 1961). Each of these theories provides a unique perspective on how one learns within a culture. Since the participants of this study were working in a nursing culture, the ability to learn, communicate, and develop within the construct of the culture was at the very heart of this study.

Significance of Study

This research builds upon previous work that focused on working during nursing school (Hasson et al., 2013; Hoffart, Diani, Connors, & Moynihan, 2006; Reyes et al., 2013; Salamonson et al., 2012). Previous research has focused on either the number of hours that students worked during school or clinical performance. The focus of this research adds to previous research by focusing on the context of students' work and how that work affects both the academic and clinical aspects of nursing school. Because nursing curriculum includes both academic and clinical components, this new focus is crucial to provide a more encompassing picture of how students perceive working as nursing assistants impacting the totality of their educational experience.

This study also has a very practical significance. Previous research has established that student nurses who work as nursing assistants believe that they have better skills than students who have not worked as nursing assistants (Hasson et al., 2013; Hoffart et al., 2006). This previous research provided foundational information for students and clinical instructors, but very little information for the classroom nursing educator. By looking at both clinical and academic perceptions, this study aimed to provide students, clinical instructors, and classroom nursing educators with important information about how students who work as nursing assistants view their work as helpful or harmful to their efforts in nursing school.

This research also adds to the understanding of how nursing, education, and communication theories promote learning among nursing students. Benner's Novice to Expert Theory (2001) predicates that the longer one works as a nurse, the more expertise in that area of nursing he or she will develop. Previous research (Hasson et al., 2013; Hoffart et al., 2006) found this same construct to be true for nursing students who had worked as nursing assistants. From an educational perspective, situated learning theory associates greater learning with immersing oneself into the culture (Lave & Wenger, 1991). This study determined whether working as a nursing assistant provides students with the perception that learning is augmented by being immersed in the culture of nursing prior to or during nursing school. The Johari Window Model seeks to explain how individuals communicate within a community while also making connections with barriers to learning within those communities (Luft & Ingham, 1961). This research explored the unique experiences of students who work as nursing assistants and identified the impact the work has on the ability to communicate in the community of nursing while in nursing school.

Research Questions

The following research questions guided this research:

Research Question 1: What are the unique experiences of junior nursing students who have worked or are working as nursing assistants while in school?

Working as a nursing assistant is not required for most BSN programs. Crick, Perkinton, and Davies (2014) found that in their study of 110 nursing students, 60% of the participants cited their motivation for becoming a nurse as intrinsic or altruistic in nature. This finding provides clarity as to why nursing students desire to become nurses. Additionally, Hasson, et al. (2013) found that 50-60% of nursing students must work to afford college. However, this finding does not answer the question of what unique experiences students who choose to work as nursing

assistants may have in contrast to other nursing students. Stombaugh and Judd (2014) found that those students who worked as nursing assistants demonstrated greater confidence than those who obtained certification without working in the field. This would suggest that working as nursing assistant creates a unique perception of one's experience during nursing school. This research went one step farther by not only exploring the perceptions of students who work as nursing assistants, but by also comparing their core nursing grades with a non-equivalent comparative group. Therefore, until this research, a gap existed in the literature exploring the question of what is unique about being a nursing assistant while in school or prior to being in school.

Research Question 2: How do nursing students who work as nursing assistants perceive that their work impacts their schoolwork?

Previous research has focused on how much students work during nursing school. Riggert et al. (2006) discovered that students working greater than 18 hours a week tended to make lower grades than students who did not work. Additionally, Riggert et al. (2006) found that students who worked part time less than 18 hours per week tended to have better grades than those who did not work at all. The sample in that study included students from a myriad of undergraduate disciplines. Utilizing a sample of nursing students, Reyes et al. (2012) had very similar findings as what was seen in the study by Riggert et al. (2006). However, none of the research thus far has focused on the type of work students do while in school rather than the amount of work. Therefore, the aim of this research was to develop further the understanding of how students perceive the impact of the type of work they do upon their nursing schoolwork.

Research Question 3: What is the mean academic achievement on junior level core nursing courses of students who work as nursing assistants in comparison to other nursing students in the same courses who worked in non-nursing jobs?

Reyes et al. (2012) explored the relationship between part-time work and academic success among nursing students using the mean scores of the same core junior level nursing courses utilized for this research. They found the core junior nursing courses at their research site had the highest attrition rate in their program. Therefore, the comparison of those students who work as nursing assistants with a non-equivalent comparative group in the same program seemed the most natural direction to take for this research study.

Research Plan

This research utilized a qualitative phenomenological approach. The participants were first semester senior nursing students enrolled full time at a private BSN program located in central Virginia. At the time of the study, these students just completed their junior year of nursing school and they worked as a nursing assistant either prior to or during their junior year. The students in the study were asked to reflect on their academic and clinical experiences during their junior year. A sample size of seven students out of a class of 180 students met inclusion criteria. Three strategies were utilized to gather data. The first strategy was one-on-one interviews with students who worked part time as nursing assistants during their junior year as a nursing student. The second strategy was a focus group discussion for clarification and focus on common themes. The third strategy entailed comparing core junior nursing courses mean GPA of those students working part time as nursing assistants with a group of students working part time in non-nursing jobs. Data analysis included coding common themes during the interviews. The common themes were used to further develop questions that were used during the focus groups for a more concentrated development of themes, as well as clarification of themes while in the group to minimize misconceptions or misrepresentation of data. Previous research focused on the relationship between the number of hours worked by a student and his or her academic achievement. For this research, a comparison of the mean scores of the core nursing courses

were compared to a randomized group of approximately the same number of students in the same class who worked at non-nursing jobs while in school. The quantitative scores were used to add depth to the themes that emerged from interviews and focus group.

Delimitations and Limitations

The participants of this study were selected because of their unique place in life at a very specific moment. That is, the participants were only junior level nursing students who worked part-time as nursing assistants. This group was specifically chosen because they were at a critical juncture in their academic journey. As students advance through the nursing curriculum, they move from learning at the knowledge level toward the development of deeper understanding, which includes exploring conceptual connections and then applying the learning within the clinical setting. It is the belief of this author that the junior year is the time when students begin to clearly make connections and conceptualize theory into practice. This requires students to be able to transfer knowledge from classroom theory into practical application. However, it is not known whether students who work in a nursing environment adapt to the junior year with greater ease than those who do not because they are in contact with the culture of nursing.

Another limitation of this research is that the sample size and location do not allow for generalization outside of the site. This research used a very specific sample of junior students and cannot be generalized to freshman, sophomore, or senior nursing students. However, this research built upon the work of Hasson et al. (2013), and providing greater insight into the common perceptions of nursing students may be a catalyst for further, more generalizable studies.

Definitions

1. *Comfort* – For the purpose of this study, comfort is defined based on the Johari Window model. Chapman (2013) suggested that the open area of communication is augmented by trust, expectations, and understanding. By recognizing what is known and what is unknown, comfort level improves and the open area of communication is augmented.
2. *Confidence* - For the purpose of this study, confidence is defined based on the concept of self-efficacy. Bandura (1998) defined self-efficacy as the judgment of how well one can execute a course of action. For this research, self-efficacy was considered the primary ingredient that affects one’s confidence and was primarily associated with academic or clinical confidence.
3. *Experience* – For the purpose of this study, experience was defined by Benner (2001) as “the refinement of preconceived notions and theory through encounters with many actual practical situation that add nuances of shades of differences to theory” (pg. 36).
4. *Easier/Better* - For the purpose of this study, these terms were considered synonymous. When students are in school, they tend to view easier as better and vice versa when describing the concept of intuition as related to school efforts. Benner (2001) discussed the concept of intuition. As one becomes more expert in an area of practice, she or he develops greater intuition related to the work environment and the needs of the patient population. For this research, the concept of intuition may be used synonymously.
5. *Nursing Assistant* – For the purpose of this study, nursing assistant was defined as someone who provides basic nursing care. The Virginia Board of Nursing defined a nursing assistant as someone who provides “general care of the sick that does not constitute the practice of nursing” (Virginia Board of Nursing, 2016).

6. *NCLEX* – For the purpose of this study, the NCLEX was defined as the examination given to nurses after graduation from a school of nursing. If successful, the nursing graduate earns a nursing license for his or her state of practice (National Council of State Boards of Nursing, 2016).
7. *Nursing School* – For the purpose of this study, nursing school was defined as a four-year baccalaureate of nursing curriculum that prepares students with a professional degree and provides adequate nursing curriculum for them to take the NCLEX. Wise (2013) noted that nurse managers had higher expectations of BSN-prepared nurses than of nurses with other degrees such as ADN or diplomas.
8. *Relationship* - For the purpose of this study, relationship was defined as a social connection which intensifies or improves the opportunity for learning. Relationships are built upon trust and develop in community (Lave & Wenger, 2003).

Summary

Academic and clinical success is a reoccurring theme among both nursing faculty and nursing students. If a student does not pass the NCLEX, she or he will not be allowed to practice as a registered nurse. Additionally, those graduate nurses who have not fostered a high level of critical thinking in the clinical arena have a higher incidence of burnout than nurses who have developed a high level of clinical expertise. Providing a learning environment that utilizes life experiences while at the same time minimizing distractors is important to help students achieve academic and clinical success. Hence, this study focused on exploring the perceptions of nursing students who have worked as nursing assistants while in school. This research built upon the previous work of Hasson et al. (2013). However, the focus of this research added to the body of knowledge by presenting the perceptions of how the type of work students performed affected their perceptions of both academic and clinical learning.

CHAPTER TWO: LITERATURE REVIEW

Overview

The focus and purpose of Chapter Two is to explore existing literature that was useful in developing a purposeful theoretical framework upon which to build this research. The theoretical framework was developed utilizing work from the disciplines of nursing, education, and communication. Additionally, Chapter Two explores current literature associated with the themes of students, both nursing and others, who work while in school. More specifically, the literature review section was developed in such a manner as to understand nursing research as it pertains to the concept of the type of work a student performs while in school. The key concepts developed in the literature review include the impact of the amount of part-time work as it pertains to the academic experience, what is meant by academic success, and the impact of the type of part-time work on the academic experience. Each of these concepts was explored from both a nursing perspective and an educational perspective.

Theoretical Framework

The theoretical framework for this research has been developed utilizing theoretical foundations from the disciplines of nursing, education, and communication. From a nursing perspective, Patricia Benner (2001) developed a framework describing the development of nurses from their very basic skills, called novice, to those of a professional nurse who intuitively provides care at a higher level referred to as expert nursing care. From an education perspective, Lave and Wenger (1991) developed the theory of situated learning. Situated learning is conceptually developed from the perspective of immersing oneself into a culture. For this research, the culture of immersion is that of nursing. From the field of communication, in the 1950s, American psychologists Joseph Luft and Harry Ingham developed the Johari Window Model, which seeks to explain how individuals communicate to themselves and others within a

community (Luft & Ingham, 1961). Each of these theories hold well-developed themes that provide a structural reference for why student nurses working as nursing assistants have a unique and perhaps different experience than students who do not work or who work in a non-nursing job while in nursing school.

Benner's Novice to Expert

Much of the research done by Benner (2001) originated from observing critical care nurses while at work. There is a very distinct difference between theoretical knowledge and practical knowledge. Theoretical knowledge is useful in knowing that something is correct or incorrect, whereas practical knowledge is useful in understanding how something works or does not work. This knowhow of understanding is a critical piece of the process of nurses becoming experts in their particular area of practice (Benner, 2001).

Benner (2001) used the Dreyfus model to describe the acquisition of skill. Dreyfus and Dreyfus (1980) developed these skill levels observing chess players and pilots. They observed that as chess players and pilots became more proficient, they developed greater intuition and ingenuity in avoiding pitfalls and negative consequences. It is important to note that the Dreyfus model is considered relevant for present day practice and has been utilized in current research (Amrein-Beardsley, Holloway-Libell, Cirell, Hays, & Chapman, 2015; Hall-Ellis & Greal, 2013; Palmer & Matthews, 2015; Ramsburg & Childress, 2012).

The five skill levels of the Dreyfus model are novice, advanced beginner, competent, proficient, and expert. As the learner develops through these stages, several key changes occur. First, the learners move from a concrete understanding of their surroundings to a more abstract understanding of their surroundings. This understanding allows learners to become less reliant on structure to dictate their practice. Second, the learner develops a greater understanding of the big

picture or the whole construct rather than the pieces of the construct. An example of understanding the big picture would be the ability of the learner to perform a skill independently without a checklist or guidebook. Third, learners become more involved or more a part of their environment as they develop through the stages. No longer are they detached and impacting the environment, but rather as part of their environment, they become in tune with needs and changes as they occur (Benner, 2001).

The heart of Benner's (2001) theoretical framework is her development of each of the skill levels of the Dreyfus model. Each skill level was developed based on skill acquisition and the ability of the nurse to move from concrete to abstract thought and function. Additionally, Benner (2001) developed her model from a unique nursing worldview. Gardner (2012) postulated that Benner's theory (Benner, 2001) is steeped in apprenticeship. Since this research was developed with the construct that the act of doing may somehow impact the lived experience, the novice to expert model provides a natural platform to discuss the experiences of nursing students who have worked as a nursing assistants.

The first level of Benner's theoretical framework (Benner, 2001) is the novice level, in which the nurse has no experiences from which she or he can draw conclusions. This void leaves the novice with a limited scope of practice that is inflexible to the needs of a dynamic environment. When one considers the rapidity with which patients' needs change, the novice is left at a significant disadvantage. Novice nurses rely on a figurative rule book to manage their patients' needs. When novice nurses find themselves in uncharted territory, they find it difficult to navigate and manage the needs of their patients.

The next stage in Benner's framework is advanced beginner. The advanced beginner has developed an acceptable skill level through practice. He or she is able to view patient care needs

from a more global perspective than the novice. Advanced beginners also are able to formulate patterns in patients' needs. However, the advanced beginner has trouble prioritizing groups of patients' care and finds himself or herself caught up in the business of nursing (Benner, 2001).

As the next step up the spectrum, the competent nurse is one who has been on the job long enough to prioritize and see her or his role from the perspective of the needs of a small group of patients. The key to this phase is that the competent nurse sees the need of her or his patients, but may not be ready to provide advice on a larger patient population. These nurses have had the experiences from which to draw that allow them to think more abstractly than those at a lower level, although this thinking is still on a small scale. Competent nurses are very organized and plan for the needs of their patients outside the routine. However, competent nurses have not developed the acumen to oversee a community of patients and anticipate the needs that are not common to the entire unit with which they are used to working. These nurses work independently for the most part, but they are not ready for the charge nurse position yet (Benner, 2001). To ensure a safe work environment, competency must be measured. The competent level is such an important milestone for nurses that many organizations utilize theory to develop competency measures so different levels of competence may be measured, differentiating the competent level from other levels higher on the scale (Dale et al., 2013).

The proficient nurse is one who is able to see the bigger picture. These nurses anticipate the needs of a community of patients. They are also the nurses upon whom other nurses rely to provide oversight and direction when crises occurs. These nurses are able to adapt to a changing environment and can move outside their normal routine with a high level of flexibility. These nurses have not only developed a high level of skill, but they can perform those skills with limited effort and time. Proficient nurses are the nurses who should be considered for charge

nurse positions because they can come to the rescue of the novice nurses while at the same time considering the needs of and prevent compromise of the mission to care for the larger patient population as a whole (Benner, 2001).

Finally, the highest level of competence in the Benner model (Benner, 2001) is the expert nurse. These nurses have such a high acumen of patient care needs, organizational needs, and patient population needs that they function intuitively to keep their patients out of trouble. They anticipate problems and transition their care to meet the needs of a changing and dynamic patient population. They are the nurses who automatically respond to the right place at the right time (Benner, 2001). One of the key concepts associated with nurses moving up the ladder from novice to expert is the concept of intuition. The more expert a nurse becomes, the more intuitive they are in patient care and management of systems (Gobet & Chassy, 2008).

Another key concept of Benner's (2001) work is that when nurses move from one area of practice to another, they move up or down on the model of novice to expert. The novice to expert theoretical framework has been used in a multitude of clinical settings as well as non-clinical settings such as administrative positions (Gallegos & Sortedahl, 2015) and nursing educator positions (Brown, 2015). For example, if a nurse moves from a surgical unit to the intensive care unit, the nurse would automatically move from a higher level on the pyramid to a lower level regardless of her or his years of experience. The nurse may have been an expert on the surgical unit; however, when he or she moves to a different environment such as the intensive care unit, the expectation is that the nurse would now perform at a proficient or competent level rather than that of the expert. Another concept Benner (2001) exerted is that when a nurse moves from one patient population to another, it usually does not take that nurse as long to move up the model as it did when first becoming a nurse.

Martin and Wilson (2011) explored the experience of new nurses as they made the journey from novice to competent the first year of practice. She found that caring relationships and collegial support were the two prominent factors that helped in making the transition from novice to competent. This research sought to understand the lived experiences of nursing students who work in pre-nursing roles as nursing assistants. Therefore, the concepts from Benner's (2001) work are important to help form a reference for how the students' work as a nursing assistant may impact their abilities in school. Benner (2001) postulated that moving from one unit to another causes a change in one's level on the Dreyfus model. The same concept may apply to students working as nursing assistants. If, for example, a student works as a nursing assistant and cares for patients who are treated for congestive heart failure, then one may surmise the student would respond to the subject of congestive heart failure in a nursing class with greater insight than his or her classmates would. Students who work as nursing assistants may actually have a greater intuition for the need of a patient who has congestive heart failure because she or he has become an expert in the role as a nursing assistant. In contrast, the student who works with heart patients may not have any significant intuition when he or she is dealing with another subject in class, such as the delivery of a baby. This thought leads to the conclusion that students on different scales within Benner's model may have vastly different learning experiences while in nursing school than those students who do not work as nursing assistants. This theory is supported by the findings of Callaghan (2011), who found that students who had specific perioperative clinical experiences during school transitioned to the perioperative arena more quickly than those who did not have those experiences in school. Additionally, Benner (2001) suggested that nurses who move from one area to another may become more proficient more quickly than the novice nurse on her or his first unit. Therefore, it may also be true that as

students move through the curriculum, those who work as nurse assistants may very well transition to new material more quickly than their counterparts who have not worked as nursing assistants. This concept may also indicate that student nurses who obtain a high level of proficiency as a nursing assistant may more quickly be able to develop a high level of proficiency as a nursing student than those students who had not been nursing assistants. This may apply to clinical skills or academic skills. Griffiths and Houghton (2013) found that by using Benner's theoretical framework to create a work-based learning curriculum, both professional development and clinical practice were enhanced for novice nurses. Additionally Homard (2013) observed that by utilizing Benner's novice-to-expert model to present knowledge and skills through practice and reflection, students tended to score higher on the NCLEX. To add to this body of knowledge, the research sought to understand how the interactions and levels of competence one gains as a nursing assistant while in school may impact students' perceptions of learning while they are in school.

Lave's Situated Learning

Lave and Wegner (1991) developed the theory of situated learning. Their learning theory suggests that the classroom usually does not provide an environment that correctly and adequately reflects the real world and asserts the best place for students to learn is in the environment in which they would normally use the knowledge or skill to be obtained. Lave and Wenger (1989) postulated that learning should be natural and therefore should occur in its natural setting. Learning is essentially embedded within activities; the environment needs to be presented in a non-sterile manner in which the learner can connect. The concept of the environment being non-sterile is important because it allows the learner as well as the teacher to view the environment of learning as being more than the sum of its parts. Since its conception,

situated learning theory (Lave & Wenger, 1989) has been correlated with positive learning outcomes in multiple learning environments and disciplines including online learning, traditional classrooms, business courses technology courses, and others (Buckland, 2014; Hou, 2015; Shaltry, Henriksen, Wu, & Dickson, 2013; Zheng, 2010).

Situated learning (Lave & Wenger, 1989) is built upon the ability to understand one's culture or the culture in which one is a member. These cultures take on various forms depending on the primary focus or objective (Lave & Wenger, 1989). If a student is learning woodworking, then the environment and culture should reflect a place where woodworking occurs, and the conversation of woodworking should be with master woodworkers. If, in contrast, the student is learning music, it would be important for that student to be immersed into an environment where music is being played and taught by individuals who are considered to be musicians. This concept becomes obvious as one reflects on the various cultures associated with work and learning. The culture of accounting, for example, is vastly different from the culture of social work. Therefore, one can speculate that great emphasis needs to be put upon placing students in the correct environment with the correct teachers for learning to be maximized. Kemp (2010) classified the best environment to learn as a "God-given context for learning" (pg. 137). In other words, learning should be augmented not only by placing the students in the most natural setting, but also by having the students within a culture which responds very naturally to its own unique set of standards. Kemp used the example that if one is teaching students to be prayerful, the students should be in a setting where the teachers are praying for them and others.

Despite the different needs of each discipline, there are common threads associated with situated learning that should be taken into account. Leaman and Flanagan (2013) suggested that with all situated learning, three things should be emphasized: modeling the work, identifying

context, and taking time outs for learning to occur. Identifying the context is important for this research since much of what nurses do day to day includes evidence-based practice as well as federal, state, and agency performance standards. Kakavelakis and Edwards (2012) found that situated learning theory (Lave & Wegner, 1989) worked best when employees were able to make a connection between agency policy and skill acquisition within the context of doing one's job well.

Situated learning theory suggests that both student socialization and acceptance into the group need to occur to foster an environment or a culture of learning. Langer (2009) stated that situated learning (Lave & Wegner, 1989) is more of a philosophy than a theoretical framework. He suggested that to test the validity of situated learning (Lave & Wegner, 1989) as a theory, one must ask why the learning needs to occur. For proponents of situated learning, the answer to this question is found in the construct presented by Lave and Wenger (1989). If the students feel comfortable within the cultural setting, then they are more apt to experience legitimate peripheral participation within that culture, which, in turn, provides the network for the learner to become immersed in the learning for the sake of learning. This immersion allows students to become an integral part of the culture. This type of learning is conceptualized as becoming part of the community of practice. Gomez and Lee (2015) suggested that as learning becomes self-paced and distant, it is vital that community of practice be established or students fail to benefit from the socialization of learning. Since nursing is rigorous in both academic and clinical challenges, it is very well suited to be called a profession of practice as described in the theory of situated learning (Lave & Wegner, 1989).

