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Student Nurse Advocacy: Supporting the Future to Save Our Profession

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This student nurse advocacy capstone project was an evidence-based online educational intervention that focused on increasing the knowledge of the nursing staff that work with student nurses.

Problem

Exit interviews of employees that were student nurses conducted revealed that the unprofessional behavior of the clinical bedside staff lead to a 60 percent exit rate. The capstone project addressed this issue as well as answered this question: Will a formal advocacy educational offering to professional bedside clinicians result in a change in the recruitment and retention rates of student nurses that are currently employed at an urban hospital (UH) and enrolled in the School of Nursing Registered Nurse (SONRN) program? The current practice did not include an educational offering and the outcome was anticipated to increase the knowledge, self-efficacy, and perceived potential for advocacy of the bedside clinician working with student nurses.

Goal

Forge positive professional relationships between practicing bedside clinicians and student nurses. Change the recruitment and retention rates of SONRN student nurses that are employed at UH. Examine the correlation of perceived potential for advocacy as it relates to changes in RN self-efficacy with recruitment and retention rates of student nurses

Objectives

To guide the standards for bedside clinicians' professional conduct towards student nurses.

Plan

The need for this scholarly project was identified during a process improvement meeting concerning recruitment and retention of student nurses that work at UH. The organizational leadership was presented with a plan for the capstone proposal and supported the introduction of an educational intervention that was founded on evidence-based information from the nursing literature. The effectiveness of this intervention was based upon pre and post education survey data.

Outcomes and Results

The data analysis revealed statistical significance in t-test static between the mean pre-mastery and post-mastery quizzes scores. Statistical difference between pre and post GSE and SPPAT surveys. Correlations between tenure and the GSE as well as tenure and SPPAT scores noted practice implications warranting further investigation. The organization adopted the intervention as a training program for the student advocates.

Keywords: DNP capstone, student nurse advocacy, student advocacy, recruitment, retention

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Student Nurse Advocacy: Supporting the Future to Save Our Profession

Defining and setting an example of professional excellence are foundational keys to success in nursing. To truly succeed an organization must assess the areas of strengths as well as the areas for improvement that exist within the company. One such manner that reflects those two areas is recruitment and retention. To measure recruitment and retention rates an organization may conduct exit interviews with employees that are leaving or have left the company. An exit interview initiative can produce measurable benefits in the form of information that can be calculated and reported in terms of numerical information that will serve as statistical evidence to support the need for improvement within the organization. Some measurable benefits of exit interviews include: reduction in cost associated with employee attrition, controlling contract labor, as well as reduction in overtime, and negative patient outcomes (Colosi, 2014). Professional socialization enhances the way in which nurses perform when caring for their patients (Carlson, Pilhammar, & Hansson, 2010). Student nurses' views and attitudes towards the profession and the act of providing patient were described by Carlson et. al (2010) as being framed negatively the longer that clinical practice was performed in an unprofessional manner. The aim of this project was centered upon the professional conduct of the bedside clinician who works with student nurses. The unprofessional conduct of the bedside clinician was believed-to-be directly related to student employee exit rates as evidenced by the comments made during the exit interview process (B. Brady, personal communication, August 15, 2015). The development of a virtual evidence-based educational offering focused on enhancing the knowledge base of professional conduct, as well as surveying the clinician's general self-efficacy and perceived potential for being a student advocate. The seeds of change were planted by providing the student nurse advocate with formal training where none had existed.