In situated learning, the term of authentic learning environments is repeatedly referenced as being of primary concern so that learning can be real and meaningful. Authentic learning

environments include the major attributes of the work that is being taught. Lave and Wenger (1989) suggested that the learning environment should be as authentic as possible in order for true learning to occur. The need for an authentic learning environment is emphasized by the results of a study done by Hossainy, Zare, Hormozi, Shaghaghi, and Kaveh (2012). They found that by employing an authentic learning environment as opposed to just lecture for a group of psychology students, both course grades and students' motivation to learn improved. During nursing school, educators focus on developing theory into real-life, bedside practice for their students. This focus may be especially true for those students who are in their junior year of nursing school. It has been the experience of this author that the junior year is the most intense period of study many students have ever experienced. Additionally, the junior year includes a significant amount of clinical time, which may also contribute to students perceiving the junior year as intense. Therefore, while the student without previous clinical experience may feel overwhelmed, those students who work as nursing assistants while in nursing school may see theory played out as authentic, real-life practice. As students' experiences are reinforced by their professors and clinical instructors, those who have worked as nursing assistants may experience their education as more rich or even more real than those who do not work as nursing assistants. This idea is supported by the work of Taylor (2014), who studied students who were in school to be a teacher who had worked as teaching assistants. The research suggested that having education students in an authentic work environment prior to entering school helped them to develop the context of principles learned more quickly than those in a less authentic work environment (Taylor, 2014).

Those professions that require learning to include a high level of apprentice or skill acquisition are ideally suited for situated learning. Nursing certainly falls within that category of

learning. In addition to the intense academic rigors of nursing, there are many skill sets that accompany the practice of nursing. Some of the common skills nursing students develop during their junior year of school include nasogastric tube insertion and management, bladder catheter insertion and management, delivery of medications, wound care management, ostomy care and management, intravenous catheter insertion and management, as well as many others. In relation to skill development, some of the same terms related to the community of practice and the environment used in situated learning theory (Lave & Wenger, 1989) are also used in Benner's Novice to Expert Theory (Benner, 2001). These commonalities may be attributed to the fact that both theories are based on moving from the known to the unknown. The construct that learners move from a novice level to a higher level on the model of learning is present in both theories. This idea is especially true as one looks at how skills are best taught and learned. The emphasis of situated learning is to make the learning experience as real as possible. Nursing faculty members utilize both high fidelity mannequin and real-life patients to make learning as real as possible outside the clinical environment. As learners obtain skill competence, they move up Benner's levels of proficiency. Simultaneously, students move from Lave's (Lave & Wenger, 1989) outer rings of the social circle towards the center of the community of learning.

The theoretical framework of situated learning is uniquely well developed for this research. Nursing schools develop professionals who possess strong critical thinking skills. However, the profession also requires a high level of skill acquisition in order for one to be considered proficient or expert. Within the culture of nursing, the ability to perform skills quickly and efficiently is considered minimum competence for cultural acceptance. The original construct of situated learning theory (Lave & Wenger, 1989) emerged from the historical perspective of the apprentice model. Conway and Foskey (2015) found that when educators and

apprentices engage in behaviors that promote affiliation to the group, they tend to develop meaningful relationships as well as a sense of thriving within the community of practice. Historically, nursing was viewed as an apprenticeship that has evolved into its present day profession. Student nurses also experience the need for skill acquisition while in nursing school. Several concepts within situated learning theory (Lave & Wegner, 1989) seem important in understanding the lived experience of nursing students who are working part time as nursing assistants while in school. First, students who work as nursing assistants are immersed within the community of nursing. This would predispose nursing students who work as nursing assistants to move toward the center of the nursing community while still in school. If this is true, it could have a significant impact on how the student views nursing school. Additionally, if a student has developed a high proficiency in skill development and has moved into the center of the nursing community, the amount or intensity of learning that needs to occur in the academic setting of the university would decrease. If working as a nursing assistant does not decrease the students' workload, then, at the very least, it should significantly influence their perception of the academic experience in contrast to the perception of those students who do not work or work in a non-nursing job.

Johari Window

Several names have been given to the Johari Window Model (Luft & Ingham, 1961). Johari Window is considered a model of self-awareness, personal development, and relationship building (Chapman, 2003). All of these model concepts correspond in some manner with the discipline of communication. At the heart of Johari Window (Luft & Ingham, 1961) is the process of developing teamwork through the discipline of good and transparent communication. Ultimately, the Johari Window (Luft & Ingham, 1961) can be concisely defined as a loop for

disclosure and feedback of self-awareness in the form of a processing tool (Luft & Ingham, 1961). McManus (2015) provided a very succinct definition of the Johari window: a tool which simply “helps people learn more about themselves and their relationships with others” (pg. 16).

The Johari Window Model (Luft & Ingham, 1961) approaches communication from two unique views, the view of the individual and the view of the other team members (Luft & Ingham, 1961). For the purpose of this research, the view of the individual is equivalent to the view of the student. The view of the team members may be thought of as the view of the nursing staff with which the nursing student works while engaged in part-time work as a nursing assistant. The model of Johari Window originates from the construct of a window pane. A window typically has four panes to look through. In the Johari Window model, each of the four panes represents a quadrant in which the team or individual view the environment.

Quadrant one of the Johari Model (Luft & Ingham, 1961) is the open or free area. This area is the information that is known about the individual by both the individual and the group. The goal of the Johari Model (Luft & Ingham, 1961) is for everyone to have a quadrant in which he or she, as well as others, has a good understanding of his or her role and expectations. This area maximizes communication and develops a culture of trust and understanding as well as cooperation. Emphasizing the importance of this communication, Brunetto, Farr-Wharton, and Shacklock (2011) provided research findings which suggest a strong inverse correlation between communication and role ambiguity. With better communication, individuals typically perceive less role ambiguity. Therefore, quadrant one needs to be developed so that individuals feel freedom to ask questions and therefore minimize confusion, conflict, or misunderstandings. Established members of a group tend to have larger open or free areas than do new team members. As team members build trust with other members, develop relationships, and share

with others, they develop larger free or open areas allowing them to connect more deeply with the group (Chapman, 2003).

Quadrant two is the blind area. This pane of the Johari Window (Luft & Ingham, 1961) represents what is known about an individual by others in the group. However, the individual is not aware of that same knowledge about herself or himself. It is vital is that the individual be open and seek feedback from others, which increases self-awareness. The more individuals recognize areas of ignorance, the more they are able to consciously dwell in quadrant one or an area of openness. The critical component in quadrant two is the willingness of others to help the individual see what they are missing or what areas need to be improved (Chapman, 2013). Gallrein, Carlson, Holstein, and Leising (2013) suggested that in addition to understanding the necessity of asking for feedback, recognizing how one internalizes feedback and under which circumstances is that feedback more or less effective is even more important. These attributes may help both the group and the individual communicate effectively.

Quadrant three is what is known to the individual but is not known to others. Since students are accustomed to asking questions and learning is typically a very deliberate act for students, they may find themselves in a better position to open up and admit what they do not know than those non-student workers who should already know the process in question (Chapman, 2003). Therefore, students are potentially in the right mindset to manage their hidden areas better than the average worker. This becomes important because when one does not share with others or put up a façade; others view that individual as untrustworthy or political (Armstrong, 2006). In contrast, students develop trust and relationships, which, in turn, foster learning and bring them out of the hidden area more quickly than others are able to do. This may prove especially true since students are recognized as learners, and therefore they have very little

to lose by asking questions. Essentially, it is their job to ask questions. Therefore, seeing questions as the norm, others in the group are apt to help the student move toward the freedom of asking questions rather than keeping them in the dark. In essence, by asking questions, the student finds herself or himself in the position of meeting expectations that the group may already have and ease out of blind spots more easily than more seasoned individuals or those with authority (Chapman, 2003). The single most significant issue with quadrant three is when one does not share or become open with others. Adams (2014) explains the issue this way: “Vulnerability is not something about which we should feel guilty; rather it is an aspect of our common humanity” (p. 25). Her study focused on therapists’ need to be open with their clients. However, this researcher would suggest the same should apply to anyone desiring improved communication by fostering trust and openness.

Quadrant four is described as the unknown area. This is the area of knowledge which is unknown to both the group and the individual (Chapman, 2013). This area is theoretically the most critical for the student nurse. If the student nurse works as a nursing assistant in an area where a procedure needs to be done and the group does not know how to do it, the student may learn either the wrong process or lose trust in the group. The unknown area is also an area in which the group may have expectations of the individual which are either too low or too high. Either of these scenarios may create an environment in which learning is not occurring or the students find themselves unable to ask questions or to meet expectations. This type of environment may move the student further away from the open and free area where they may express themselves by honest and open dialogue. In contrast, this quadrant may also be the area of greatest potential for open learning. If both the student and the nurse are open and honest about what is and is not known, then the situation provides an opportunity for both to share the

moment and be perplexed together. This may be the scenario which fosters the greatest trust among the student and the staff as they share in the problem solving together (Halpern, 2009).

Using the Johari Window (Luft & Ingham, 1961) as a guide to learning, the goal for both the student and the group is for everyone within the group to have a larger open area. According to Sutherland (1995), opening the free area allows the nurse to become more therapeutic by augmenting physical, mental, emotional, and social functioning. Greater learning is achieved by making quadrant one larger and more assessable. In turn, the other quadrants that include gaps of knowledge as well as areas of the unknown need to become systematically smaller. To effectively enlarge open and free learning among groups of individuals as well as to make the unknown smaller, several processes must be effective. First, there must be good communication among members that is free of hostility and ambiguity. Communication is important because emotions may prompt action, inaction, intervention, or withdrawal (Jack & Smith, 2007). Hence, a spirit of cooperation must be fostered among the group. Team building and trust must be developed. One of the largest causes of frustration among individuals is role ambiguity and misunderstandings. Therefore, every effort must be made for each member of the team to understand her or his role and what to expect of each other (Chapman, 2003). Also, being open to constructive criticism will help one overcome emotions and minimize blind areas (Verklan, 2007). As the member becomes part of the group, trust as well as good communication efforts emerges, and the individual finds her or himself in an enlarged free area to foster and facilitate their learning. As summarized by Roos (2014), “The more students know about themselves and their own mental hurdles, the better prepared they are to take action, stay on course and achieve academic goals” (p. 3).

Theoretical Application

Each of the three aforementioned theories brings a unique but cohesive construct for this research. First, Lave's Situated Learning theory of peripheral participation (Lave & Wenger, 1989) provided the concept of culture for this research, that nursing is more than just an art and a science, but also a culture. Benner's Theory of Novice to Expert (Benner, 2001) provided the idea that as individuals are immersed within a discipline, they begin to work and function intuitively as they become in tune with patient needs and norms. Lastly, the Johari window (Luft & Ingham, 1961) provided a glimpse into the world of communication and showed the importance of clear, open communication among groups to build trust and enlarge the individual's open learning and connection with the group.

Theoretical Framework

Several themes emerged from the three theories associated with this research. All three theories are closely associated with the concept of culture and teamwork. Multiple nursing resources support the idea that teamwork is critical for learning, growing, and providing excellent nursing care. These resources include support for teamwork in the areas of the emergency department, acute care, operating room, nursing education, and system wide management (Martin & Czurzynski, 2015; Pearce, 2015; Salas, Shuffler, Thayer, Bedwell, & Lazzara, 2015; Schaik, O'Brien, Almeida, & Adler, 2014; Yi, 2016). All three of the theories espouse the idea that as one moves closer to the center of the culture or community of practice, she or he learns and connects closely with the group. With these concepts in mind, this research was built upon the premise that as nursing students become familiar with their culture and are accepted among the culture, they have a greater intuition of the culture of nursing, which may include skills, actions, reactions, and relationships.

All three theories have at least one specific concept that provided cornerstones for this research. Benner's theory (2001) stated that as the nurse or student spends more time doing nursing, the process becomes more intuitive to him or her. Lave's Theory (Lave & Wenger, 1989) stated that as the student spends time in a culture, she or he, in turn, becomes a part of that culture. Johari Window Theory (Luft & Ingham, 1961) suggests that as the student is accepted, the area of open learning grows. Figure 1 represents the theoretical framework of this research or at least the expected perceptions of the participants for this research.

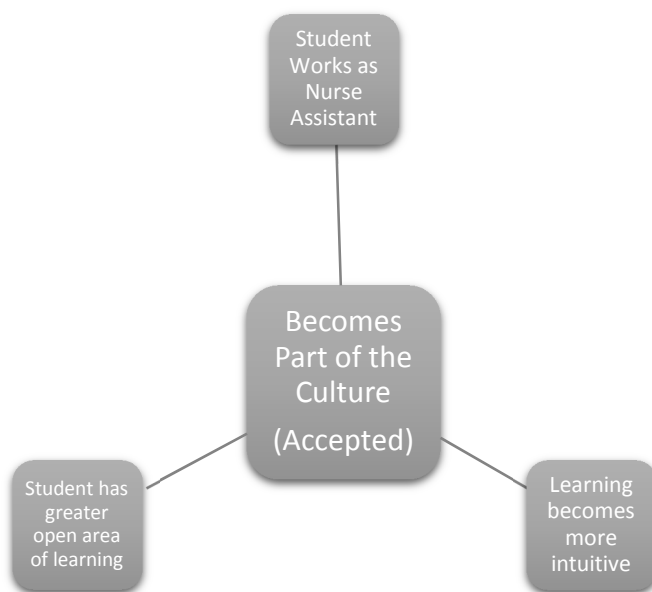


Figure 1: Representation of Theoretical Framework for Research

Related Literature

The literature review revealed several key concepts associated with students working while in school. These concepts included the impact of the amount of part-time work as it pertains to the academic experience, the meaning of academic success, and the impact of the type

of part-time work on the academic experience. Additionally, the impact of working on academic success theories of zero sum and primary orientation models emerged during the literature review. The literature review included both educational research and nursing research to help understand the specifics and overall impact of working upon the education process, as well as academic success, and, more specifically, the unique issues associated with the specific concerns associated with nursing curriculum.

Amount of Work

Anything that competes for students' time and energy while in nursing school potentially decreases their potential to progress in and eventually graduate from nursing school. Current research supports that one of those competitors for students' time is work (Bast, 2016; Congdon, Morgan, & Lebovitz, 2014; Crockford, Hordósy, & Simms, 2015; Ruiz-Gallardo, González-Geraldo, & Castaño, 2016). Some students work in nursing roles such as nursing assistants while in nursing school. Therefore, the purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a BSN pre-licensure program.

Several studies found the amount of part-time work in which students participate while in school has an effect on their grades. In much of the literature, the terms academic experience and Grade Point Average (GPA) were used synonymously (Caskie, Sutton, and Eckhardt, 2014; Feldman & Kubota, 2015; Hansen, Mort, Brandenburger, & Lempola, 2015; Schwartz & Beaver, 2015). In a literature review of nursing journals by Pitt, Powis, Jones, and Hunter (2012), four studies were cited that argued that nursing students who worked more than 16 hours per week tended to have poorer grades, and, therefore, the work had a negative impact on their academic experience. Riggert et al., (2006) found that the same was true among students in multiple

disciplines other than nursing in their literature review of educational journals (Dante, Valoppi, Saiani, & Palese, 2011; Moore, 2008; Rochford, Connolly, and Drennan, 2009; Salamonson & Andrew, 2006). The review of the educational literature indicated that students who worked more than 15 hours per week had poorer grades than those who worked less than 15 hours. Additionally, those students who worked part time but worked less than 15 hours tended to have better GPAs than students who did not work at all. In a study by Reyes et al. (2012), the findings demonstrated that among 151 nursing students, a strong negative correlation existed between the total number of hours worked and students' GPA. In other words, the more the nursing students worked, the lower their GPA.

Interestingly, in the study by Reyes et al. (2012), most of the nursing students who worked indicated that they had to work to continue in nursing school; otherwise, they would have had to quit. This provides a conundrum for students. If those students who are at the highest risk for lower grades are those who work the most, how can nurse educators help? Therein lay the impetus for this research. Since many nursing students have to work to continue in school, is there a type of work that they can engage in that will minimize the negative impact on their academic experience? Therefore, the focus of this research is the type of work in which nursing students rather than the amount of work they engage in during school.

Type of Work

Warren (2014) published a quantitative dissertation exploring the amount and type of work nursing students engage in and the impact of that work on their academic success. The study showed no significant difference in GPA scores between the 48 students in the study who worked in health care and the other 66 participants who worked in non-health care jobs. Warren suggested that her sample size was probably too small to provide quantitative significant results

and suggested future study be done in this area. Other than the research by Warren (2014), very little literature was found from American publications related to the type of work nursing students do and the impact of that work upon their experience while in nursing school. Most of the research related to the types of work in which nursing students came from England and Australia.

However, one concept that did develop from American authors Hoffart, Diani, Connors, and Moynihan (2006), was the concept of cooperative (co-op) education for nursing students. This concept is of particular interest to this author because it integrates the concept of working within one's field as well as the concept of community. Co-op is "an educational model in which students alternate periods of academic study with periods of paid employment related to their academic major" (Hoffart et al., 2006, p. 136). The qualitative study by Hoffart et al. (2006) examined the perceptions of nursing students and nurse managers toward the co-op program utilized by Northeastern University (NU). NU provides three six-month co-op opportunities within their BSN curriculum. The time the students are in co-op does not replace clinical time during the normal curriculum. Additionally, during the co-op time, students are employed at the hospital and do not take nursing courses while they are employed. In essence, the researchers found that co-op time and clinical time are not interchangeable. Students and managers provided qualitative responses on their perception of affective, cognitive, and psychomotor skill acquisition. Interestingly, both the students and the managers identified the greatest outcomes from the co-op experience to be in the affective domain. They attributed these gains from the increased comfort levels that students experienced as the co-op progressed. Hoffart et al. (2006) suggested that the affective learning outcomes may be more recognizable to the students and managers as a direct result of their comfort with the lower levels of learning, including basic

skills and clinical procedures, prior to engagement with the higher levels of conceptual learning. This author would interpret this shift as moving from the known to the unknown or from the concrete to the abstract. This concept is important for this research because there is an indication that students are cognizant of their ability to effectively fit in to a unit. This coincides with the theoretical framework of this study in that as students practice with a group, they become entrenched into the culture, which in turn helps them to be in tune with the groups' affective needs. Additionally, students in the study by Hoffart et al. (2006) also believed that their improved skill level allowed them to integrate nursing knowledge and be therapeutic in their patient care interactions. The results of this research suggest that improved skills had a positive influence on academic and clinical efforts as they integrated deeper understandings of patient care needs into their clinical practice.

Brennan and McSherry (2007) provided a different view of the way being a nursing assistant might affect one's transition to student nurse. Their qualitative research included students who had worked as Health Care Assistants (HCAs) in the British health care system for at least six months prior to entering nursing school. Health Care Assistants are the British equivalent of American nursing assistants. The catalyst for the research by Brennan and McSherry (2007) came as a result of a comment by a senior nurse made about a student: "The problem is that she [the student] is at the end of her first year, and she still thinks and acts like a health care assistant" (p. 207). With that comment in mind, the researchers explored the perceptions of students who had been HCAs to investigate the influence of this work, positive or negative, on their ability to function as nursing students. Through multiple focus group interviews, Brennan and McSherry (2007) determined that the transition from HCA to nursing student involved internalization of the group norms and behaviors as well as synthesizing the

values of the group. One surprising outcome of the Brennan and McSherry study (2007) was that many HCAs believed it was harder for them to learn skills in nursing school because they had learned them without theoretical understanding as HCAs. Another concept to emerge was that of a comfort zone. Many of the HCAs indicated that they slipped back into their HCA role while in nursing school when they did not understand or could not meet the standards as a nursing student. In other words, they did what they felt comfortable doing rather than incorporating higher-level learning and nursing theory to practice. Many of the students referred to their comfort zone as their shelter. They also described using the comfort zone as a place they could show off the skills they had learned as a HCA. Brennan and McSherry (2007) recommended that nurse educators be aware of the HCA nursing student's potential to use her or his HCA role as a comfort zone and help the student to develop her or his potential into a nursing mindset rather than HCA mindset.

In another study from Great Britain, Hasson et al. (2013) looked specifically at the impact of working as a HCA while in school and the effects that work had upon the professional development of nursing students. It is important to note that this study defined the concept of professional development as clinical learning. In this study, the researcher examined the perceptions of nursing students who work as nursing assistants on their entire academic journey as nursing students, which includes both academic as well as clinical components.

The study by Hasson et al. (2013) included 45 students who worked as HCAs out of a pool of 780 total nursing students at the same university. The positive perceptions of students who worked as HCAs included greater confidence and a better feeling of preparation for the reality of nursing practice than those who had not worked as HCAs. The positive themes that emerged from the research of Hasson et al. (2013) make perfect sense to this author. First,

students who have engaged in the basic skills would most naturally feel comfortable performing those skills. This supports the study by Brennan and McSherry (2007), which found that students who had been HCAs not only felt comfortable performing skills, but would sometimes create an environment where they would show off skills to other students and/or nurses. Because of the greater confidence that students cited in the study by Hasson et al. (2013) they believed they took greater initiative than did the students who had not been HCAs. Additionally, students who had previous HCA experience indicated they were better prepared for the realities of nursing than those students who had not been HCAs. Students stated they felt more grounded and were not as idealistic as those students who did not have HCA experience. Another unexpected finding that emerged from the study by Hasson et al. (2013) was that because the students with HCA experience were not shocked by the realities of nursing, they felt that they developed relationships with the nurses and HCAs much more quickly than did the students who had no HCA experience. A similar finding was noted by Lyon, Younger, Goodloe, and Ryland (2010), where students of an accelerated nursing who had worked in hospital settings prior to school stated that they had increased comfort levels and confidence, which allowed them to better communicate with others in the clinical setting. These findings are of particular importance for this research because each of the three theories utilized was developed with the idea of relationship building and cultural immersion as cornerstones of experiential development.

Negative themes also emerged from Hasson et al. (2013). These negative themes included the perceptions by the students that unit staff treated them more like HCAs than nursing students, that instructors placed them in more non-challenging clinical placements than non-HCA students, and a strong sense of role confusion. The treatment as an HCA rather than a student was especially pronounced if the student was working on a clinical unit in which they

also worked part time as a HCA. The unit nurses would many times delegate the learning activities to those students without HCA experience and give the menial HCA tasks to the students who had HCA experience. Theoretically, if nurses feel overwhelmed and see a nursing assistant they recognize who is a nursing student on their unit, they may try to get the student to take some of the workload from their nursing assistants by assigning them a more menial role rather than the nursing student role. Some of the students in the study by Hasson et al. (2013) felt they did not have quality clinical experiences because of where they completed clinical practice. Several students described feeling they had not learned anything new when completing placements on units where they had worked on as HCAs. Additionally, many of the students with HCA experience stated that they felt that the first two years were purposeless clinically and that they should have started their clinical experience at a higher level than those students who did not have HCA experience. The last negative theme that emerged from the work of Hasson et al. (2013) was that of role confusion. Students stated they frequently felt themselves “slipping into their role as a HCA” (p. 877) when they felt uncomfortable in their role as student because of lack of familiarity or fear of the unknown. This theme also coincides with the concept of having a comfort zone as espoused by Brennan and McSherry (2007), in which the student moves in and out of the student and HCA roles based on the student’s comfort level and feeling of being needed versus being in the learning role as a student.

A study done in Australia by Phillips, Easterman, Smith, and Kenny (2013) looked at the type of work in which nursing students during their time in school and how they perceived it impacted their transition into practice. This study included students who worked in health care and other fields during their time as student nurses. This is especially interesting to this author because the study by Phillips et al. (2013) used a compare and contrast style in their research.

Regardless of the type of work, all of the students in the research by Phillips et al. (2013) spoke positively about their work experience and the impact of that experience on their ability to transition into becoming a nurse. Phillips et al. (2013) concluded there was insufficient evidence that working while in school was a predictor of successful transition into nursing. However, the researcher suggested that no matter the type of work, the students who participated in the study who worked did demonstrate an affinity with dealing with the complexities of working as a newly graduated nurse. In other words, working may not be a predictor of ability to transition, but those students who worked while in school seemed to demonstrate a greater ability to handle the stress of being a new nurse. Phillips et al. (2013) provided a template, so to speak, for this research in that the researcher sought to develop a greater understanding of how working specifically as a nursing assistant impacts the student's perception of her or his education. In contrast, Phillips et al. (2013) developed their research by comparing the groups who worked as nursing assistants to those who worked in other areas as well as those who did not work at all. The study by Phillips et al. (2013) was quantitative and used a questionnaire to compare and contrast groups within the student population.

Academic Success

Academic success is a very important factor for most students, but especially for nursing students. In a 10-year meta-analysis by Campbell and Dickson (1996), the one common theme that emerged as a predictor of success on the NCLEX was students' academic scores, which were referred to as the GPA in various studies. Despite this meta-analysis being outdated, the current literature also indicates that GPA is a strong indicator of how well students will perform on the NCLEX. McGahee, Gramling, and Reid (2010) found that the single most significant predictor of students' success on the NCLEX was the number of letter grades of C students made

in nursing courses. Those students who scored more letter grades of C did more poorly on the NCLEX and had a higher failure rate than nursing students who had fewer grades of C in their nursing courses. Conversely, those students who had more grades of C in their nursing courses also had a lower nursing GPA. Overall GPA, which included non-nursing course grades, did not appear to have a significant impact on the NCLEX results. McGahee et al. (2010) also discussed non-academic variables associated with NCLEX success. These non-academic variables included age, gender, ethnicity, English as a primary language, and critical thinking skills. However, in their study, none of the non-academic variables were as significantly associated with NCLEX scores as the academic variables. The significance of the McGahee et al. (2010) findings was that nursing course GPA appears to be a much stronger predictor of how well students perform on their NCLEX exam. The research done by McGahee et al. (2010) has been supported by the more recent study by Romeo (2013), who had similar findings when exploring predictors of NCLEX outcomes among nursing students at the same college for three consecutive years. Romeo (2013) found that the single most significant predictor of NCLEX pass rates was students' nursing GPA. These findings are also supported in additional research (Alameida et al., 2011; Simon, McGinniss, & Krauss, 2013). Interestingly, Alameida et al. (2011) found that the two best predictors of NCLEX success were students' Medical Surgical and Pathophysiology course grades.

Identifying predictors of NCLEX success is important because if students do not pass the NCLEX, then they will not become licensed and they cannot work as nurses. Therefore, this correlation between nursing GPA and the ability of students to pass their NCLEX is an important finding for both nursing schools and nursing students. For nursing schools, these findings underscore the importance of each nursing course and nursing professors' impetus to do

everything in their power to foster application-level learning and critical thinking within and throughout the context of nursing school. For the nursing student, the importance of mastering nursing classes for the sake of becoming licensed holds tremendous power. This power has both economic as well as professional significance with long-lasting consequences for students if they do not pass the NCLEX as soon as possible after graduation. As students understand this concept, it is unthinkable they could perceive obtaining a C grade in a nursing class as successful.

Attrition is a concern associated with academic success and must be included in the discussion about influences of perception of nursing school. Several studies have identified specific issues associated with nursing student attrition rates. Non-traditional students have higher attrition rates than other nursing students. Non-traditional students include older students and culturally diverse students (Bednarz, Schim, & Doorenbos, 2010; Love, 2010). Harris, Rosenberg, and Grace O'Rourke (2014) examined strategies to improve success among non-traditional students. Work experience was not found to be a significant indicator of success. However, Harris, Rosenberg, and O'Rourke (2014) did find that early nursing course scores, GPA, science grades, and English course grades were all significant indicators of success among non-traditional students. Other research has looked at ways to decrease attrition among traditional nursing students. Bryer, Peterson-Graziose, and Nikolaidou (2015) compared self-efficacy and self-esteem scores with attrition rates. They found that even though neither self-efficacy nor self-esteem scores correlated with one another, they were not significantly associated with attrition rates. They found that life stressors were closely associated with a high attrition rate. In another study, Williams (2010) found that those students who connect with other students tend to have a lower attrition rate. Wilson, Chur-Hansen, Marshall and Air (2011)

approached attrition by screening students to identify traits which minimize attrition rates. They found that students who had either worked as nursing assistants or had family members who were nurses had a lower attrition rate than other nursing students. The research by Wilson et al. (2011) is most indicative that working as a nursing assistant has substantial influence upon one's perception of nursing school.

Zero Sum Compared to Primary Orientation

Zero sum theory (Warner, 2002) is a way of looking at the effect of work on academic success as being purely quantitative. Zero sum theory argues that the greater the number of hours that students work, the lower their grades will be, or, at the very least, the students will have less time to prepare for class and learn outside of class. As seen in recent studies, this theory does not always hold true. Warner (2002) described zero sum theory as an ineffective way of demonstrating the effects of part-time work on students' academic achievement. Many students who work part time actually perform much better academically than those who do not work at all. The zero sum theory (Warner, 2002) does not appear to be valid for students who work less than 16 hours per week. However, it does seem to hold true for those students who work more than 16 hours. Once the threshold of 16 hours has been met, the more hours students work, the lower their academic achievement or GPA tends to be.

Warner (2002) went on to recommend a new theoretical model to describe the academic achievements of those students who work part time while in school. This theory is called the Primary Orientation Model (Warner, 2002). The primary orientation model (Warner, 2002). says that students who are oriented to school tend to do well in school no matter what, and those who are oriented to hands-on work rather than academics usually have a harder time doing academic work. In his model, Warner (2002) also postulated that grades have more to do with the intensity

of the work than the amount of the work the student performs. Those students who participate in work that requires greater intensity tend to perform more poorly academically than those with less intense jobs. In response to primary orientation theory (Warner, 2002), Riggert et al. (2006) stated that some of the studies reviewed suggest that the impact of work “can be natural and even beneficial” (p. 69). In contrast, Lang (2012) found that students who worked on campus tended to have higher grades than students who worked off campus. He attributed this difference to the fact that students on campus tended to work in jobs that had more to do with their field of study and the jobs on campus were less intense than those off campus.

Several implications emerge from the primary orientation model and the studies associated with it. First, nursing, which includes the role of nursing assistant, is a very intense profession. Therefore, students working as nursing assistants have the potential for lower academic success while in nursing school due to the intensity of their part-time work. It would certainly hold true that students with high-intensity jobs do not have time to study while they are at work. In contrast, the findings by Riggert et al. (2006) indicated that working may be beneficial if students are working in an area closely related to what they are studying at their university. This is further supported by the findings of Lang (2012), who also suggested that students who work in the same field as which they are studying have greater potential of higher academic achievement.

Type of Work Impact on Academic Experience

The type of work nursing students do while in nursing school represents the gap in literature in relationship to its impact on nursing students’ academic experience. Reyes et al. (2012) recommended that future research explore the context of the work in which students are employed, which may help explain what types of exposures and experiences benefit students

academically. In a study by Rochford et al. (2009), a sample of 179 nursing students who worked in health care related fields while in school was taken. Interestingly, the findings suggested students did not perceive the type of work they were doing as negative, but rather just the number of hours they worked. This outcome is meaningful for the present study. A link between the type of work performed and academic achievement may exist and needs to be explored.

Phillips, Esterman, Smith, and Kenny (2013) identified activities that eased nursing students' transition into practice after graduating from nursing school. Those students who worked as nursing assistants during school perceived their transition into practice as significantly easier than those who did not. If making the transition into practice from nursing school is made easier by working as nursing assistants during school, then theoretically, the work nursing assistants do during nursing school should have an impact on their academic experience as well.

Summary

Several key issues emerged from the literature review, providing an understanding of what is currently known about students who work as nursing assistants while in school. First, the literature indicates that when students work more than 16 hours per week, they tend to have poorer grades. For nursing students, having lower grades may have lifelong effects because lower GPA scores are linked to poorer results on the NCLEX. Without passing the NCLEX, nursing graduates do not receive a license and cannot work as nurses. In contrast, there is a gap in the literature exploring the impact of the type of work nursing students do and its effect on academic achievement. Several authors who have found a correlation between number of hours worked by students and their academic achievement have recommended research be done exploring the type of work done and its impact on the academic experience.

Brennan and McSherry (2007) found that students who had worked as nursing assistants developed a comfort zone. Therefore, the type of work does have an impact overall on the

student's comfort. However, students' perceptions, positive or negative, of how working in the role of nursing assistant affects their academic journey as a whole, to include both the clinical as well as academic experience, is not known. Therein lies the gap in the literature. Tying the frameworks of Benner's novice to expert theory (Benner, 1999), Lave's peripheral learning theory (Lave & Wenger, 1989), and the Johari Window (Luft & Ingham, 1961) to the literature review provides a clear indication that research needs to be done exploring the type of work nursing students perform while in school and how that work impacts student academic experience as well as their clinical experience. Because all three theories focus on immersion into the culture and have a strong identity with skill acquisition, the construct of student nurses working in the culture of nursing as nursing assistants while in school is a logical next step to add to the body of knowledge associated with the impact of nursing students' work while in nursing school. Identifying the impact of working as a nursing assistant while in school adds greatly to the body of knowledge by providing a picture of how a specific type of work, which is strongly attached to a culture, can impact a student's perception of her or his nursing school experience. Much of the prior research used quantitative methods. This research utilized a qualitative method of phenomenology to explore the lived experiences of nursing students who work as nursing assistants while in nursing school. This research adds to the body of knowledge by providing a unique and personal perspective not established in the previous literature.

CHAPTER THREE: METHODS

Overview

The primary focus of Chapter Three is to clearly describe the methods used during the study. The goal of this study was to explore how students who worked as nursing assistants perceived the impact of their work on their experiences as a nursing student. Therefore, a qualitative phenomenological approach was used to examine the experiences of the participants. Through the use of individual interviews, focus group discussions, and grade comparisons, data associated with the experiences of seven nursing students were collected and analyzed. Chapter Three includes several sections providing the detailed methods utilized for this study. These sections include the research design, questions, setting, participants, procedures, the researcher's role, data collection methods, data analysis, trustworthiness, and ethical considerations.

Design

The researcher utilized a qualitative phenomenological design for this study. Creswell (2013) defines a phenomenological study as one that describes the common meanings or lived experience of a group of individuals who have experienced the same phenomenon. Moustakas (1994) stated that the primary source of knowledge for phenomenological studies is participants' perception of the phenomenon being studied. He went on to say that one's perceptions include perceptions of the whole as well as parts of the whole. From a sociological view, Schutz (1982) defined perception as a conceptualization of the individual stemming from both past experiences and seeking meaning from an experience. In other words, past experiences flavor how individuals perceive their environment. Additionally, the contents or understood parts of the whole experience provide meaning, which, in turn, shapes one's perception.

With the aforementioned design construct of phenomenology, this study relied heavily on the perceptions of those participants in the study. The research explored the shared experience of

those students who worked as nursing assistants prior to or during their junior year of nursing school. Since the junior year of nursing school is a specific time which creates unique life experiences, utilizing a phenomenological approach allowed the researcher to focus on a specific and unique group of students who worked prior to or during their junior year of nursing school. The focus of the research was to determine how the participants perceived working as a nursing assistant impacted their nursing school experiences and how these perceptions translated into meaningful dialogue regarding the phenomenon of working as a nurse assistant prior to or during the junior year of nursing school. Hasson et al. (2013) used a very similar qualitative phenomenological approach exploring the experiences of students who had worked as nursing assistants prior to nursing school, but did not include students who worked as nursing assistants during nursing school.

Research Questions

The intent of this research was to explore the lived experiences of those students who work as nursing assistants while in their junior year of nursing school. The phenomenological approach of this research sought to answer the following questions:

Research Question 1: What are the unique experiences of junior nursing students who have worked or are working as nursing assistants while in school?

Research Question 2: How do nursing students who work as nursing assistants perceive that their work impacts their schoolwork?

Research Question 3: What is the mean academic achievement on junior level nursing courses of students who work as nursing assistants in comparison to other nursing students who work part time in non-nursing jobs?

Setting

The setting for this research was the School of Nursing at the University of sampling. This school is a private University located in central Virginia. The nursing students at this university were predominantly between the ages of 19-22. Students were required to apply for admission to the nursing program at the end of their freshman year of college, during which they completed two semesters of Anatomy and Physiology, one semester of Chemistry, one semester of Pathophysiology, and two pre-nursing courses. The majority of students who attended the University of sampling were white females in their early 20s. The number of male students averaged between 6 and 12% per class. There were also a small number of non-white students who attend the University of sampling. The minimum acceptable freshman GPA for admission into the nursing program was 3.0 on a 4.0 scale. Once admitted into the program, students had access to their own nursing student lounge where they may meet and socialize. They were also given their own nursing mailbox for communication within the department. The School of Nursing sought to create a community for nursing students to help them feel part of the process and part of the culture of nursing within the university setting. To maximize student comfort, the initial participant interviews were held in the School of Nursing conference room, which was centrally located within the School of Nursing and convenient for both students and researcher. The follow-up focus group discussions were also held in School of Nursing conference room. The room gave ample space for each participant to have a seat around an oval table that facilitated discussion and eye contact. During both the interviews and the focus group discussion, the participants sat at the head of the table and the researcher sat in a non-dominant seat to participant's right-hand side. Participant grades were gathered retrospectively and did not require a specific setting for the data to be gathered. The statistical analysis of grades was done last, after the interview and focus group data were analyzed.

Participants

This researcher used a non-probability purposeful sampling strategy. Creswell (2013) stated that for phenomenological research, a purposeful sampling should include a criterion sample in which the researcher has identified a group of participants that have experienced the same phenomenon. Moustakas (1994) described the subject and the object of the phenomenon as interwoven. Therefore, the participants of this research were chosen primarily because they all shared the same or similar phenomenon of working as nursing assistants during the junior year of nursing school. The participants consisted of seven senior nursing students within the nursing program at a private baccalaureate university located in central Virginia who worked as nursing assistants during their junior year. Creswell (2013) said that enough information should be gathered to saturate a model. For phenomenological studies where the participants have all experienced the same phenomenon, the research may require as few as five interviews to become fully developed or saturated (Creswell, 2013). According to Lapan, Quartaroli, and Riemer (2011), data saturation occurs when gathering additional data does not spark new conversation or ideas. These researchers suggested the best way to determine whether or not saturation has occurred is to ask the following questions: 1) Are there gaps in the themes; 2) Are there vague definitions of the themes; and 3) Are data missing. Based on the common themes that emerged during this research, and using the three questions above as guidance, data saturation was achieved. To identify participants who met inclusion criteria, a questionnaire was given to all senior students asking them to identify if they had worked part time either prior to or during their junior year of nursing school and what type of job they worked. Appendix B provides a sample of the questionnaire used to determine those students who met the qualifications to be part of the study.

Procedures

The first step in conducting this research was for the researcher to apply for Institutional Review Board (IRB) approval at the university of data collection (see Appendix A for IRB approval form). After receiving IRB approval, the next step was to identify those students who worked as nursing assistants either before or during their junior year within the nursing program. This was accomplished via an in-class questionnaire during the fall semester of the students' senior year (see Appendix B for student questionnaire). Initially, ten students were identified as meeting inclusion criteria for this research. Each of those students were then emailed by the researcher and asked to participate in the study. Each email included a copy of the consent form (see Appendix C for Informed Consent Form).

Senior students were chosen to be participants in this research because they were not attending a class that the researcher was teaching during that semester. The researcher only taught junior level nursing classes. Waiting until the students' senior year to collect data minimized most, if any, inhibitors of openness the students may have perceived. Since the students had already completed the classes the researcher taught, any perceptions of teacher influence, such as grading, was minimized. Selecting the fall of the senior year to deploy the email also allowed the students time to review the consent form prior to agreeing to or engaging in the research interview. Of the ten students who were asked to be in the research, seven agreed to be part of the research. The researcher met with each of the participants individually for the interview. Individual interviews were done over a three-day period to minimize any potential cross talk among the participants. Participants were also instructed to not discuss the research with other students until after the focus group had met. After all of the individual interviews were completed and initial data analysis done, the focus group discussion session was conducted with all of the participants at one time. The focus group was done six days after the last

individual interview was completed to minimize participant cross talk. The focus group meeting was conducted in the same conference room where individual interviews were held.

Lastly, the mean GPA of the core junior nursing courses for students working as nursing assistants and the mean GPA of the junior nursing courses for the non-equivalent group of students working in non-nursing jobs while in junior year nursing school were collected. The data were collected in the sequence of interviews first, focus group second, and finally comparison of work group nursing grades. Interviews were done first with semi-structured questions predetermined by the researcher and approved through the IRB. The focus group was scheduled and completed after all of the individual interviews were conducted. The questions used in the focus group were the same as those in the individual interviews, building upon questions and answers which were established for clarification or the development of common themes established during the individual interviews. As concepts emerged from the interviews, the focus group provided a means to help the researcher understand how those concepts may have been connected or interrelated to the students' perceptions and academic achievement. Lastly, comparing the grades of students who worked as nursing assistants and those who worked in non-nursing jobs was useful to determine how specific themes were associated with higher or lower core nursing grades should be defined within the academic performance section of this paper. All of the data were stratified and developed under the construct of common themes.

The Researcher's Role

The primary researcher of this study was the lead faculty for the medical surgical adult health courses for the junior level nursing students at the university where data were collected. Because the researcher worked with students both didactically and clinically, he did develop

relationships with them. These relationships provided an environment that promoted open, deep, and meaningful dialogue during the interviews.

Another unique aspect that the researcher brought to this research was that prior to entering nursing school, he worked as an Emergency Medical Technician (EMT) and a nursing assistant. He continued to work in those capacities while in nursing school. His working as a nursing assistant and EMT is important because as the primary researcher, he had to be very careful to structure questions in a way as to not bias them. Moustakas (1994) explained the importance of the researcher role by saying that the researcher needs to abstain from making suppositions and try to achieve a posture of naivety about the subject being investigated. Therefore, before beginning the interviews and focus group data collection, the questions were piloted with three previous nursing students who were graduates who had worked as nursing assistants while in school. During the pilot study, the researcher practiced voice tone, facial expression, and minimizing any leading gestures.

Data Collection

Creswell (2013) stated, “Researchers make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence” (p. 251). When one uses multiple methods of collecting data, it is referred to as triangulation. Patton (2002) pointed out that triangulation was developed by observing surveyors. When the surveyor is able to identify three landmark points, then she or he can identify where those points will intersect. With surveying, as well as research, the more points known, the more the scientist should be able to understand the data. The purpose of triangulation was to provide one’s research with credibility. Patton (2002) also pointed out that triangulation is ideal and that the more methods used, the more potential credibility can be assigned to data. As data emerges from different strategies, testing the credibility of data not occurring independently is greatly enhanced by triangulation.