Problem Recognition and Definition

Purpose and Appropriateness for Evidence-Based Project

In the spring of 2014 UH student nurses who were employed at UH and enrolled in an RN program participated in exit interviews. The interviews revealed that the unprofessional behavior of the clinical bedside staff lead to a 60 percent exit rate of the student workers (Bonnie Brady, personal communication, July 1, 2013). The students that left the organization attended various SON located in the Lubbock, Texas area, however for the purpose of this project, the focus was geared toward the students that attended the SONRN program. Exit rates can have significant negative financial effects upon an organization. Sorrentino (2013) had noted that the cost per nurse that exits the facility can costs in range from approximately $22,000 up to an amount of $64,000. The purpose of the project was to create a change in the recruitment and retention rate of student nurses that were employees of UH, through the development and implementation of an evidence-based educational offering that focused on providing the professional bedside clinician with a formal training. The student nurse advocate had been mandated to offer a skill set without compensation or education. Yonge and Myrick (2004) noted that in a study of 191 preceptors and 197 students surveyed the respondents (75 preceptors and 52 students) reported that 26 percent believed that they should receive formal training when working with students. Lack of education for any new task can be daunting. Mastering a new skill set requires exposure to an educational process. Thus the educational programming was designed using the vision, mission, and philosophy of the organization as a foundational basis for the class development (Omer, Suliman, Thomas, & Joseph, 2013).

Population-Intervention-Comparison-Outcome Articulation and Question

This DNP capstone project as previously mentioned took place at UH located in the western portion of the state of Texas. The UH campus has 551 beds. The inpatient services offered are varied in nature as well as the outpatient areas. The community of Lubbock County can receive comprehensive healthcare close to home. According to US News and World Report (2016) the UH west Texas campus had "28,995 admissions with 60,562 emergency visits while inpatient surgeries were noted to be 7,3334 the outpatient services performed 8,835 surgeries" (para. 1). The facility employs many nurse educators on staff. As well the hospital contains many active nursing councils, some examples are as follows: Student Advocacy, Charge Nurse, Nursing Research, Nursing Education, Journal Club, Professional Development Nurse Specialist, and Nursing Professional Practice. The facility holds many designations that focus on supporting nursing culture with an end goal to obtain a Magnet designation. A Magnet designation is the highest award that may be bestowed upon a hospital entity from the American Nurses Credentialing Center. The award demonstrates the facility's dedication to nursing excellence. An example of a designation that supports the nursing environment at UH that was awarded in 2014 is the Pathways to Excellence®. The facility is dedicated to striving for excellence within the nursing culture. To add additional depth to the already exiting options, the scholarly project was introduced to offer an educational opportunity where one had not existed previously.

Houser and Oman's (2011) format for Population, Intervention, Comparison, Outcome (PICO) was instituted in the development of the research question to be investigated. The PICO that was developed for this project is:

P: Professional bedside clinicians

I: Formalized advocacy program

C: No formalized advocacy program

O: Change the exit rates of student nurses employed at UH and enrolled in the SONRN program

The scholarly project development and implementation had the potential to provide an evidence-based educational program aimed at offering the student nurse advocates the opportunity to gain new knowledge in the area of professional behavior conducive to working with student nurses. The knowledge opportunity was based on the following question statement: Will a formal advocacy educational offering to professional bedside clinicians result in a change in the exit rates of student nurses that are currently employed at UH and enrolled in the SONRN program?

Project Significance, Scope, and Rationale

Sullivan (2011) noted that with an additional 32 million Americans joining the healthcare system through the creation of the Affordable Care Act (ACA) that attracting and retaining well-prepared nurses is imperative. Figures previously mention noted that the exit rate cost of one RN might range from $22,000 to $64,000, yet Vokenback (2013) countered with a higher cost of exit per RN, which was recorded at an amount between $65,000 and $80,000 dollars. The high exit rate of student nurses that were employed at UH was identified as a large concern for the facility and the nursing culture (B. Brady, personal communication, May 15, 2015).

High exit rates among student nurses employed at UH, which was believed to be a direct result of the unprofessional behavior and characteristics of the bedside clinician, set the stage for a decrease return on recruitment efforts for those students to work at UH post-graduation. The established exit rates of students who are potential future RN employees led back to the importance of a capstone project that focused on providing currently employed RNs with a

formal class on professional behavior and its impact. A decrease in recruitment and retention places a large burden upon the facility, the community, and the employees, but most importantly the patients. The possible burdens faced by the facility included: increased cost due to replacement costs of personnel, possible overtime, and most importantly negative patient outcomes. Negative patient outcomes may have increased with frequent RNs exiting the system. Negative patient outcomes place large liability upon the continued success of the organization. McCann (2014) had noted that preventable medical errors could cost as much as one trillion dollars per year (para. 2).