The cornerstone of triangulation is that it allows the researcher to examine conclusions from multiple vantage points (Schwandt, 2007). The three strategies of data collection which were deployed for this research with the intention to triangulate data were interviews, focus group discussion, and grade comparison. Individual interviews were done first. The focus group discussion was held after all of the individual interviews were completed. The focus group included the entire sample of individuals interviewed and paralleled the individual interviews because questions for the focus group were developed using the answers from individual interviews that emerged as common threads. Finally, grades were collected using the learning management system known as Blackboard. The grades were collected last to prevent any research bias from developing before the individual interviews or the focus groups. The grade data were collected retrospectively using the end-of-year grades among the core nursing courses of the junior nursing curriculum. Grade Point Average (GPA) scores were compared using the six grades achieved in the junior core nursing courses, which included Medical Surgical Nursing I and II (two courses), Pediatric Nursing, Obstetrical Nursing, and Pharmacology I and II (two courses).

Interviews

According to Moustakas (1994), the phenomenological interview should be informal, interactive, and include open-ended questions. Students who met the criteria of being a junior nursing student and working part time as nursing assistants were given a \$20 gift certificate to a bookstore as an incentive to participate in the study. Interviews were done individually in the nursing conference room face-to-face with the participants. Students commonly met with the researcher during their junior year, which helped to make the interviews flow in a very natural and conversational tone. Despite the familiarity between the participants and researcher,

individual interviews and focus group interviews were held in the nursing conference room that is centrally located within the School of Nursing. Additionally, to minimize opportunity of discussion among participants, interviews were done over a three-day period.

Creswell (2013) and Moustakas (1994) suggested that interview protocol should be established prior to beginning the first interview. Interviews may be structured, semi-structured, or non-structured. Structured interviews follow a rigid adherence to the script. Semi-structured interviews have a pre-determined set of questions but allow the interviewer to follow up on unanticipated themes. Unstructured interviews follow no script and are subject to the mood of the moment (Friesen, 2010). For this research, the interviews were semi-structured. Grove, Burns, and Gray (2013) stated that most qualitative researchers use semi-structured interviews as opposed to structured or unstructured and define them as being organized around a set of open-ended questions. Josselson (2013) compared the art of interviewing to the art of dancing. The interviewer needs to be structured enough to provide direction to the interview, but also be flexible enough to figuratively dance with the person being interviewed and to sometimes go in an unanticipated direction. Semi-structured interviews allow for consistency of questioning among participants while at the same time allowing for deviation should unexpected responses or new avenues of information emerge. A set of predetermined open-ended questions were used to start each interview (see questions below). During the pilot, the researcher practiced maintaining a flat affect and concentrated on minimizing any actions that would lead or bias the participants.

Prior to beginning each interview, the interview protocol was reviewed with the participants. Then, each participant signed the consent form after verbalizing they understood the protocol. The protocol included reading the consent form to the participant, having the participant sign the consent form, and then asking the interview questions (see Appendix D for

interview questions and protocol). The interviews were audio recorded and then later transcribed, coded, and compared. A small digital recorder was used for the interviews. During the interview, the researcher took notes and annotated any non-verbal cues or voice inflections that occurred. The researcher and each participant sat across from one another, allowing for good eye contact to be maintained. This arrangement also facilitated the researcher's ability to see or recognize any subtle changes in the students' non-verbal reactions. All of the participants of this research were verified as American birth by utilizing the university student information system. No specific or significant cultural variances existed among the participants of this research. Each interview took approximately 15 minutes, with the range being from 12.5 to 21 minutes.

A pilot of the interview questions was conducted prior to beginning interviews. Grove, Burns, and Gray (2013) stated that piloting an interview may help identify problems with questions, sequencing of questions, or procedures associated with the interviews. Pilot testing should be done with individuals who are similar to those in the study (Grove et al., 2013). Therefore, the pilot test was conducted with three graduates of nursing program where the study was held. The nurses chosen to be in the pilot had all worked as nursing assistants during their junior year of nursing school. The participants of the pilot study all worked locally to the university where the study was done, making the pilot population very convenient. The pilot interviews were done exactly as planned for the participants. The data retrieved from the participants of the pilot were not used for data collection. Interview questions were adapted and re-written based on feedback during and from the pilot study (see Appendix E for interview questions with protocol used for pilot test). The following questions resulted from the pilot study and were also used for individual interviews of the actual participants of the study:

1. Please tell me why you chose to be a nursing assistant while in school rather than some other non-nursing job.
2. Please describe your role in your part-time job as a nursing assistant.
3. How long have you been working in your part-time job as a nursing assistant?
4. How many hours per week do you presently work as a nursing assistant?
5. What do you believe are the advantages of working as a nurse assistant while in nursing school?
6. What do you believe are the disadvantages of working as a nurse assistant while in nursing school?
7. Please describe if and how working with nurses and other nursing assistants impacted your interpretation of nursing class text readings and class discussion?
8. How has working as a nurse assistant while in nursing school impacted you academically?
9. How has working as a nurse assistant while in nursing school impacted you clinically?
10. Please describe what a normal week (including weekends) looks like for you while in school and working.
11. Is there anything else you would like to discuss or describe about your experiences working as a nurse assistant and its impact on nursing school?

Focus Group

A focus group was used because it is best suited for developing the perceptions of a group of individuals within the construct of a focused area of content. Because of the interactions among group members, a focus group can help individuals express themselves more clearly than if they were alone (Grove, Burns, and Gray, 2013). Many group dynamics play a role within a

focus group. Without the group interactions such as arguing, gesturing, joking, and teasing, a researcher may miss critical content by only doing individual interviews. In essence, the focus group is often synergistic, or larger than the sum of its parts. The focus group becomes its own entity and may produce new or differing views than those which emerged from the individual interviews. In contrast, the focus group may also reinforce interview findings (Grove et al., 2013). The focus group included all of the individual participants. The same conference room that was used for individual interviews was also utilized to facilitate the focus group. The primary intent of the questions used in the focus group was to clear up discrepancies and to compare commonalities that emerged from the individual interviews. The focus group also allowed the researcher to observe the responses of the group to individual comments. Semi-structured questioning was used during the focus group. By using both previously used questions and new questions, the focus group provided reaffirmation of perceptions gained during individual interviews and helped to discount misperceptions. The following questions were used for the focus group (also see Appendix E):

1. What do you believe are the advantages of working as a nursing assistant while in nursing school?
2. What do you believe are the disadvantages of working as a nursing assistant while in nursing school?
3. Please describe if and how working with nurses and other nursing assistants impacts your interpretation of nursing class text readings and class discussion.
4. How has working as a nurse assistant while in nursing school impacted you academically?
5. How has working as a nurse assistant while in nursing school impacted you clinically?

6. Is there anything else you would like to discuss or describe about your experiences working as a nurse assistant and its impact on nursing school?

Academic Performance

A comparison of the number of hours worked and the relationship of the number of hours worked with academic performance was one of the key variables repeatedly measured in previous research (Pitt et al., 2012). A major gap in the literature existed because previous researchers did not consider the type of work performed and its association with academic performance. Therefore, as a cornerstone of triangulation for this research was academic performance. Academic performance was measured by comparing descriptive statistics of the group being studied and a non-equivalent comparative group of students who worked in non-nursing jobs either before their junior year or while in nursing school. The data collected included the mean GPA scores of the six core junior level courses of both sets of students. This data set included both those students who worked part time as a nursing assistant before or during their junior year of nursing school and the non-equivalent group, which included those students who worked in a non-nursing part-time job either before or during their junior year of nursing school. The non-equivalent group was randomly selected from those students in the junior class who worked in non-nursing jobs. Fifty-nine students were identified as working in non-nursing jobs either prior to or during their junior year of nursing school. To randomize the non-equivalent group, all 59 student names were written on small, equally sized pieces of paper and placed in a candy bowl. A nursing professor colleague then closed her eyes and randomly drew seven names from the bowl. This non-equivalent group also came from the same senior class of nursing students at the same university as did the participant group. Randomization was

done in this way to help minimize any effect of the researcher's prior knowledge of individuals in the non-equivalent group.

The academic performance measures observed the mean total GPA and individual grades for the six core junior level nursing courses. These courses include Medical Surgical Nursing I and II (2 courses), Pharmacology I and II (2 courses), Pediatrics, and Obstetrics. These nursing courses have the highest attrition rates among all of the nursing classes at the University where this research was conducted. Reyes et al. (2012) used a similar process when they used five nursing courses in the program that had the highest attrition rates to compare measures among groups. The academic performance measures consisted of several observations. First, the total mean GPA of the participant group was compared to the total mean GPA of the non-equivalent group. Next, each individual participant's total mean GPA was scrutinized for any unique variances. Then, a comparison was made between individual grades for each class to determine if any unique scores were observed. Finally, a comparison of total core junior level nursing course GPA was evaluated among the individuals of the participant group.

Data Analysis

Transcripts from each of the recorded individual interviews and the focus group were developed. The transcripts were then compared between the two data collection methods. Memoing, coding, and bracketing were all done by hand to develop the transcripts into meaningful data to evaluate emerging themes and trends. According to Grove, Burns, and Gray (2013), memoing is an important tool to help researchers identify what is happening at the moment that may have an impact on the recorded interview. Memoing also allowed the researcher to make anecdotal notes during the research process, allowing him to connect concepts as he immerses himself in the process or data. Memoing was very useful in that it

helped the researcher to remember the level of intensity associated with comments made by participants during both the interviews and the focus group.

Coding was used to establish connections among data. Coding is another way of saying that the data were labeled. As themes emerged, data were further labeled and developed based on those themes. Typically, the themes start as broad concepts and then develop into specific themes and sub-themes (Grove et al., 2013).

The two most common types of coding that were appropriate for this research were descriptive or In Vivo coding (Saldana, 2013). In Vivo coding was used in this research because it allowed interpretation of the data from the participants' true narrative, which, in turn, provided a genuine representation of the participants' lived experience. With coding, it was important to incorporate the concept of bracketing, which essentially introduces concepts from the participants' viewpoint as opposed to preconceived concepts the researcher may bring to the study. Grove, Burns, and Gray (2013) describe bracketing as setting aside one's own views and embracing the views of the participants. Moustakas's Seven Steps of data analysis were utilized for both interviews and the focus group. These steps included:

1. Listing and grouping every expression, whether verbal or non-verbal.
2. Reducing and eliminating items that are not plausible or expressions that are unable to be labeled by the researcher.
3. Clustering and developing themes, putting them into buckets of likeness.
4. Separating and combining themes.
5. Developing the textural descriptions, or what happened during the experience.
6. Developing the structural descriptions, which would include the how the experience occurred.

7. Putting the what and how together for meaning (Moustakas, 1994).

Both textural and structural descriptions were clarified during the individual interviews and the focus group and then included in Chapter Four findings. The participants provided many textural and structural descriptions when describing the phenomenon of working as a nursing assistant prior to or during the junior year of nursing school. The story of each participant, whether focused on the experience or the phenomenon, was central to his or her perception. Many of the textural descriptions helped define the perceptions the participants had associated with having worked as nursing assistants. At the same time, many of the structural descriptions helped to clarify and make connections between the experience of working as a nursing assistant and the impact of that work on perception of nursing school among the participants.

Lastly, data analysis of the core junior nursing course GPA among the participant group as well as between the two groups utilized basic descriptive statistics. Statistical software such as Statistical Package for the Social Sciences (SPSS) 22 was not needed to compare the two group mean GPA scores. The process included calculating the core nursing course mean score of the participants and then doing the same for the non-equivalent comparative group. After calculating the mean scores of each group, the two scores were compared for any statistical significance. The mean scores among the participant group and the non-equivalent group is included in Chapter Four. GPA scores among the participant group linked data identified during interview and focus group analysis for data triangulation.

Trustworthiness

Creswell (2013) suggested that triangulation of data is a vital component of establishing trustworthiness. As previously described, individual interviews, focus group discussion, and academic achievement were used as the three strategies of data collection during this research.

According to Lincoln and Guba (1985), the four cornerstones of trustworthiness are transferability, conformability, credibility, and dependability.

Credibility

The issue of credibility is associated with the internal validity of the research. The research process and questions must be true to the original intention of the research to have credibility. For a qualitative study to be credible, the researcher must ask the right questions and make the right observations. Lincoln and Guba (1985) recommended several strategies for improving credibility, which the researcher used in this study. Those strategies included prolonged engagement, triangulation of data, and member checks. The participants in this study were students of the researcher during the year prior to the research, and, therefore, he had prolonged and engaged discussions with them before the time data were collected. This gave the researcher unique insight while interpreting what and how the participants communicated and therefore minimized or at least decreased the potential for misinterpretation of their responses. Additionally, as previously mentioned, data triangulation was used to develop greater credibility. Data from each of the three collection methods were compared. Themes from both the individual interviews and focus group were compared and contrasted to strengthen data from each method. Additionally, the third method of analyzing grades among the participants strengthened the research by creating connections between comments of the participants and any grade variances.

Transferability

Transferability is, for qualitative research, the equivalent of what generalizability is for quantitative research. For the qualitative researcher to establish transferability, he or she needs to develop dialogue that is free of judgment and bias so that others may apply the findings of the research to other contexts (Lincoln & Guba, 1985). For this research, In Vivo coding was used as

well as rich and thick language to communicate the essence of what the participants communicated through both the individual interviews and the focus group discussions.

Confirmability

Confirmability is to qualitative research what validity is to quantitative research. Confirmability is another way of evaluating if the research methods measure what they are intended to measure. While data were being interpreted for this research, an audit trail was conducted to ensure that participant responses were consistent with each other (Lincoln & Guba, 1985).

Dependability

Dependability is also associated with reliability. Dependability means that the study should yield the same outcomes if the researcher were to do the research a second time (Lincoln & Guba, 1985). The researcher used two strategies to improve conformability and dependability. First, three nursing faculty members reviewed the manuscript to scrutinize flaws in the process. Additionally, the researcher used diagramming and color coding to illustrate key relationships among the data and to develop sub-categories within the data.

Ethical Considerations

Ethical considerations were made in all phases of this research. First, ethical considerations were outlined and approved by the IRB of the institution of research. Before beginning the individual interview, the consent form (see Appendix A) was reviewed in detail by the researcher explaining the research had bearing on their status as a student. Data were coded so no one except the researcher could identify the participants in the study. Data, including recordings, were stored on the hard drive of the researcher's computer, which was only able to be accessed with a case-sensitive password. Data will be stored for three years after the research is completed. After three years, the data will be removed from the computer. Specific files that

contain student grade scores for each of the six core nursing classes was stored within a specific folder on the hard drive of the researcher's computer. The file containing grade scores was saved on an electronic spreadsheet which was protected with a case sensitive password. For publishing, pseudonyms for each student are used. There was no obligation for students to participate in this research. Participants were not given any significant perceived gain, financial or otherwise, for participating in the study. The participants of the study verbalized that they understood that withdrawal from the study may occur anytime during or after data collection with no repercussions.

Summary

The purpose of this chapter has been to explain the steps used to design and develop this phenomenological research (Moustakas, 1994). This process included following Moustakas's seven steps to analyze data from both interviews and the focus group. Data collection included interviews, focus group discussion, and grade comparisons with a non-equivalent comparative group. The data collection was scheduled to occur in sequence. Interviews were done first, followed by a focus group, and lastly grade comparisons between the participant group and a non-equivalent comparative group. This sequence was used to provide an opportunity for the focus group to build upon the responses from the individual interviews. Core junior level nursing course grades were used to compare the participant and non-equivalent comparison group mean GPA scores. During interviews and focus group discussion, memoing was used to identify information participants emphasized. During data analysis, data were coded and developed into themes. To ensure trustworthiness, the four foundations of transferability, conformability, credibility, and dependability were established (Lincoln & Guba, 1985). Ethical considerations

were included in the IRB application and data collection did not occur until IRB approval had been obtained.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a BSN pre-licensure program. This study involved seven participants. Each of the participants of this study was female between the ages of 21 and 26.

This chapter includes a description of each of the participants with an in-depth presentation of their comments during both the individual interviews and focus group discussion. The primary themes that emerged from individual interviews and focus group discussions include students' comfort level, reality of practice, and the culture of nursing. Lastly, a comparison of the participants' junior core nursing course GPA and a non-equivalent group of students' GPA of the same courses was made and presented to explore variances between the two groups as well as specific individual variances within the study group.

Participants

Pseudonyms are used to protect participants' anonymity. The pseudonyms used for the students were chosen from a group of well-known nursing theorists identified in Alligood (2014). The following names are used as pseudonyms: Florence Nightingale, Virginia Henderson, Martha Rogers, Patricia Benner, Betty Neuman, Calista Roy, and Dorothy Orem. Only the first names of the nurse theorists are used to identify each of the participants of this study. For example, the name Florence was used synonymously with the name Florence Nightingale.

Florence

Florence was a 26-year-old white, single female from Virginia. Florence responded to questions directly and asked for clarification if needed. She articulated her responses well and

did not appear afraid to provide an open and honest response. She maintained eye contact and strong voice control throughout the interview. Her responses were brief and to the point. Her interview was the shortest of the seven interviews.

Nursing is Florence's second undergraduate degree. She previously obtained an undergraduate pre-medical degree. She started working as a nursing assistant approximately four years prior to her junior year in nursing school. She chose to work as a nursing assistant because she thought it would give her good experience while she was waiting to be selected for physician assistant's school. Her first job as a nursing assistant was in a nursing home. The tasks that she performed in that position included obtaining vital signs, giving baths, doing bed changes, turning patients, and providing assistance to nurses with performing procedures. At times, she would also perform secretarial duties such as answering the unit phone calls, calling physicians, or paging resource teams. Later, she moved to an inpatient medical surgical unit at a hospital close to her house. The tasks she performed in the hospital were similar to those she did in the nursing home. As the interview moved towards her perceptions of how working as a nursing assistant impacted her experiences as a nursing student, she stated:

You get to see things from a different point of view. I work at a different hospital than where we do clinical, so I get the aspect of that hospital and how it works based on how the hospitals here work, and I get to go in with the nurses and help them get to see different things that I may not have an opportunity to do with the clinical instructor on local floors.

Florence also worked as a manager of a sandwich shop close to where she lived. Florence lived approximately one hour away from the university she attended for nursing school. During her junior year of nursing school, she worked approximately 12 to 16 hours per week as a

nursing assistant. She also worked between 20 and 40 hours per week at her sandwich shop job. Florence emphasized that she believed working so many hours had a negative impact on her grades “because when you’re at work, you don’t have time study obviously.” She also said that working as a nursing assistant had a positive impact on her ability to perform skills during clinical. She said, “I do think it somewhat helped with skills; by doing them, it made me have more experience.” She concluded the interview by saying that being a nursing assistant while in school “definitely helped being able to walk into the patient’s room and feeling more comfortable than if I had not worked as a nursing assistant.”

Virginia

Virginia was a 24-year-old white female nursing student. She was married and originally from California. Virginia was very intense answering questions. She held eye contact until she believed the respondent understood what she was trying to convey.

Virginia became an Emergency Medical Technician before starting nursing school. During the first two years of nursing school and her first semester of her junior year, she worked at a coffee shop approximately 20-30 hours per week. Her second semester of her junior year, she began working as a nursing assistant in the emergency department at a hospital near the university. While working as a nursing assistant, she normally worked between 16 and 32 hours per week. She worked both during school breaks as well as when school was in session. Her duties in the emergency room included beginning the triage process for the nurses, helping to transport patients, splinting patients, helping with casting, patient education, repositioning patients, obtaining vital signs, pelvic and other sensitive exams, placing Foley catheters, and helping the physicians and other nurses with various procedures. Virginia was very upbeat about working as a nursing assistant while in school. She stated that she would definitely encourage

other students to work as a nursing assistant while in school. She emphasized that working as a nursing assistant helped her to prepare for “real life.” When discussing the realities of nursing, she became animated by using her hands when talking. She said it this way:

I think in nursing school you learn what a very ivory tower situation is where everything is going to work out the way you want to; dealing with one patient that is very critical maybe into your senior year or whatever. It prepares you for situations that come up that could derail you in real life. You learn to anticipate a medication or procedure being hung up in pharmacy in real life and you can be prepared for that be being part of your reality of your nursing life.

She said that being a nursing assistant helped her both in the classroom and in the clinical setting. In class, she felt that being a nursing assistant gave her real-life examples of what she was studying. In clinical, she felt that being a nursing assistant gave her comfort and was a catalyst for being assertive. She said:

I think the biggest thing is that in nursing class, you are able to look back into your memory logs and remember things you have seen in the clinical setting and this helps you link patient scenario with what you’re learning in class. I think that being able to see the textbook examples more frequently than just in clinical really tied things together and stuff. I think at the beginning of the junior year, I felt like I was one of those students, stereotypical and uncomfortable in the clinical setting; new junior students and part of it was definitely the whole junior year but just having hands-on with patients gives you a lot more confidence and now I notice that a lot of my peers will look to me to do it first. I don’t know why, but I just feel more comfortable doing things and I’m not just going to stand back.

Virginia viewed herself as someone who thrived in an environment where she stays constantly busy. Therefore, she said she felt like working while in school helped to keep her focused. She stated she did not believe she would have studied more than she did if she had more free time outside of work. She stated, "I've always been a person who does well when I have a lot to do." Looking back, Virginia stated that she wished she had worked as an emergency room nursing assistant earlier in the junior year rather than working at the coffee shop.

Martha

Martha was a single white female who came from North Carolina. Martha was very soft-spoken. Even when excited about a subject, she spoke softly. She used her hands to emphasize points, and she made eye contact most of the time when speaking. On occasion, when she was talking, she would look up as if gathering her thoughts.

While in high school, Martha attended a nursing assistant program offered by her school. After becoming certified as a nursing assistant, she began working in a physician's office. She took one year off to work in a physician's office between high school and college. After beginning school, she was offered a position as a nursing assistant, working holidays and during the summer, at the same physician's office. She did not work while school was in session; however, she did work during all of the breaks and holidays between her freshman, sophomore, and junior years of nursing school. Martha's primary duties as a nursing assistant included checking patients into the office, taking patient medical histories, obtaining vital signs, and completing ordered procedures. Most of her responsibilities included providing wound care, trimming patient's toenails, and other foot care needs. She said that putting medications in patients' chart and hearing physicians discuss medications with the patients helped her

understand and do well in her pharmacology class. She also said that her time as a nursing assistant helped her learn charting systems easily. She stated:

I really think it [working as a nursing assistant] helped me, especially in pharmacology and charting, because I was already familiar with charting and being able to feel comfortable with patients and their families. So, charting wasn't as difficult for me as it was others, but it was still definitely difficult. It also helped me with pharmacology because when I'm putting medications in the chart, I had to ask the patients what medications they are on and that helps me become familiar with a lot of the indications and what they were used for. That was probably the most beneficial thing.

She said that working with patients in a doctor's office was significantly different than working with patients in the hospital setting. She felt like caring for patients in a physician's office gave her a very different perspective than the one she garnered as a nursing student. Martha said she was very grateful to be in a registered nurse program. She said working in the physician's office with other nursing assistants and licensed practical nurses helped her to realize just how much she was learning in school. She described it this way:

I think it helped me have a greater appreciation for nursing school - especially the bachelor's degree, because a lot of the nurses I work with were LPNs, which there's nothing wrong with LPNs, but I definitely appreciate the level of classes that we have like taking pharmacology and two semesters of MedSurg [Medical Surgical Nursing Course]. I think I was able to understand things at a different level and a different viewpoint than the LPN.

She said without the experience of working in a physician's office, she may have never known just how much more registered nurses learned and understood compared to skill-oriented nurses

such as licensed practical nurses. Martha said that working as a nursing assistant made her more comfortable working with patients. She also said she felt she did better on tests because of her experiences as a nursing assistant. She said:

I think it helped me be able to think through the questions we have on our tests because a lot of the questions on our tests are what would you do in a situation. And I would be like, I've seen this played out when I worked as a nursing assistant and I felt like I knew how the patient may respond. And sometimes, it would just help me understand medical application and how things work with the patient, so that helped me on test questions.

Patricia

Patricia was a 21-year-old single white female from Florida. Patricia was quiet and often answered questions with short responses. She had a very intense look when answering questions but, at the same time, smiled and seemed ready for a good laugh at any moment. She maintained steady eye contact.

The summer before Patricia's freshman year, she wanted to get some experience working with patients. Initially, she wanted to work with in a physical therapist's office to work with patients in that environment. Her mother knew someone who was married to a physician who was the director of a family practice office. This friend offered to allow Patricia to shadow at the clinic. After shadowing and working in the physician's office during the summer between her freshman and sophomore year of college, Patricia was offered a part-time nursing assistant position during summer breaks and during the holidays. This physician's office primarily worked with elderly patients. Her duties in the nursing assistant position include triaging patients, obtaining vital signs, asking patients about their medications, and then going through a basic history before the physician sees them. Some of the physicians had Patricia stay in the room with

them and take dictation while they were assessing their patients. Additionally, the physicians occasionally had Patricia assist them when an assessment included patient sensitivity issues such as a pelvic exam or Pap smear. In her role as a nursing assistant, Patricia performed several procedures, including EKGs, flu shots, and assisting the physicians. She stated that doing patient histories and documenting all of their medications aided significantly in her ability to do well in her pharmacology class. The two areas that Patricia felt working as a nursing assistant helped her the most in school were understanding medications and being independent. She said:

You get exposure to a lot of medications. So, like before my junior year and before pharmacology, I was still aware of those medications that my patients would receive. Things like amlodipine and medications that we would see frequently that older patients all take. Pharmacology was still tough for me because there were a lot more medications I had to learn, but I was still already exposed to many of them. As I worked longer in the position, I became more independent. So, it just kind of teaches you to handle pressure and to be independent. And so, I just remember there being busy days running back and forth, and I would say it's helped me. Not just knowledge-wise, but I've gained a lot of experience in hands-on and practice which is really an advantage.

She also said she felt working in only one area, family practice, limited her scope of practice. She worded it this way:

I think if you limit yourself to one place so if you work at the same place all throughout college, you don't get a whole perspective of what nursing looks like. So this is a family-owned practice and it is different than an outpatient facility that would be owned by hospital.

She said that working in a family practice made her very aware of just how much she was learning in nursing school. She stated that after beginning her junior year, many of the nursing assistants and licensed practical nurses would come and ask her about disease processes and medication issues. She stated that because of her work as a nursing assistant, she was grateful for her BSN education. She recounted her experiences like this:

There have been countless times other nursing assistants have come to me and asked what does something mean, or they look at lab values and they will be like “What is that and what does this mean?” and “What does this abbreviation stand for?” So they are asking me for help and most of them have a degree, but it only takes them a year to year and a half to get that degree. So, I feel like just going through a BSN program I get so much more teaching and I feel like as a medical assistant you only get taught procedures, and how to take vitals, and how to give shots, and how to do things. They do not get taught why they do things. For example, this patient that has liver cancer, why do the LFTs get elevated? Like they just don’t connect those dots. They don’t get a whole lot of the pathophysiology behind the diseases that they are treating. They are just taught how to treat it.

She said the most important impact working as a nursing assistant had on clinical for her was to build her confidence. She said, “I think the more you see and the more you do things the more you have confidence and you see that all throughout nursing.” She emphasized that with time her confidence grew stronger. She concluded by saying, “I think that’s just how it works; first you just start timid, and then you grow into the role.”

Betty

Betty was a 21-year-old white single female from Pennsylvania. Betty was soft spoken but quick to smile. Much of her communication was non-verbal. When she was excited about a subject, she smiled, her speech became faster, and she made eye contact with a deeper intensity.

Betty began working as a nursing assistant at the beginning of the summer before her junior year. Therefore, she had worked as a nursing assistant approximately three to four months prior to beginning her junior year of nursing school. She had dreamed of becoming a nurse practitioner someday, but she knew that she had to become a registered nurse as a stepping stone to becoming a nurse practitioner. At some point during her sophomore year, she decided becoming a nursing assistant would be a good stepping stone to becoming a nurse just like becoming a nurse would be a good stepping stone to becoming a nurse practitioner. Her primary duties as a nursing assistant included helping with patient transfers, helping patients with feedings, in and out of bed, and with their physical therapy, taking patients for walks, and helping with transfers to other facilities and to physician offices. After working that first summer, Betty continued to work as a nursing assistant during holidays and in the summer. When available, she worked approximately 24 hours per week. She stated, "In all humility, compared to my classmates in clinical, I feel like I was more assertive with the patients and with the other nurses and nursing assistants than my fellow students." Her biggest concern about working as a nursing assistant was that she believed it was very easy to learn shortcuts to perform procedures. She summarized her feelings about taking shortcuts this way:

You learn the text way, and then you see other nurses do things who have not graduated from nursing school, so I'm not sure how that will play out as a nurse, but I think a potential disadvantage is maybe that you see how you easy it is to get lazy. I can't say

that I did those things. You can never compromise the final outcome, like giving the right medication, but sometimes you modify a little bit the way to get there. So I guess a disadvantage could be to just be lazy by taking shortcuts.

At the same time, she said she was grateful to have seen how other nurses work so that she may develop a high standard of practice while in school and when she graduated. She also emphasized that working as a nursing assistant while in school helped her to be assertive with nurses as well as to have a higher comfort level in talking to both patients and nursing service personnel.

Betty also said that the stress of working as a nursing assistant helped her handle the stress of nursing school. She said:

I think overall, being a nursing assistant, you have eight to ten patients and you're working so quickly it really helps along junior year to increase my work ethic and how much I accomplished. I would say that it probably affected me in a good way by being a nursing assistant because I got used to working in . . . intensely stressful situations and having to accomplish goals. I think my work ethic increased my tolerance for stress in school.

Betty concluded the interview emphasizing that working as a nursing assistant had helped her be assertive with both staff and patients. She said that because of her work as a nursing assistant, she was able to see the "big picture" rather than just the tasks associated with nursing. She said, "I just think you get a really good holistic understanding of what goes into good patient care by working in the field and not just being in school." She reiterated the "big picture" she felt she had gained by saying, "I can attest that working as a nursing assistant helped me see different disease processes and to understand just how important nursing is."

Calista

Calista was a 22-year-old white single female from Maine. She was very energetic and emphatic with her responses. She was very engaging, and her tone matched her facial expressions and non-verbal responses. She used body language and her hands when emphasizing comments.

Calista's father was a nurse and she stated that when growing up, that she vowed that she would never become a nurse. In contrast, her goal for college was to major in biology, research, or another field of science. However, when she was in high school, the school offered a nursing assistant class and she became certified as a nursing assistant. She said that her main reason for becoming a nursing assistant was to earn money for college. She worked as a nursing assistant for approximately three years prior to beginning her junior year of nursing school. She said that after working with patients as a nursing assistant, she "absolutely fell in love with the job and especially with her patients." When she first started working as a nursing assistant, she worked in an assisted living facility. Later, she began working on an inpatient renal unit. Her primary responsibilities on the renal unit included walking patients, assisting patients with activities of daily living, placing Foley catheters, doing vital signs, and prepping patients to go home. Calista worked only holidays and summers as a nursing assistant. She stated that her first nursing assistant job in the assisted-living facility was a negative experience. She elaborated by saying the assisted living facility did not have enough staff, and because of that, many of the patients did not receive adequate care. She said that seeing that type of patient care made her respect what she was learning in nursing school. She identified learning bad habits as the biggest disadvantage to working as a nursing assistant. She said:

My first job was in a nursing home, and I felt like I learned really bad habits that I wish I had not learned now. I feel like there wasn't very much help and I felt like I was on my own. So, like when a patient really needed and should have had two people assisting them, and there was no one else to help you. I felt like I was doing things that I would not normally do because of the environment I was in. Obviously, it got much better when I started working in the hospital rather than the assisted care facility. The nursing home was honestly, a sketchy facility to be honest - like a lot of the staff there got fired for abuse. No one would help you. Anyway, when I got to the hospital things got a lot better. I would say that the only real disadvantage would be when you see what other nursing assistants do and I guess you pick up bad habits - not like at our nursing program that teaches you how you should do things.

Calista emphasized that by working as a nursing assistant, she felt like she was able to see the whole picture during class discussions and when answering test questions. She said that working as a nursing assistant allowed her to have a greater understanding of the realities of nursing and especially medication administration and how it affects patients. She said it this way:

A lot of the stuff I really did understand better because I have a lot of experience to relate things to. You know you learn better when you have things to relate to like prior experiences. So there was some stuff I learned easier, but some stuff tricked me up. I feel like it made nursing school easier. Like I said, it was easier to think about the questions because I've been in a lot of those situations. I know I didn't know as much as a nurse knows, but I knew it as much as I could clinically. I think it just made it easier to look at the whole picture because I'd seen what interventions nurses do for this and that. So, I feel like it [experience as a nursing assistant] made it easier academically.

Calista said that working as a nursing assistant also had a very positive effect on her clinically. She acknowledged that when she started nursing school, she felt like she already understood all of the clinical aspects of being a nurse. She also said that she wished that she had spent more time learning the nurse's role while she was a nursing assistant. She said that she had primarily focused on the tasks at hand as a nursing assistant and did not pay attention to what the nurse was doing. She described her experience like this:

I feel like I was maybe a little overconfident about how being a nursing assistant . . . would really help me. But it really did give me extra confidence. So, I would not be so worried about everything like everyone else was worried about everything plus giving meds. I felt like I was very comfortable taking care of the patients and being with them, and assessing them because I'd already been in that role as a nursing assistant. It really gave me confidence. And, it just made the whole experience easier.

Dorothy

Dorothy was a 21-year-old single white female from Pennsylvania. During the interview, Dorothy she was very animated and used a lot of verbal and nonverbal emphasis to drive home a thought or idea. She emphasized her discussion points by frequently using adjectives.

Dorothy said that when she went home after sophomore year of nursing school, a neighbor talked to her father and suggested that she apply for a nursing internship at their local hospital. She applied to the internship and was accepted. She wanted to work in the nursing internship program because she felt it would give her a great deal of patient interaction while at the same time providing money for college. So, for the summer prior to her junior year, Dorothy worked 40 hours a week for three months as a nursing assistant. She stated that in her role as a nursing assistant that summer, she performed basic hygiene care for her patients, obtained vital

signs, and helped with procedures and transfers. She stated that the best part of her job that summer was that they allowed her to observe many procedures. She was allowed to spend several days in the operating room. She observed both endoscopies and colonoscopies. She was able to help perform electrocardiograms (EKGs) and other procedures. She described her opportunities to observe these procedures with great delight. Dorothy was very animated discussing patient procedures, learning how to read EKGs, and the many different interactions she had with the nursing staff. She stated that the absolute biggest advantage of working the summer before her junior year was that she became exceptionally comfortable working with patients and with the nursing personnel. She said that she was tired at the end of the summer, but she had worked the previous summer in non-nursing jobs, and felt the benefits of working in an inpatient area far outweighed the fatigue of working 40 hours a week. During the interview, Dorothy was especially animated when describing specific memories of her internship experience.

Dorothy identified three advantages she perceived from working as a nursing assistant. The first was becoming comfortable in the hospital environment and working with patients. The second was gaining what she called a “realistic approach to nursing.” Finally, working as a nursing assistant helped her develop time management skills. She described these three advantages in this way:

The biggest advantage to me was getting comfortable in the hospital. Even for someone who wants to go into nursing, the hospital is a scary place and you always feel like you're in the way, and there's so much stuff that you don't know that you can hardly get through your basic assessments during your sophomore year because it's so awkward and you just don't know how to handle them and talk with them. It just made me so much more

comfortable with my patient interaction. I feel like that is one of the strongest parts of my nursing ability is being able to connect with people. I can just strike up a conversation with people while doing an assessment because I had that awkward barrier between student and patient. I was able to tackle that the summer before I entered junior year. I feel like it really helped me learn how to connect with people. I got used to taking care of whatever came out of that patient's body while at the same time respecting their dignity. Plus, I worked with great nurses and they showed me the inside of nursing. It definitely gave me a realistic approach to nursing as well, and I think it also helped me with time management. I'm still not perfect there, but knowing that I came in with a set amount of things that my nurse would want me to accomplish that day and so working with that time frame helped.

Dorothy also stated that working as a nursing assistant helped in the classroom because she could relate information in a textbook to things she had seen. She said that some of the things that she had seen working as a nursing assistant were some of the same things she read about in her nursing textbooks.

Even though Dorothy met all of the requirements for being a participant in this research, her nursing assistant experience came from an internship, which was a cause for concern because internships focus on learning rather than work. Therefore, with this focus, Dorothy may have viewed her experiences and how those experiences impacted her education differently than the other participants in the study. Therefore, analysis of all data from Dorothy included the caveat that she participated in a nursing internship.

Results

Data results for this research were developed by the gracious participation of seven senior level BSN students who had worked as nursing assistants either during or prior to their junior

year of nursing school. Each student participated in both an individual interview as well as a focus group session with all of the other participants. During these interviews and focus group, each of the participant's perceptions of how working as a nursing assistant impacted their nursing education was examined. Analysis of the data began with a transcription of each of the interview sessions as well as the focus group. After transcription was completed, data were categorized between each participant with a number so connections or inferences between the data and the participant who provided that data could be made and developed. Florence was categorized as number one, Virginia as two, Martha as three, Patricia as four, Betty as five, Calista as six, and Dorothy as seven. Then, careful and repeated readings and reviews were done of the individual interview transcripts and the focus group transcripts. As the transcripts were read repeatedly, commonalities were identified among sets of data. Data from individual interviews were analyzed first. Data from the focus group were analyzed after all of the common threads of data had been coded and themes developed from the individual interviews. The data analysis of the focus group conversations centered on common threads of data that correlated with the data from the individual interviews. Comparing the individual interview responses to the focus group responses strengthened data analysis as part of the triangulation process. Common codes were recorded and put together when similar responses were noted among the participants. As part of the coding process, the interviews and focus group transcripts were analyzed for word frequencies that were closely associated with the theoretical framework upon which this research was developed. Words that were found repetitively during the individual interview transcripts and the focus group transcripts included: experience, comfort, comfortable, medications, pharmacology, better, easier, relate, and relationships. These frequently found words were used for initial coding. Key words were combined into common categories as similar concepts

emerged from the multiple readings of the individual interviews and focus group transcripts. The combination of words into sets of words included comfort/comfortable, medications/pharmacology, better/easier, and relate/relationships. These words were combined and re-coded for better connection to and among common themes. Table 1 represents the frequencies that each of the aforementioned words were spoken during the individual interviews as well as in the focus group discussion.

Table 1

Frequencies of Key Words from Individual Participant Interviews

| | Experience | Comfort/ Comfortable | Pharmacology/ Medications | Confidence | Better/ Easier | Relate/ Relationship |
|-------------|------------|-------------------------|------------------------------|------------|-------------------|-------------------------|
| Interviews | 16 | 10 | 10 | 8 | 11 | 10 |
| Focus Group | 7 | 2 | 2 | 1 | 7 | 0 |

By carefully comparing and contrasting the common words that emerged from the interviews and focus group transcripts, the core meanings or essence of the experiences were captured as described by the participants (Moustakas, 1994). A hermeneutical phenomenological approach was used as a guide to code and categorize all of the data presented from the individual interviews and the focus group discussion (Saldana, 2013). After data were broken down and coded from the interviews, the same process was used to evaluate the focus group data.

As each piece of data was analyzed among the common codes and categories, the data from one participant in one code often correlated with or matched data from another participant in another code. As the data took form from the coding, three major themes became evident and established among the data. These themes were factors that influenced clinical perceptions, factors that influenced academic perceptions, and factors that influenced perception of nursing

roles. Each of the themes included sub-themes. The theme of factors that influenced clinical perceptions included the four subthemes: skill acquisition, communication with patients and staff, realities of nursing, and time management. The theme of factors that influenced academic perceptions included the relationship between experience and class and understanding of medications. The theme of factors that influenced role transition included understanding of different roles and learning the roles of the registered nurse quickly.

These themes emerged as data were analyzed from the individual interviews. Then, as themes emerged during the focus group discussions, the data from the individual interviews were either strengthened or clarified. Data saturation became evident after multiple readings of both the individual interviews and the focus group transcripts. No gaps were evident in the data. The data were clarified with no vague perceptions of data interpretation. Additionally, no data were missing or not connected with data from another collection method. Data from the each of the methods correlated with data from the other collection methods, providing evidence of data saturation and strengthening of data validity from triangulation.

Theme One: Factors That Influenced Clinical Perceptions

Theme One included factors that the participants identified as influencing their perception of school while participating in clinical activities. Four categories emerged from the coding as influences on clinical perception: skill acquisition, communication with patient and staff, realities of nursing, and time management. Figure 6 is a visual representation of Theme One.

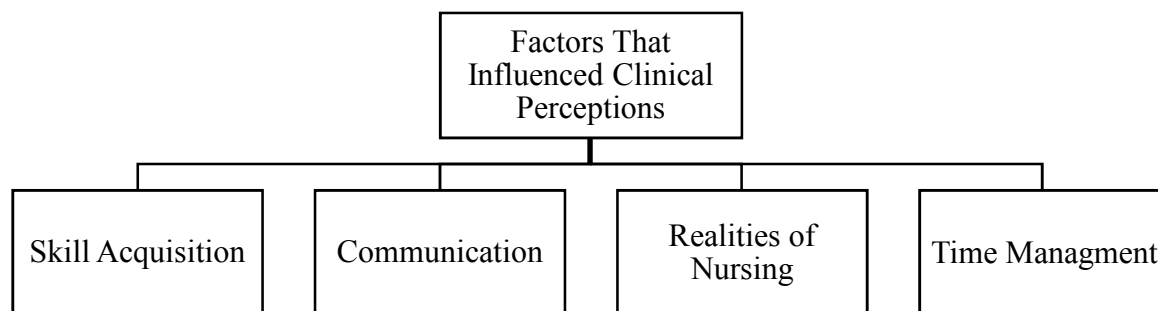


Figure 2. Representation of Theme One: Factors That Influenced Clinical Perceptions.

Skill acquisition.

The first sub-theme that emerged under the theme of factors that influenced clinical perceptions was that of skill acquisition. Skill acquisition had both positive and negative connotations among the participants. Florence described skill acquisition: “I think it ([working as a nursing assistant] somewhat helped with skills a little bit better [than academics].” She went on to say that her skills “increased by being able to see the skills done by nurses and having more skill demonstration helped give me more experience.” Virginia viewed skill acquisition this way:

Just having hands-on with patients gives you a lot more confidence and now I notice that a lot of my peers will look to me to do it [a skill] first. I don’t know why, but I just feel more comfortable doing things and I’m not just going to stand back.

Many of the participants either directly or indirectly commented on their hands-on experiences as a nursing assistant. Patricia said, “I’ve gained a lot of experience in hands-on practice, which is really an advantage in clinical.” She gave an example of knowing a skill better than her nursing student peers: “I know when we had to run an EKG in clinical, it was like many of them [nursing students] were taken aback. But, it was like, I’ve already done this so, I know what I’m doing.”

Calista said, “When I got to junior year of nursing school, I felt like I was super good clinically and this ([nursing school] was not going to be a problem.” She went on to say that although she “was a little overconfident about how being a nursing assistant would help me, it really did give me the extra confidence I needed for nursing school.”

Martha focused on her ability to chart more quickly and intuitively than others as a result of using that skill as a nursing assistant. She elaborated, saying, “I was more familiar with the computer system, and so I guess I wasn’t as nervous charting” as other nursing students. During the focus group, Martha also said that her experience as a nursing assistant had allowed her practice good body mechanics and safety skills. She said it this way: “I think it really helped me to make sure that my patients are really comfortable and safe and that I was using good body mechanics with them.” During the focus group, Patricia also focused on a specific skillset. She said, “I think it helped me with patient teaching too - getting to stay in the room and listen to the doctors explain what was going on with the patient.” Martha’s comments about charting as well as Patricia’s comment about patient teaching summarized their positive perceptions of skill acquisition and its influence upon clinical perceptions as a nursing student.

There were also negative perceptions of the impact of being a nursing assistant on skill acquisition. Florence said that in nursing school, she would sometimes focus on tasks or skills, which would distract her from learning. She said “I would go in [to the patient’s room] like a nursing assistant rather than a nursing student and do my tasks before assessing my patient.” She went on to say that with time, her clinical instructors corrected her and she became in tune with nursing assessment needs rather than focused on tasks.

Betty and Calista both pointed out that taking shortcuts clinically could be a shortcoming of working as a nursing assistant. Betty said, “A potential disadvantage is maybe you could get

lazy when you see things done the wrong way.” The researcher clarified her response by asking, “So, to clarify, it sounds like learning to take shortcuts during patient care could be considered a disadvantage to working as a nursing assistant,” She replied in the affirmative. Calista and Betty made similar comments. She said, “My first job was in a nursing home, and I felt like I learned really bad habits [as a nursing assistant].” She went on to say that “the only real disadvantage would be if you saw what other nursing assistants were doing and developed bad habits from them.”

Communication.

Under the coding of comfort, all of participants identified a level of comfort talking with their patients. They also said that the experience of working as a nursing assistant helped them feel comfortable talking to and asking questions of nurses and nursing assistants. Florence said, “I think it definitely helped, being able to walk into the patient’s room and feel more comfortable than if I had not worked as a nursing assistant.” Martha said, “I think being able to interact with the patient and patient’s family is what helped me the most clinically.”

Betty took a different direction with her comments. She included the idea of being able to communicate more easily with nurses and nursing assistants while in clinical as an advantage.

She said:

I feel like I had more assertiveness with the patients and with the other nurses and nursing assistants. I felt like I was more of a leader because I was comfortable in that environment. It makes the patient interactions, such as small talk, flow more easily because you’re more comfortable with them. So, just people skills most definitely became better.

Calista echoed the views of the others related about being able to communicate better because of her time working as a nursing assistant. She said:

I think the major advantage [of working as a nursing assistant] is that I felt like I knew when and how to communicate with patients and I felt comfortable with, like, knowing what their needs were and what they wanted and how to decipher between the two.

Dorothy added an interesting point as to how working as a nursing assistant helped her communicate better. She said that because she was able to do her summer internship on several units, she gained experience communicating with different groups, such as intensive care nurses, nursing assistants, medical surgical nurses, and physicians, throughout the hospital system. She said, “It prepared me to get used to dealing with people who are not like-minded who were working on different floors with different roles, and I felt like I was ahead of the ballgame.” She went on to say:

I feel like one of the strongest parts of my nursing ability is being able to connect with people. I can just strike up a conversation with people while doing an assessment because I don't have that awkward barrier between student and patient. I was able to tackle that issue the summer before I entered my junior year of nursing school. I feel like it really helped me to connect with people.

The thematic category of communication re-emerged during the focus group discussion. Betty said she had more confidence to ask questions because she had worked as a nursing assistant. She said it this way: “I found that I had a greater confidence to ask my nurse questions or to ask about test questions in nursing school. I just felt like it gave me better people skills.” Virginia also voiced her opinion that working as a nursing assistant gave her confidence to communicate and work with patients.

Realities of nursing.

Six of the seven the participants reflected on the concept of the realities of nursing during the interviews and focus group. As participants discussed the realities of nursing, they commonly

referred to what they were observing in practice in comparison or in contrast to what was presented in their textbooks. They also discussed the stress of having many patients and many tasks to perform as being a reality of nursing.

Virginia was the most vocal of all of the participants about how working as a nursing assistant helped her understand the realities of nursing. The very first item that she identified as being an advantage of working as a nursing assistant was that she believed it helped her to see the realities of nursing from a different perspective. She said it this way:

I think that in nursing school you learn what I think is a very ivory tower situation where everything is going to work out the way you want it to dealing with only one patient. But having the ability to be in the clinical setting with multiple patients, you can get a better feel and understanding of how the team works together. The patient load helps you understand how things really happen when situations come up that may not be presented in the perfect clinical scenario. It prepares you for situations that come up that could derail you in real life. You learn to anticipate a medication or procedure being hung up in pharmacy in real life and you can be prepared for that as being part of your reality of your nursing life.

Patricia also felt that working as a nursing assistant helped her to understand the realities of being a nurse. Her perspective also came from dealing with the unexpected. She said working as a nursing assistant “teaches you to handle pressure and to be independent. And so, I remember there being busy as a nursing assistant running back and forth and I just think it helped me.” She also said, “Just hearing the doctors teach their patients helped me to, like, understand the practical side of things”.

Betty summarized the realities of nursing that she learned as a nursing assistant by discussing the amount of work done in the role of the nursing assistant. She said, “Working without breaks has a direct impact on the way one views real nursing.” She also said, “As a nursing assistant, you have eight to ten patients and you’re working so quickly, it really helps with the junior year in helping your work ethic and to be able to see how much gets accomplished.” As a nursing assistant, she said that she “got used to working in that intensely stressful situation and having to accomplish goals.”

Dorothy commented about the realities of nursing from a naturalistic perspective. Nursing reality for Dorothy had more to do with type of care than quantity of care. She said, “Working as a nursing assistant definitely gave me a realistic approach to nursing. . . . I think that summer I got used to taking care of whatever came out of a patient’s body while at the same time respecting their dignity.”

During the focus group, the participants had more to say about the realities of nursing than they had during the individual interviews. Martha said that what she read in the textbooks and what she saw in practice was “a different reality.” In contrast, Dorothy said that her work the summer before her junior year allowed her to make connections between the textbook and real life. Virginia credited her work as a nursing assistant for her ability “to become more comfortable with the realities of patient flow and how to do their assessments.” These three comments, along with the interview comments, suggest that the participants in this study believed their understanding of nursing was made more real because they had worked as nursing assistants before or during their junior year.

Time management.

Virginia was the only participant to bring up the concept of time management during the individual interviews. She had worked in the Emergency Department (ED) during the second

semester of her junior year. She had identified that patient flow through the ED was an important part of time management for the nursing assistant to learn. She stated, “Working as a nursing assistant helped me learn how to distribute the patient work and to learn how things really happen when situations come up that are not perfect.”

Most of the data associated with time management emerged during the focus group rather than from the individual interviews. During the focus group, Dorothy said:

I felt like it [working as a nursing assistant] helped me with time management by spending so much time in the hospital and seeing how all the nurses structured their day and how they structured their assessments on the needs of the patients.

Betty agreed with Dorothy, and she added her own comments to the discussion. She explained:

I think the nursing assistant’s work is highly stressful because you have a lot to do in a short amount of time. So, with better time management practices, you can handle the intensity and stress better by being conditioned as a nursing assistant.”

Calista included the concept of prioritizing care in the discussion about time management. She spoke about prioritizing care as a component of time management and differentiated between the nurse and the nursing assistant roles. Her comments were:

I also think working as a nursing assistant helped to prioritize care - like, not the same as a nurse, but kind of the same concept like what she [Dorothy] said about time management. You have a limited amount of time in your day and you have all the stuff to get done and it makes you start thinking about what you had to do first, like which patient’s vital signs you will get first.

Theme Two: Factors That Influenced Academic Perceptions

Theme Two includes factors that the participants identified as influencing their perception of school while participating in academic activities. Two categories emerged from the coding as influences on academic perception. The two categories were the relationship between experience and class and understanding of medications. Figure 3 is a visual representation of Theme Two.

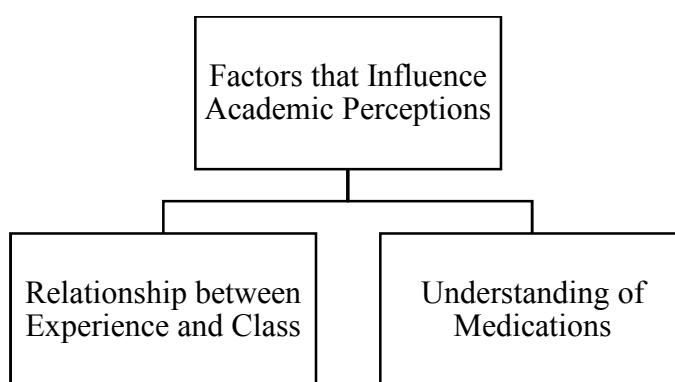


Figure 3. Representation of Theme Two: Factors That Influenced Academic Perceptions.

Relationship between experience and class.

Six of the seven participants made a connection between what they had seen while working as nursing assistants and what they were learning in class. The connections were primarily associations between experience and either class material or testing material. The connection between experience and tests included both positive and negative associations.

Virginia associated her experiences as a nursing assistant with her nursing classes this way:

I think the biggest thing is that in nursing class, you are able to look back and go through your memory logs and remember things you have seen in the clinical setting, and this helps you link a patient scenario with what you're learning in class or what you see in the

textbook. You say to yourself, “Wow, this is what we’ve done,” and it starts you thinking about what you’re learning in class, and now it is really happening and it makes the situation more realistic.

Patricia also made a connection between her experiences and classroom learning. She said:

Working as a nursing assistant helped me academically because the doctors I worked with wanted an assistant in the room with them during their assessments. I feel like that affected me because when they would go through the issues with their patients, they would explain things such as lipid panels and I would learn from that. So, indirectly, they would be teaching me by explaining things to the patients.

Both Betty and Dorothy also made connections between what they had experienced as nursing assistants and what they were learning in class. Betty simply said, “I think it helped me picture more what is going on.” Dorothy gave a lengthier explanation. She said:

Well, [in class] I was able to relate to my clinical experiences. I got very lucky with the studying of MedSurg because I was able to make some types of a hands-on comparison to what I was learning. Even if it wasn’t a specific diagnosis of what I had seen, I was able to remember aspects of care that were similar. I did better than had hoped in MedSurg and actually all of my classes, so I feel like my experiences affected my grades positively.

Martha and Calista focused on how their experiences impacted their ability to take tests during the junior year. Martha explained, “I think it helped me to be able to think through the questions we have on tests because a lot of the questions are what would you do in a situation.” Calista had both positive and negative comments regarding how working as a nursing assistant

impacted her testing in nursing classes. At first she said, “I got some of the questions wrong because of my experiences as a nursing assistant.” She explained that at the beginning of the year, she would answer questions from a nursing assistant perspective and not from a nursing perspective. Later during the individual interview, she said, “It was easier to think about questions because I’ve been in a lot of those situations.” Calista’s comments were interpreted to mean that as she progressed in nursing school, she was able to transition her thinking from that of a nursing assistant to that of a nurse. Calista’s comments correlate with the findings of Hoffart et al. (2006) which suggested that students who worked in a co-op environment first developed lower levels of learning, including basic skills and clinical procedures, prior to engagement with the higher levels of conceptual learning.

During the focus group, four comments were made augmenting what had already been said in the individual interviews related to how the participants felt their experiences impacted their learning. The comments during the focus group centered on test taking. Martha reiterated her thoughts about the connection between experience and classroom. She said, “I think the one thing I have found is that on tests, we are always being asked what you would do first and I’ve seen that played out in different scenarios as a nursing assistant.” Virginia agreed with Martha and said, “I think that my experiences as a nursing assistant definitely made me a better test taker because I’ve seen what we actually did in a situation.” Dorothy made the comment, “Even with assessment questions, I was able to connect the disease process with what problem we’re looking for with the patient.” Patricia somewhat summarized the conversation in the focus group by stating, “Sometimes while in nursing school, you feel like the textbook comes from a fictional world, but when you have seen a patient with the same issues, you realize the textbook was

right.” When Patricia made this comment, the other participants nodded their heads in agreement.

Understanding of medications.

Understanding medications as a result of working as a nursing assistant was an unexpected theme to emerge from the interviews and focus group. This finding was not seen in the literature review. The participants who made an association between having worked as a nursing assistant and having a better understanding of medications were those who had worked in a physician’s office rather than a hospital environment while they were nursing assistants.

Martha had worked in a physician’s office as a nursing assistant. She made these comments about the association between working as a nursing assistant and her understanding of medications:

I really think it [working as a nursing assistant] helped me, especially in pharmacology and charting. It helped me with pharmacology because when I’m putting medication in to the chart, I had to ask the patient what medication they are taking and that that helped me become familiar with a lot of the indications and what they are used for. That was probably the most beneficial thing.

Patricia, who worked in a family practice clinic, had similar things to say about the association between her experiences as a nursing assistant and her understanding of medications. She said:

Well, logistically speaking, you get exposure to a lot of medication; so, like, before my junior year and before pharmacology, I was aware of those medication my patients would receive. Things like amlodipine and medications that you would see frequently with older patients and all. Pharmacology was still tough for me because there were a lot more

medications I had to learn, but I was still already exposed to many of them. So, the exposure to medication was definitely an advantage.

Betty had less to say about the association between working as a nursing assistant and her understanding of medications. Betty worked in an assisted living facility, so she did not have the responsibility of documenting patient medications like Patricia and Martha. Betty said, “I would pick up information about medication when listening to report from the nurses about my patients.”

Patricia summarized the connection between working as a nursing assistant and understanding of medication during the focus group. She said, “I worked in a doctor’s office, so academically, I feel like before my junior year I had a good understanding of pharmacology by helping my patients refill their medications. But, of course, I had to learn it much deeper when I got to nursing school.” The other participants in the room nodded their agreement with Patricia’s comments.

Theme Three: Factors That Influenced Perception of Nursing Roles

Theme Three included factors that the participants identified as influencing their perception of nursing roles. Two categories emerged from the coding as influences on nursing roles. The two categories were understanding of different nursing roles and role transition.

Figure 4 is a visual representation of Theme Three.

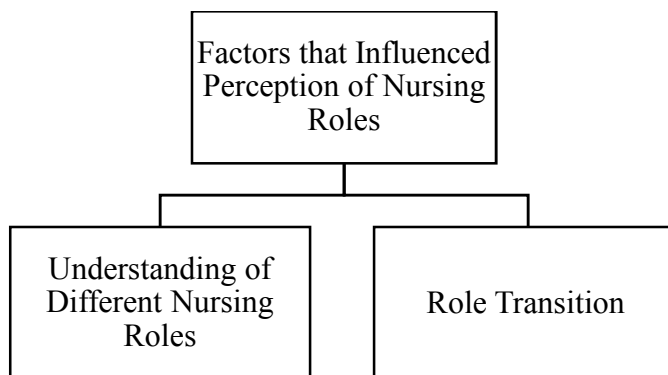


Figure 4. Representation of Theme Three: Factors That Influenced Perception of Nursing Roles.

Understanding of different nursing roles.

Interestingly, several of the participants identified differing roles among nursing levels as insight into the world of nursing that they developed as a result of being a nursing assistant prior to being in nursing school. The three levels of nursing that were identified was that of nursing assistant, licensed practical nurse (LPN), and registered nurse (RN).

Martha articulated her perceptions very clearly. She had worked in a physician's office with mostly LPN staffing. Her comments were:

I think it [working as a nursing assistant] helped me have a greater appreciation for nursing school - especially the bachelor's degree, because a lot of the nurses I work with are LPNs. There is nothing wrong with LPNs, but I definitely appreciate the level of classes that we have such as pharmacology and MedSurg. I think I was able to understand things at a different viewpoint than the LPNs.

Patricia had very similar remarks as Martha. Patricia worked in a family practice clinic, which was also mostly staffed with LPNs. She articulated her perception this way:

Well, truthfully, working as a nursing assistant made me very thankful for our program. There have been countless times where the other assistants [in the family practice clinic] came to me and asked what something meant, or they would look at laboratory values

and ask me what it meant or what the abbreviation stood for. So, they were asking me for help while I am still in nursing school. So, I feel like just going through a BSN program, you get so much more teaching and I feel like as a medical assistant you get to know how to do things. But, they are not taught why they do things.

Betty also stated that she felt being a nursing assistant helped her to understand the different roles among the levels of nursing. She said, “I just think that in our BSN program we get a really good holistic view of what goes into good patient care. . . . I feel like I am able to see that by having worked in the field and not just having been in school.”

During the focus group, Martha brought up the concept of differing roles among nursing levels. She said, “I think being a nursing assistant so long really instilled the things to watch for as a RN rather than just as a nursing assistant or LPN.” Dorothy added to Martha’s comments, saying, “I think my experience as a nursing assistant really helped me to see the clinical picture and how working as a team on the unit is so important.” Both Martha’s and Dorothy’s comments were received with affirmative nods by the other participants in the focus group.

Role transition.

Role ambiguity or inability to transition from the role of nursing assistant into the role of nursing student was cited as an issue in the literature review (Brennan & McSherry, 2007; Hasson et al., 2013). A similar subtheme emerged during the individual interviews as well as during the focus group discussions. However, the data that emerged during this research indicated that the problem of role ambiguity stemmed from the participants’ focus during nursing school while in clinical rather than from the nurses and nursing assistants they were working with as a nursing student.

Florence found that she had trouble developing a less task-oriented mindset when she was working with patients clinically. She said, “Sometimes I think that when you work in the

clinical area, you forget that you a nursing student and you function like a nursing assistant.” She went on to say that she felt like she would become task-oriented when she was functioning or in the mindset of being a nursing assistant.

Patricia said that she believed working at only one place as a nursing assistant may have narrowed her scope of practice. She said, “I think that working at only one place can limit your understanding of the fact that all facilities are not the same.” She said that she would encourage other students to work in as many places as possible to get a well-rounded view of nursing.

Calista felt that she did not understand the role transition that she would need to make as a nursing student. She said, “I had the impression that nurses work hard and they give lots of medications, but I did not know how hard it was and how much different it was [that being a nursing assistant].” She did go on to say that her working as a nursing assistant helped her transition into the nursing student role. She said, “I was very comfortable taking care of patients and being with them. . . . It gave me good confidence to move forward.”

During the focus group discussion, Dorothy articulated her view of how being a nursing assistant allowed her to distinguish between the differing roles of nursing assistant and nursing student. She had worked as a nurse intern the summer before her junior year of nursing school. She said:

I felt like it [being a nursing assistant] allowed me to see from the eyes of a nursing assistant rather than just the eyes of an RN. My job allowed me to focus on the patient’s basic needs and basic skills. This gave me a lot more respect for nursing assistants as well as a different perspective. As nurses we need help sometimes, and having worked as a nursing assistant has kind of taught me when and how to ask for help from the nursing assistants.

Calista said that she felt the transition from nursing assistant to nursing student was a good one for her. She said, “I feel like you really have a broader knowledge base from being a nursing assistant. She also said, “I’ve seen a lot of things but not really knowing what was going on and now nursing school has helped that all come together.”

Overall, the participants believed that being nursing assistants prior to nursing school helped them to transition into their roles as student nurses. They were able to articulate the differences between their roles as a nursing assistant and BSN student.

Theme Four: Mean Academic Achievement

The mean grade point averages (GPAs) of the core junior nursing courses for those students working as nursing assistants and the mean GPAs of the junior nursing courses for the comparison group of students working in non-nursing jobs while in the junior year of nursing school were collected from the university web-based grade storage system. It is important to note that only two of the participants (Florence and Virginia) worked while the academic semesters were in session. Four of the participants (Martha, Patricia, Betty, and Dorothy) worked during both their summers and breaks before and during the junior year of nursing school. One participant (Dorothy) only worked as a nursing assistant the summer prior to her junior year of nursing school. The core nursing courses of the junior year included Medical Surgical Nursing I and II, Pharmacology I and II, Pediatrics, and Obstetrics. Therefore, a total of five course grades for each participant were gathered for comparison. Table 2 is a representation of the letter grades achieved by each participant of this research in the core junior level nursing courses.

A letter grade was assigned to each of the core nursing courses for a final grade in those courses. These scores were analyzed based on a four-point GPA scale. For example, a letter grade of an A represents 4.0 on the four-point scale. Likewise, a letter grade of a B represents a

GPA score of 3.0, a letter grade of C represents a 2.0 GPA score, and a letter grade of D represents a 1.0 GPA score.

Table 2

Core Nursing Course Grades for Participants of Study

| | Med Surg I | Med Surg II | Pharm I | Pharm II | OB | Peds |
|----------|------------|-------------|---------|----------|----|------|
| Florence | C | B | C | C | C | C |
| Virginia | C | B | B | C | B | B |
| Martha | C | B | B | B | C | C |
| Patricia | B | A | B | B | B | B |
| Betty | C | B | C | C | C | B |
| Calista | B | B | B | A | B | B |
| Dorothy | B | A | C | B | B | B |

The non-equivalent group of students used to for grade comparison came from the same class of students who participated in this research. To be in the non-equivalent group, the participants were required to have worked part time during nursing school, whether during school breaks or the school session of their junior year of nursing school. Table 3 is a representation of the grades achieved for each of the non-equivalent participants in their core junior level nursing courses.

An equal number of participants were utilized for the non-equivalent group of participants. A total of 59 potential participants were identified from the pre-research Type of Work Questionnaire responses (see Appendix B). The names of those 59 candidates were printed and put in a bowl. Of those names, seven were blindly selected by a nursing professor colleague, making the selection randomized from the group that met participation criteria.

Table 3

Core Nursing Course Grades for Non-Equivalent Participants of Study

| | Med Surg I | Med Surg II | Pharm I | Pharm II | OB | Peds |
|---------------|------------|-------------|---------|----------|----|------|
| Participant 1 | C | B | C | C | B | C |
| Participant 2 | C | B | C | C | B | B |
| Participant 3 | B | B | B | C | B | B |
| Participant 4 | B | A | B | B | B | B |
| Participant 5 | C | B | C | C | C | C |
| Participant 6 | B | B | B | C | C | C |
| Participant 7 | B | B | B | B | B | B |

The cumulative GPA among the participants who worked as nursing assistants was 2.70. The GPA among the non-equivalent group of participants who worked in jobs other than that of nursing assistants was also 2.70. Of all of the students measured, both those who worked as nursing assistants and those who did not, each group had one participant with a very low nursing core course GPA of 2.17. The student in the group who worked as nursing assistants who had the GPA of 2.17 was Florence. In contrast, of all of the students measured, the group with those who worked as nursing assistants had two students who achieved a GPA score of 3.17, while the group of students who did not work as nursing assistants only had one student who achieved a GPA of 3.17.

In addition to comparing the GPAs between the two groups, to strengthen the research by triangulating data analysis, a comparison of grades among the participants of the study was done. The one significant finding among the group data was that the two participants in the group who worked greater than 16 hours per week (Florence and Virginia) both had a GPA lower than the mean GPA of the group. Florence had a GPA of 2.17, and Virginia had a GPA of 2.67.

Research Questions

Themes and subthemes emerged from the data as it was coded. Each of the themes and subthemes correlated with the research questions for this research. Figure 5 is a visual representation of the relationship between the themes and subthemes with the corresponding research questions.

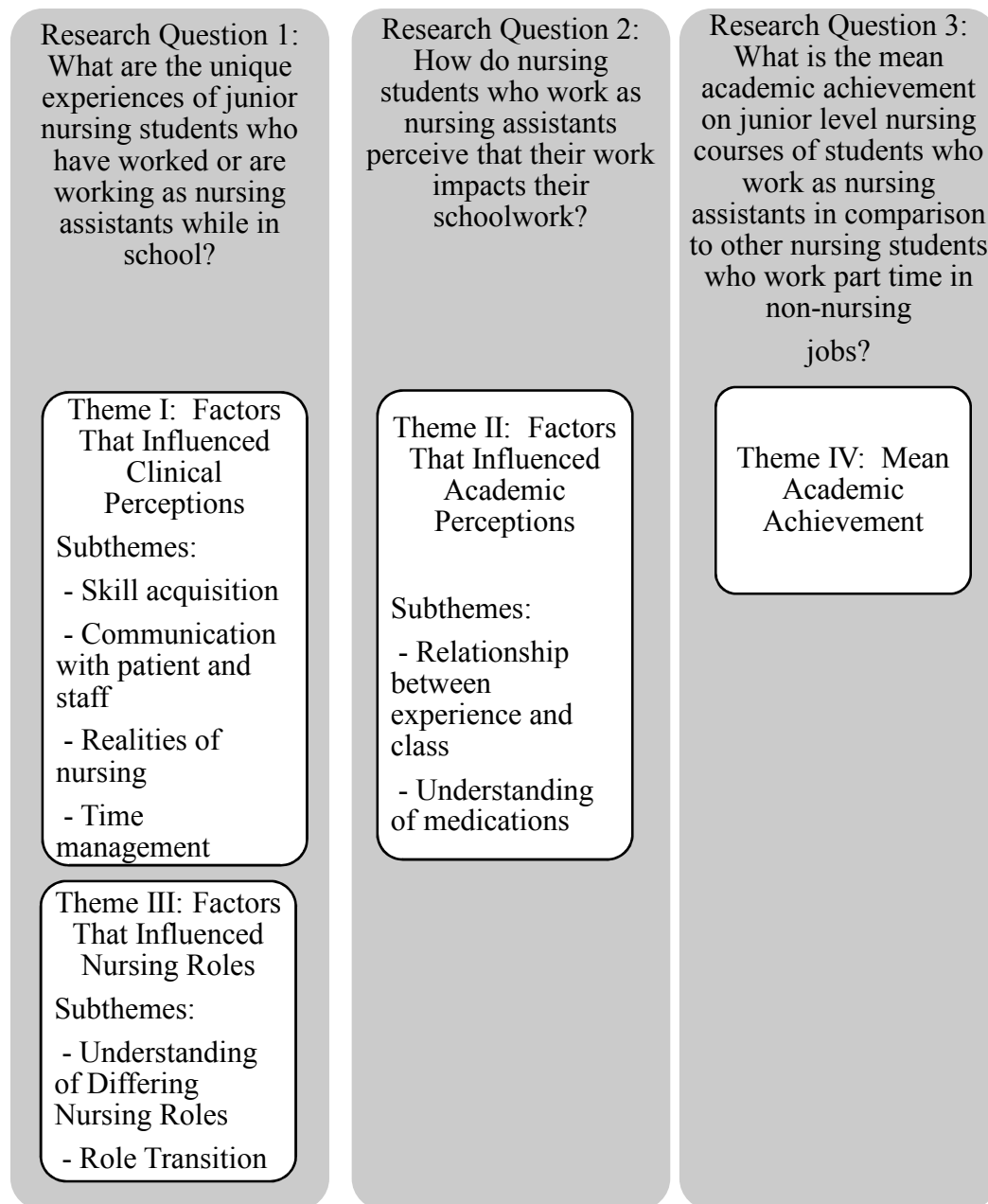


Figure 5. Relationship between Research Questions and Themes/Subthemes

Research Question 1: What are the unique experiences of junior nursing students who have worked or are working as nursing assistants while in school?

Data associated with the first research question came from both individual interviews and the focus group discussion. The two primary themes that emerged associated with the unique experiences of junior nursing students were factors that influenced clinical perceptions and factors that influenced perceptions of clinical roles. Within both of these themes, several unique experiences were identified.

Participants had both positive and negative perceptions of how working as a nursing assistant impacted their skill acquisition. Most of the participants identified skill acquisition as a strength of having been a nursing assistant. They perceived themselves as having more time to practice skills before school. They believed their skill acquisition freed their time to be utilized on other aspects of nursing school. In addition to the positive comments about skill acquisition, there was also the concern that skill acquisition could also have a negative impact if the skill was learned incorrectly as a nursing assistant. The participants referred to this possibility as “learning bad habits.”

The ability to communicate with both patients and staff was identified as one of the most important impacts working as a nursing assistant had on the participants during their junior year. The participants said that after working as a nursing assistant, they felt comfortable talking with patients. They also identified being assertive with their communication among nursing staff as having a positive impact on their clinical experience.

Participants found that their experiences as nursing assistants helped them prepare for the realities of nursing. They said that their experiences allowed them to make connections between what they read in the textbook and what they saw during clinical. The participants also said that

their experiences helped them to be prepared for the unexpected, which, in turn, helped them to make what they were learning more of a reality. The participants said they felt they were better able to deal with the amount of work required during student clinical better than their peers who had not worked as nursing assistants.

All of the participants were grateful for their opportunity to develop their time management skills prior to nursing school. They described that they had many tasks to complete during clinical. They felt that they were able to complete those tasks quickly and with greater acumen than students who had not worked as nursing assistants prior to school.

A unique finding among the responses of the participants was that they felt their experiences as a nursing assistant helped them to understand better the different roles of nurses. They differentiated between the nursing assistant, LPN, and RN roles. They believed that understanding the different roles helped them to respect what each role in patient care accomplishes. They also felt their experiences helped them to communicate between the different levels of nurses more effectively than if they had not had those experiences.

The final unique experience identified among the participants was that they believed their experiences helped them to transition into the nursing student role more quickly. One participant said that she would often switch back into her task-oriented nursing assistant role during clinical. She saw this as a negative impact on her clinical learning. All of the other participants felt that their experiences as a nursing assistant helped them to adapt more quickly to their new role as nursing students than if they had not had those experiences. They also believed their experiences as nursing assistants would also help them in their transition into the RN role.

Research Question 2: How do nursing students who work as nursing assistants perceive that their work impacts their schoolwork?

Academically, the participants perceived that their work as nursing assistants impacted their nursing school experience in two ways. First, they believed their experiences provided a better connection between what they saw in clinical and what they learned in the classroom. Secondly, they said that their experiences gave them a better perspective and understanding of test questions.

In addition to the above perceptions, the participants also noted that they understood medications better because of their experiences working as nursing assistants. Their understanding of medications came primarily from those participants who had frequently documented medications as nursing assistants. During the focus group conversation, everyone gave either verbal or nonverbal agreement that understanding medications was a benefit of working as a nursing assistant prior to or during nursing school.

Research Question 3: What is the mean academic achievement on junior level nursing courses of students who work as nursing assistants in comparison to other nursing students who work part time in non-nursing jobs?

The mean grade point average (GPA) of the core junior nursing courses for those students who worked as nursing assistants and the mean GPA of the junior nursing courses for the comparison group of students working in non-nursing jobs while in junior year nursing school were compared using university web-based grade storage system. The total GPA among the participants who worked as nursing assistants was 2.7. The GPA among the non-equivalent group of participants who worked in jobs other than that of nursing assistants was also 2.7. The lowest score in each group was 2.2 and the highest score in each group was 3.2.

Summary

In this chapter, the data were presented from conducting individual interviews, a focus group discussion, and a comparison of grades between the participants and a non-equivalent group. Portraits of each of the participants were provided in an effort to describe and reference the context of their stories and comments. As data were coded and categorized, themes and subthemes emerged. The primary themes that emerged included factors that influenced clinical perceptions, academic perceptions, and role transition. Each of the themes included subthemes. The four subthemes that influenced clinical perceptions were skill acquisition, communication with patients and staff, realities of nursing, and time management. The participants felt that each of these factors helped them function effectively during their clinical experiences as a nursing student. The subthemes that influenced academic perceptions included relationship between experience and class and understanding of medications. Participants perceived that both of these subthemes had a positive impact upon their classroom experiences. The subthemes that influenced perception of nursing roles included understanding of differing nursing roles and role transition. The participants believed their experiences as nursing assistants helped them to transition into the role of a nursing student and to understand their role better. The core nursing course GPA of those students who participated in the study were compared to the GPA of a non-equivalent group of students from the same class who worked in non-nursing jobs during their nursing school experience. Both groups had the same GPA of 2.7 on a 4.0 scale. The high mean individual score for each group was 3.2 and the low mean individual score for each group was 2.2.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Overview

The purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a BSN pre-licensure program. A qualitative phenomenological approach was used to explore the experiences of seven senior BSN students who had worked as nursing assistants either during or prior to their junior year of nursing school. Three data collection methods were used for this research: individual interviews, a focus group discussion, and a comparison of the group core junior nursing course grades to a non-equivalent group of students who had worked in jobs other than nursing assistants. Three theoretical frameworks were used to develop the theoretical model for this research: Benner's Novice to Expert, Lave's Situated Learning Theory, and Johari Window (Benner, 2001; Lave & Wenger, 1991; Luft & Ingham, 1961). Chapter Five will provide a summary of the findings and a discussion of those findings. Additionally, Chapter Five will include implications for practice, limitations of the study, and recommendations for future research to build upon this research. The following research questions were used to guide this study:

1. What are the unique experiences of junior nursing students who have worked or are working as nursing assistants while in school?
2. How do nursing students who worked as nursing assistants perceive their work as impacting their schoolwork?
3. What is the mean academic achievement on junior level nursing courses of students who work as nursing assistants in comparison to other nursing students who work part time in non-nursing jobs?

Using the above research questions as a guide, chapter five provides a summary of the findings with a discussion of those findings. The findings were developed using the three major themes which emerged from the data. These themes include factors that influenced clinical perceptions, factors that influenced academic perceptions, and factors that influenced perception of nursing roles. Additionally, Chapter five includes implications for practice, limitations of the study, and recommendations for future research to build upon the present study.

Summary of Findings

Careful analysis of data for this research included word frequency counts, coding, categorization of codes, and development of codes into meaningful themes. Each of the themes and subthemes correlated with the research questions driving this research. The following provides a brief summary of thematic findings associated with the research questions for this study.

Research Question 1: What are the unique experiences of junior nursing students who have worked or are working as nursing assistants while in school?

Factors that influenced clinical perceptions emerged from the data as a primary theme associated with the unique experiences of junior nursing students who worked as nursing assistants prior to or during nursing school. Subthemes associated with factors that influenced clinical perceptions included skill acquisition, communication with patients and staff, realities of nursing practice, and time management. The participants felt they were better prepared for skill acquisition than those who had not worked as nursing assistants prior to or during nursing school. They also voiced concerns that working as a nursing assistant could potentially influence students to learn bad habits or incorrect skill acquisition which may in turn be hard to correct in nursing school. The participants emphasized that in comparison to their peers who had not been nursing assistants, they felt their experiences as nursing assistants helped them to communicate

better with their patients and with nursing staff during nursing school clinical. They also found that their experiences helped them navigate the realities of nursing during clinical and to anticipate their patients' needs more accurately than those who had not worked as nursing assistants. Lastly, under the theme of clinical perception, the participants felt they garnered time management skills quicker than those students who had not worked as nursing assistants.

Factors that influenced students' perceptions of clinical roles emerged from the data as a second theme that was associated with the unique experiences of students who worked as nursing assistants prior to or during nursing school included specific. Subthemes associated with factors that influenced perceptions of clinical roles included understanding different nursing roles and role transition. The participants felt that they had a better understanding of the different nursing roles among nursing assistants, LPNs, and RNs because they had worked as nursing assistants themselves. They also felt they had an easier transition into the role of being a nursing student than did their peers because of their work as nursing assistants.

Research Question 2: How do nursing students who work as nursing assistants perceive that their work impacts their schoolwork?

Two subthemes emerged from the data that were associated with the theme of academic achievement. These two subthemes included the relationship between experience and class and better understanding of medications. The participants felt their experiences of working as a nursing assistant provided a better connection between what they saw in clinical and what they learned in the classroom. They said that their experiences working as a nursing assistants gave them a better perspective on and understanding of test questions. The participants also described understanding medications or pharmacology better than their peers as a result of their experiences working as nursing assistants.

Research Question 3: What is the mean academic achievement on junior level nursing courses of students who work as nursing assistants in comparison to other nursing students who work part time in non-nursing jobs?

The mean GPAs of the junior level nursing core courses were compared between the participant group and a non-equivalent comparative group of students who worked in non-nursing jobs during nursing school. No significant difference was seen between mean GPA scores of the two groups. The total GPA among the participants who worked as nursing assistants was 2.7. The GPA among the non-equivalent group of participants who worked in jobs other than that of nursing assistants was also 2.7. Therefore, there was no difference found between the mean GPA of those students working as nursing assistants in comparison to the GPA of other nursing students who were working part time in non-nursing jobs.

Discussion

The goal of this research was to build upon the existing body of knowledge related to how students who work as nursing assistants perceive that work impacts their school experience. Two broad categories of information emerged from the empirical body of literature related to this subject. Those two categories were how the amount of work impacted academic experiences and how the type of work impacted academic experiences. This research was built upon the theoretical foundations of Benner's Novice to Expert Theory, Lave's Situated Learning Theory, and the Johari Window Theory (Benner, 2001; Lave & Wegner, 1989; Luft & Ingham, 1961). Utilizing these three research theories, this research was conducted under the theoretical model that as students work as nursing assistants, they will become part of the nursing culture. By becoming part of the nursing culture, the students develop a greater open area for learning and their learning has a greater potential to become intuitive than had they not been in the culture.

Amount of Work Impact on Academic Experience

Previous research suggested that students who work greater than 16 hours per week tend to have poorer grades than students who do not work at all. The literature also suggested that students who work fewer than 16 hours per week tend to have better grades than both students who do not work and those who work greater than 16 hours per week (Pitt et al., 2012). For this study, only two of the seven participants, Florence and Virginia, worked while the academic semesters were in session. Both Florence and Virginia worked greater than 16 hours per week during academic sessions. Just as in previous research (Reyes et al., 2012), they both said they had to work to meet the financial obligations of college. The mean core junior nursing course GPA among all seven of the participants for this research was 2.7 on a 4.0 grading scale. Florence had a core junior nursing course GPA of 2.2 on a 4.0 scale. Virginia had a 2.7 core junior nursing course GPA of 2.7 on a 4.0 scale.

These findings corroborate previous research findings suggesting that working greater than 16 hours per week may have a negative impact upon grades. With only two participants, no significant inferences may be made. However, these findings were expected based upon previous research findings.

Type of Work Impact on Academic Experience

Warren (2014) compared nursing grades of students who worked as nursing assistants and those who worked in non-nursing jobs during school. No significant difference between the two groups' grades were found. Similar results were found in this study comparing the junior nursing core courses GPA between the two groups. The total GPA average score among the participants who worked as nursing assistants was 2.7. The GPA average score among the non-

equivalent group of participants who worked in jobs other than that of nursing assistants was also 2.7. Therefore, the findings of this research corroborate the findings of Warren (2014).

Several studies suggested that students who work as nursing assistants prior to or during nursing school perceive skill acquisition to be easier for them than those who did not work as nursing assistants. Hasson et al. (2013) found that students who had been nursing assistants prior to nursing school would go as far as “showing off skills” while in the clinical environment. Hoffart et al. (2006) explored the perceptions of both nurse managers in charge of students and nursing students who worked in a co-op learning model during nursing school. Both nurse managers and students cited that students’ higher comfort level with skill acquisition as a result of their clinical experiences as being a major strength or outcome of the program.

Unsurprisingly, the participants of this research also identified skill acquisition as a major benefit of their experience as nursing assistants either prior to or during school. In the study by Hoffart et al. (2006), students who participated in a nursing school co-op program would do academics one semester and then have clinical opportunity the following semester. Theoretically, the two were exclusive to one another. Therefore, just as in the research by Hoffart et al. (2006), the participants of this study viewed skill acquisition being an important asset. This research corroborates with the research of Hoffart et al. (2006) in that both studies found that the participants identified skill acquisition as beneficial in their development as nursing students.

In the research by Hoffart et al. (2006), students also felt that because they had an improved skill set going into their academics, being in the co-op program allowed them to better integrate basic nursing knowledge into higher-level thinking. The participants identified higher-level thinking as required to be successful learning nursing academics and therapeutic patient care needs taught in class. The participants of this study also believed that their experiences

allowed them to correlate real life nursing experiences with what was being taught academically. Therefore, this is another area in which this research corroborated the findings of Hoffart et al. (2006). Participants felt they were able to achieve a higher level of learning or at the least make better connections with learning than those students who had not had the experience of working as a nursing assistant.

Hasson et al. (2013) found that students who had worked as nursing assistants felt more confident and that more prepared to face the realities of nursing than were their peers who had not worked as nursing assistants. This finding correlates with the findings of this research. Participants of this research stated they felt more ready to face the realities of nursing while in clinical than those students who had not worked as nursing assistants. The participants of this research described this ability to be ready for the realities of nursing to be critical in their preparedness and success while in the clinical setting.

Both Lyon et al. (2010) and Hasson et al. (2013) found that students who had worked as nursing assistants felt that they communicated with other staff in clinical better than did those who had not had experience of working as nursing assistants. In both of these studies, the participants identified their ability to better communicate to be a result of having increased comfort levels as and confidence due to their work as nursing assistants. The participants of this research also identified communication as a strength resulting from their experiences as nursing assistants. Interestingly, the coding and categorization for this research correlated and followed the same flow as the findings of both Lyon et al. (2010) and Hasson, et al. (2013). The concept of better communication stemmed from the coding and categorization of experience and comfort level. The participants in the studies by Lyon et al. (2010) and Hasson, et al. (2013) identified the perception of improved staff communication as a benefit of having worked as a nursing assistant.

However, for this research, the participants included both communication with nursing staff and communication with patients as perceived benefits of having worked as nursing assistants. This finding is meaningful because it correlates so strongly with the foundational theoretical framework of this research. The perception of feeling comfortable communicating with nursing staff represents acceptance and becoming part of the nursing culture. The participants also felt they communicated better with patients than their peers who had not been nursing assistants. The perception of having greater comfort communicating with patients may reflect the transference of learning where learning is intuitive. This finding also correlates with the foundational theoretical model upon which this research was built.

Theoretical Framework

The theoretical framework of this research stemmed from Benner's Novice to Expert Theory, Lave's Situated Learning Theory, and Johari Window Theory (Benner, 2001; Lave & Wegner, 1989; Luft & Ingham, 1961). Lave's Situated Learning Theory (Lave & Wegner, 1989) was developed from the discipline of education. Benner's Novice to Expert Theory (Benner, 2001) was developed from the discipline of nursing, and Johari Window Model (Luft & Ingham, 1961) was developed from the discipline of communication.

Benner's Novice to Expert model suggested that the longer a nurse works within a practice setting, the higher the level of aptitude on the Dreyfus model he or she will achieve. In contrast, when a nurse moves from one practice area to another, her or his level of expertise subsequently decreases (Benner, 2001). The essence of Benner's assertion is that when a nurse moves from one patient population or specialty of care, there is a change in that nurse's level of expertise. This concept would suggest that students will theoretically feel comfortable and learn quickly in areas similar to the area in which they work as a nursing assistant. Several comments

by the participants suggest this to be true. Martha mentioned several times that due to her frequent charting as a nursing assistant, she felt charting as a nursing student came more naturally to her than to other students who had not been nursing assistants. Patricia said when she had completed a skill as a nursing assistant, it gave her the confidence to step up and do the skill as a nursing student. Benner (2001) also said nurses who move from one area to another may reach proficiency more quickly than the new or novice nurse. There was a resounding consensus among the participants during the focus group that the longer they worked as a nursing assistant, the easier it was to transition into the role of nursing student. All of the participants in this study said, either in the individual interviews or in the focus group, they believed they were more proficient at skills than those students who had not worked as nursing assistants. Therefore, the participants indicated a strong feeling that working as a nursing assistant had a positive influence on their clinical efforts. However, there was also a strong positive connection between academic efforts and having worked as a nursing assistant. Specifically, Betty and Patricia said they felt they performed better academically and understood medications better because of their work as a nursing assistant. All of the participants agreed during the focus group that when they saw a situation as a nursing assistant, it helped them to learn better in class. Dorothy said she believed having worked as a nursing assistant helped her when taking nursing tests. The one contrasting statement regarding academic learning came from Calista, who said sometimes her work as a nursing assistant hurt her when testing because she constantly had to identify how a nurse would respond in contrast to how a nursing assistant would respond to a specific situation or patient need.

Situated learning theory (Lave & Wegner, 1989) is built upon the notion that the classroom usually does not provide an environment that correctly or adequately reflects the real

world. Patricia echoed this concept by saying she felt “one of the best things” about working as a nursing assistant was that it provided her with a sense of how things really worked. She said that because of her work as a nursing assistant, she felt prepared to deal with real life situations rather than the just relying on the text. She repeated these sentiments during the focus group and the other participants nodded in agreement with her.

Situated learning theory (Lave & Wenger, 1989) also focuses on the need for both socialization and interaction for true learning to occur (Lave & Wenger, 1989). Most of the conversation related to the concept of comfort centered on the students’ comfort level with patients and family. During either the focus group or individual interview, all of the participants stated they felt comfortable interacting with patients and families. Dorothy, Patricia, Florence, Calista, and Betty all attributed this high level of comfort to having worked as a nursing assistant. Betty also said that her work as a nursing assistant helped her communicate and feel comfortable with the nursing staff. She repeated these sentiments during the focus group with a consensus among the participants.

The Johari Window Model (Luft & Ingham, 1961) predicates that a spirit of cooperation must be fostered by team building efforts. As teams build, trust is developed and learning may occur. Betty’s endorsement that she felt comfortable interacting with the nursing personnel suggests she had positive experiences as a nursing assistant interacting with nursing personnel. Also, the Johari Window Model suggests the quadrant of learning that students most need to be in to augment their learning is the free and open quadrant. This quadrant provides an environment where both the teacher and learner understand what is unknown to the learner and trust has been established, allowing the learner to freely ask questions (Chapman, 2003). Betty said her experiences as a nursing assistant gave her the confidence she needed to ask questions

both in class and in clinical situations. She also stated working as a nursing assistant helped her make connections with what was learned in class.

The discussion above leads to the proposed theoretical framework for this research. The proposed theoretical framework has components of all three aforementioned theories. The theoretical model for this research suggests if a nursing student has worked as a nursing assistant, there is a greater propensity that she or he will have developed or have become a part of the nursing culture, which, in turn, creates the potential for a greater open area of learning as well as the opportunity for intuitive learning to occur. Patricia said being part of the culture made the concepts she was learning in class and in clinical “click better.” Dorothy summarized this concept by saying that working as a nursing assistant and developing relationships in this role made her better able to make connections with what she learned in class. Even though most of the participants in this study emphasized their clinical learning was augmented by working as a nursing assistant, the comments describing feeling comfortable asking questions in class, making better connections in class, and understanding medications better all suggest the benefit is not limited to the clinical setting, but may also apply to academic learning.

Implications

The purpose of this section is to address the theoretical, empirical, and practical implications this research has for specific stakeholders. This research was developed from nursing, education, and communication theories. From a nursing perspective, the theory of novice to expert by Patricia Benner (2001) describes the development of nurses from their very basic skills, called novice, to those of a professional nurse who intuitively provides care at a higher level. The participants of this study felt they had stronger skills than those students who did not work as nursing assistants. From an education perspective, situated learning theory proposes that as one is immersed into the culture, he or she will essentially learn more effectively

(Lave & Wenger, 1991). Lastly, from the field of communication, Johari Window Model seeks to explain how individuals communicate to themselves and others within a community (Luft & Ingham, 1961). During this research, theoretical implications emerged associated with both situated learning theory and the Johari Window Model (Luft & Ingham, 1961). The participants of this research felt they were effectively able to communicate with both nurses and patients as a result of having worked as nursing assistants.

Empirically and practically, three dominant themes emerged during this research. These three themes included factors that influenced clinical perceptions, academic perceptions, and nursing roles. Each of these themes has specific stakeholders that should be aware of the insights gleaned from this research. Students are the first and most important stakeholders for this research. All three of the themes which emerged during this research directly impacts nursing students. The stakeholders for factors that influenced clinical perceptions include both the student and the clinical instructor. The stakeholders for factors that influenced nursing roles are nursing students. The stakeholders for factors that influenced academic perceptions are nursing students and classroom nurse educators. Figure 6 provides a visual representation of the stakeholders in relation to each of the themes.

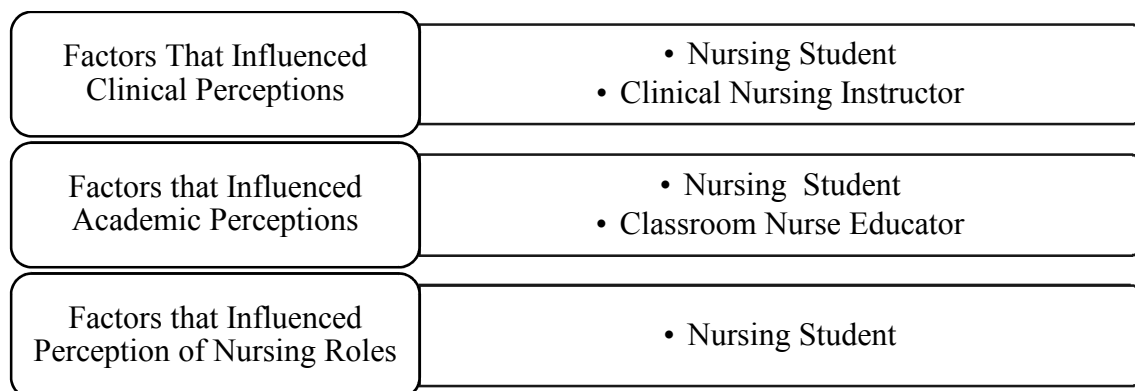


Figure 6. Representation of Stakeholders in Relation to Research Themes from Interviews and Focus Group Discussions

Implications for Nursing Students

Under the theme of factors that influenced clinical perceptions, participants in this research overwhelmingly felt working as a nursing assistant facilitated early skill acquisition. With this in mind, students who are considering nursing as a profession should be encouraged to work in nursing assistant jobs prior to or during their nursing school experience. As the participants of this research pointed out, not only does working as a nursing assistant foster skill acquisition, it also frees up learning time to learn other aspects of the nursing curriculum. Additionally, students who work as nursing assistants prior to or during nursing school need to safeguard their learning so they do not develop bad habits or learn skill shortcuts which could undermine their development during nursing school.

Under the theme of factors that influenced academic perceptions, two implications for students emerged. First, as seen in other research, the number of hours worked need to be limited to fewer than 16 per week to facilitate academic success. Also, those students who worked in areas where they either dictated patient medications or helped patients fill their medication prescriptions felt they understood pharmacology better than their peers who had not worked as nursing assistants. Therefore, students should be encouraged to work in areas that allow them to help patients fill their prescriptions or in patient medication dictation.

Lastly, under the theme of factors that influence the perception of nursing roles, participants of this research found that because of their experiences as a nursing assistant, they felt they transitioned into the role of nursing student more quickly than did those students who did not work as nursing assistants. The participants of this research also stated that they understood the varying roles of nursing assistants, LPNs, and RNs better than those students who did not work as nursing assistants. Therefore, students should be encouraged to work as nursing

assistants prior to or during nursing school to minimize role ambiguity and foster role security for the student.

Implications for Clinical Nursing Instructors

Factors that influenced clinical perceptions participants are of particular importance the clinical instructor. Having the knowledge that a student has worked as a nursing assistant can provide the clinical instructor with valuable tools. First, the nursing instructor can utilize the student who has worked as a nursing assistant to help other students learn skills quickly. Nursing instructors can buddy students who have worked as nursing assistants with those students who have not, potentially making all of the students learning more synergistic. Additionally, the participants of this research identified communication with both patients and staff as a strength they developed from working as nursing assistants. Therefore, if a clinical instructor were to buddy those students who have worked as nursing assistants with those who have not, each team would benefit from better communication. Pairing students who have and have not worked as nursing assistants has the potential to make the timid student more assertive in both patient and staff interaction as she or he monitors the interactions of the student who has worked as a nursing assistant and feels comfortable in the clinical environment.

Implications for Classroom Nurse Educators

Factors that influenced academic perceptions are important for the classroom nurse educator because understanding those perceptions can provide guidance to help the nurse educator connect with those students who have been nursing assistants. Unique to this research, participants cited that because they had been nursing assistants, they felt they were able to make connections between what they had seen in practice and classroom discussions. Therefore, if the classroom nurse educator knows there are students in her or his classroom who have worked as

nursing assistants, the educator can use those experiences to develop discussions in the classroom. For example, the educator may ask specific questions of the student who has worked as a nursing assistant to elicit that student's insight of a specific case scenario. As the student shares her or his experiences with the class, all of the students effectively are able to see the issue through the lens of the student who has working experience, which, in turn, adds credibility to the discussion.

Additionally, classroom educators can benefit from this research by recognizing the need to identify those students who have worked as nursing assistants as well as those who have not. Knowing who has not worked as a nursing assistant may be just as important as knowing who has. Since students who have not worked as nursing assistants may not have the experiences to draw from as those who did, it will be important for the classroom educator to provide formative evaluation during classroom experiences which evaluates both groups of students for their understanding of the material as well as their ability to apply the material to clinical scenarios. If gaps of learning exists between the two groups, the classroom educator may use these formative evaluations to remediate areas in which those students without experience may have deficits.

Limitations

This research was limited in several ways. First and foremost, because of the small sample size, findings should not be inferred upon a larger population. The research was done at one geographical location with a very specific group of participants. The results of this research are, in totality, the perceptions of those participants included in the research. Additionally, the group of participants in this research were not representative of a totally homogeneous sample. Two of the participants worked while the academic school semesters were in session. Four of the participants worked during summer or holiday breaks in between school sessions. One participant worked only one summer prior to her junior year as a nurse intern. Having one of the

participants as a nurse intern is important to note because the role of a nurse intern is different than that of a nursing assistant. The nurse intern focuses on learning, whereas the nursing assistant focuses on the work to be done. It is also important to note that no significant differences in opinion were discovered between the participant who was a nurse intern and the other participants of the study.

It is also important to note that the primary researcher entered the study with potential bias. He was a nursing assistant and emergency medical technician while obtaining his undergraduate bachelor in nursing degree. His perception was that those students who work as a nursing assistant will intuitively learn while they are in nursing school. The primary researcher took care to minimize potential bias as the research was being conducted. First, he acknowledged his potential bias. He also waited until the participants were in their senior year of nursing school. He was not in a supervisory position during the participants' senior year. Therefore, this helped to minimize any perceived direct influence he may have over them. However, there still existed the potential that the participants could have perceived an indirect supervisory relationship. Lastly, the data were bracketed during analysis to identify and minimize bias.

Recommendations for Future Research

Future research to build upon these findings should focus on developing a homogeneous group of participants. Two unique groups emerged in this research: those students who worked during the summers and holidays and those who worked while school was in session. For the most part, the participants in this research worked as nursing assistants during summers and during holidays. However, two of the students worked as nursing assistants while school was in session. Exploring the experiences of each group would be helpful for understanding the differences between these two groups in their perceptions. Ideally, future research could explore the phenomenon of working as a nursing assistant while in school from the perspective of

students who only work during summer and holiday breaks. Another focus for future research could be to explore the phenomenon of working as a nursing assistant while in school from the perspective of students who work while the school is in session. A third focus which could provide additional understanding of the perspective of nursing students who work as nursing assistants would be to explore differing perceptions between students who work only during summer and holiday breaks to those students who work while school is in session.

Research is needed to be shed light upon how working as a nursing assistant impacts both clinical and classroom grades. This research had a very small number of participants. To facilitate a better understanding of the how working as a nursing assistant impacts student clinical and classroom grades, future research should be quantitative and focused on comparing larger groups of nursing students who work as nursing assistants with a non-equivalent comparative group of nursing students who work in non-nursing jobs. Future research could also focus on specific nursing course grades or even just the impact on clinical grades.

A final recommendation for future research would be to look at the perceptions of students who worked as nursing assistants while in school and how their work impacted their transition into practice. At the end of the focus group for this present research, both Patricia and Betty commented they looked forward to seeing if they transitioned into practice “better” than their peers because they worked as nursing assistants during school. A study focusing on transition into practice among nursing students who worked as nursing assistants would also build upon the work of Phillips et al. (2013).

Summary

The purpose of this phenomenological study was to develop an understanding of how working as a nursing assistant impacts the ability of nursing students to meet the high demands of school during their junior year of a BSN pre-licensure program. Seven students who had

worked or were working as nursing assistants during their junior year of nursing school participated in individual interviews and a focus group discussion. In addition to the interviews and focus group, the mean core junior nursing course grades of the participant group were compared to a non-equivalent comparison group of students who had worked in non-nursing jobs during school. Several common themes emerged from the data. The participants felt that in comparison to those students who had not worked as nursing assistants, they had greater skill acquisition, were more prepared for the realities of nursing, were able to make better connections between their experiences and what was taught in the classroom, understood pharmacology better, understood the realities of nursing better, and transitioned into the role of nursing student with greater ease. There were no differences between the participant group mean core nursing course grades and the non-equivalent comparative group mean core nursing course grades. The findings of this study have implications for students, clinical nursing instructors, and classroom nursing educators. Future nursing students would be advised to understand that working as nursing assistants prior to or during nursing school may provide them with a greater acumen toward skill acquisition while in nursing school. Clinical educators need to be aware of those students who have been nursing assistants so they can pair them with students who may experience challenge in skill acquisition. Lastly, classroom nurse educators may benefit from having students who have worked as nursing assistants in their classes to help facilitate conversations about those students' experiences, which, in turn, may add a component of reality to the classroom experience. Each of these implications is important for the individual stakeholders, but altogether, they provide insight as to how those nursing students who have worked as nursing assistants bring valuable assets that can be utilized for the greater good of everyone in nursing school.

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APPENDIX A: IRB Approval Letter**LIBERTY UNIVERSITY.**
INSTITUTIONAL REVIEW BOARD

November 10, 2015

Jerry Harvey
IRB Approval 2328.111015: Nursing Students' Perceptions of How Working as Nursing Assistants Impacts Their Education

Dear Jerry,

We are pleased to inform you that your study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

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APPENDIX B: Pre-Research Type of Work Questionnaire
(Identifying Students Who Worked During Nursing School)

The purpose of this questionnaire is to identify students who may meet specific criteria for participating in proposed research. This information on this questionnaire will not be shared with anyone once the primary researcher has identified candidates. Once the candidates have been identified, the questionnaires will be destroyed. The researcher has requested you add your name to the questionnaire so the he may contact you if you meet the criteria to participate in the proposed research.

Name: _____

Did you participate in any type of work or part time employment during your freshman, sophomore and/or junior years of nursing school (this includes having a summer job). Circle the answer that is most correct:

YES

NO

If YES, what type of job did you participate in? Check all that apply:

_____ Retail (example: sales person, cashier, stock at Walmart)

_____ Food Service (cook, cashier, cleaner at Applebee's)

_____ Labor (example: roofing, cleaning, painting)

_____ Nursing Assistant (example: acute care, ED, outpatient care, clinic)

_____ Other Health Care (example: EMT, PT, OT, Other)

_____ Anything Else (please give job title): _____

APPENDIX C: Informed Consent Form

CONSENT FORM

Nursing Students' Perceptions of How Working as Nursing Assistants Impacts Their Education
Mr. Jerry Harvey
Liberty University School of Nursing

You are invited to be in a research study that intends to explore the unique experiences of baccalaureate nursing students who work part time as nursing assistants while enrolled in school full time. This study is being conducted by: Jerry Harvey, Liberty University School of Nursing.

Background Information:

The purpose of this qualitative research is to code and identify recurring themes as they emerge during individual interviews with students who work as nursing assistants and during focus group discussions with those same students. This research will provide insight into any positive, negative or unique ways in which working as a nurse assistant may impact the nursing school experience. Those who will potentially benefit the most from this research include nursing students as well as nurse educators.

Procedures:

If you agree to be in this study, we would ask you to do the following things: Participate in an individual interview discussing your perceptions of the impact working as a nursing assistant had had on your nursing school experience. You will also be asked to participate in a focus group, which will include other students who have worked as a nursing assistant while in school. The interview is anticipated to take between 15-20 minutes. The focus group is anticipated to take between 20-40 minutes. Both the individual interview and focus group will be audio recorded.

Risks and Benefits of being in the Study:

There is no more risk to participating in this study than is typically associated with every day conversations about nursing school. There are no direct benefits to the participants beyond the satisfaction of having contributed their voice and perspectives to current research in the field. The possible benefits to society include the sharing of perspectives and ideas about educational issues for future nursing educators.

Compensation:

You will receive a \$20 Barnes & Noble™ gift-card for participating in this study. The gift-card is simply a token of appreciation.

Confidentiality:

The records of this study will be kept private. No reports will include any information that will make it possible to identify a subject. Research records will be stored securely and only the

primary researcher will have access to the records. Additionally:

- Participants within the focus group will be known to each other.
- Pseudonyms will be applied to the transcribed face-to-face interview recordings
- Transcriptions with non-identifying data/pseudonyms may be retained indefinitely.
- The data may be used for future research projects, but no identifying data will be used in any publication, product, or future research that may extend from this study.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the Liberty University or with your present or future course instructors. Participation or non-participation will in no way affect any nursing course grade. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships. You may withdraw from this research at any time. You may withdraw by email, telephone call, or directly. Withdrawal may occur anytime during or after data collection. If you withdraw from the research, all data associated with you will be deleted and not be included research.

Contacts and Questions:

The researcher conducting this study is: Mr. Jerry Harvey. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact me at Liberty University, PHONE: 434-582-2520 or email: jharvey4@liberty.edu. You may also contact Dr. Cynthia Goodrich, PHONE: 434-582-2549 or email cgoodrich@liberty.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, Dr. Fernando Garzon, Chair, 1971 University Blvd, Carter 134, Lynchburg, VA 24502 or email at irb@liberty.edu. *You will be given a copy of this information to keep for your records.*

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study. Please check one or both of the following as applicable.

- I agree to participate in the audio recorded, face-to-face individual interview.
- I agree to participate in the audio recorded, face-to-face focus group interview.

Signature: _____ Date: _____

APPENDIX D: Interview Questions with Protocol

Protocol included reading the consent form (Appendix C) to the participant, having the participant sign the consent form, and then asking the following interview questions:

1. Please tell me why you chose to be a nursing assistant while in school rather than some other non-nursing job.
2. Please describe your role in your part time job as a nursing assistant.
3. How long have you been working in your part time job as a nursing assistant?
4. How many hours per week do you presently work as a nursing assistant?
5. What do you believe are the advantages of working as a nurse assistant while in nursing school?
6. What do you believe are the disadvantages of working as a nurse assistant while in nursing school?
7. Please describe if and how working with nurses and other nursing assistants impacted your interpretation of nursing class text readings and class discussion?
8. How has working as a nurse assistant while in nursing school impacted you academically?
9. How has working as a nurse assistant while in nursing school impacted you clinically?
10. Please describe what a normal week (including weekends) looks like for you while in school and working.
11. Is there anything else you would like to discuss or describe about your experiences working as a nurse assistant and its impact on nursing school?

APPENDIX E: Pilot Test of Interview Questions with Protocol

Protocol included reading the consent form (Appendix C) to the participant. Participants were then asked if they understood the consent form and if they had any recommendations for improving the consent form. The pilot test of the interview questions were recorded. After turning on the audio recorder, the following interview questions were asked :

1. Please tell me why you chose to be a nursing assistant while in school rather than some other non-nursing job?
2. Please describe what you did in your part time job as a nursing assistant?
3. How long have you been working in your part time job as a nursing assistant?
4. How many hours per week do you presently work as a nursing assistant?
5. What do you believe are the advantages of working as a nurse assistant while in nursing school?
6. What do you believe are the disadvantages of working as a nurse assistant while in nursing school?
7. Please describe if and how working with nurses and other nursing assistants impacted your class readings and class discussion?
8. How has working as a nurse assistant while in nursing school impacted you academically?
9. How has working as a nurse assistant while in nursing school impacted you clinically?
10. Please describe what a normal week (including weekends) looks like for you while in school and working.
11. Is there anything else you would like to discuss or describe about your experiences working as a nurse assistant and its impact on nursing school?

At the end of each interview, the participants were asked if any questions needed clarifying. The following changes were made to the interview questions as a result of the participants' responses:

Question #2 changed to read: Please describe your role in your part time job as a nursing assistant?

Question #7 changed to read: Please describe if and how working with nurses and other nursing assistants impacted your interpretation of nursing class text readings and class discussion?

APPENDIX F: Focus Group Questions with Protocol

Prior to beginning the focus group discussion, the following was read to the participants:

Participation or non-participation will in no way affect any nursing course grade. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships. You may withdraw from this research at any time. You may withdraw by email, telephone call, or directly. Withdrawal may occur anytime during or after data collection. If you withdraw from the research, all data associated with you will be deleted and not be included research. The focus group session is being recorded; therefore, when answering a question or making a comment, please identify yourself for the purposes of dictation.

After each of the participants agreed verbally to the above statements, the audio recorder was turned on and the following questions asked:

1. What do you believe are the advantages of working as a nursing assistant while in nursing school?
2. What do you believe are the disadvantages of working as a nursing assistant while in nursing school?
3. Please describe if and how working with nurses and other nursing assistants impacts your interpretation of nursing class text readings and class discussion?
4. How has working as a nurse assistant while in nursing school impacted you academically?
5. How has working as a nurse assistant while in nursing school impacted you clinically?
6. Is there anything else you would like to discuss or describe about your experiences working as a nurse assistant and its impact on nursing school?