Theoretical Foundation

The foundational theories chosen for this scholarly project are as follows: Dr. Patricia Benner's Novice to Expert Theory, Bandura's Model of Self-Efficacy, Seven Domains of Health, and the Ace Star Model of Transformation as a framework for evidence-based practice. The Novice to Expert Theory enabled the project to be scaled in such a manner that the participant of the educational offering would be able to use a technique of reflective evaluation of a tool that is based upon the levels of Benner's Theory. As well, the ease of the design of the educational content would allow for the material to be adaptive across many disciplines.

Benner's Novice to Expert Theory proposes that nurses can learn skills and gain knowledge while not effectively applying the theory behind the knowledge. Benner's theory is based on the five stages that a nurse transcends from new graduate to expert. The five stages of Novice to Expert are as follows (Benner, 2013): *Novice*-Beginner with no experience that must engage in rule adherence in order to perform their assigned tasks. The nurse at this stage may experience not being flexible in tasks assignments. *Advanced Beginner*-From beginner to nurse with up to two years experience who is capable of demonstrating acceptable performance. The

principles that drive the actions of the nurse are based largely on experience. *Competent*-The nurses that have gained two to three years of experience who has gained enough perspective to formulate actions based upon deliberate, analytical, abstract thought processes. *Proficient*-The nurse has been practicing now between three and five years with the ability to formulate and understand situations as a whole with actions that are based on experiences with the ability to adapt to new situations. *Expert*-The nurse has been practicing five years and beyond with actions that are based in a high level of flexible and accurate analysis and performance. The significance of this theory was to introduce the understanding that practice itself possesses the ability to inform theory (Benner, 2013). This information leads to assisting in closing the theory to practice gap from an angle that the professional bedside clinician can put into practice. When moving through the stages of growth and development as a professional nurse, one also must take into account the perceived self-efficacy of the nurse as to the ability to fulfill the role expectations but to also serve as a role model for students and others. In serving as a role model as well as a professional bedside clinician, one's level of self-efficacy can have a direct effect on the ability to achieve a professional behavioral skill set.

The definition of perceived self-efficacy can be described as individuals' beliefs about their capabilities to produce high levels of performance that may command influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave (Bandura, 1993). A strong sense of efficacy can enhances one's accomplishments and personal well being in many ways. People with a level a high level of self-assurance in their capabilities navigate difficult tasks as challenges to be mastered rather than as threats to be circumvented. This type of belief in self can heighten and sustain their efforts in the face of

failure. This type of person can recover a sense of efficacy after failures or setbacks and attribute failure to insufficient effort or deficient knowledge and skills that can be acquired.

In contrast, people who doubt their capabilities shy away from a difficult task that can interject a view of personal threat. In facing demanding tasks, this type of person may dwell on their personal deficiencies, on the obstacles they would encounter, and all kinds of adverse outcomes rather than concentrate on how to perform successfully. Because they view insufficient performance as a deficiency in talent it does not require much failure for them to lose faith in their capabilities. According to Bandura (1993) human functioning is affected by one's belief about how ability changes over time. If an individual holds the view that ability is a biological capacity one may place little effort into expanding and achieving a new skill set where as someone who views capacity as a skill, would place greater effort in developing new talents. In order to develop a new skill set that increases self-efficacy, one must be exposed to an opportunity that is viewed to be achievable.

The Seven Domains of Health are noted as physical functioning, psychological well being, social functioning, pain, cognitive functioning, vitality, and overall well-being. The physical domain would measure the physical health as it relates to the ability for the student advocate to carry out the physical necessities of performing the duties of a nurse in their prescribed unit. The psychological well-being portion of the scale would be used to measure the student nurse advocates emotions and whether they are positive or negative. The assessment was noted to have focused on anxiety and depression (Kane et al, 2011). Anxiety along with stress can have a direct effect upon the clinician staying engaged in the organization as well as the role function required to work with nursing students. The social functioning domain would measure and address the social roles of the clinician. Social roles define the ability of the clinician to

perform a social responsibility as prescribed by society (Kane et al, 2011) such as the ability to succeed in a role that involves working with students. The perceived social integration of the student advocate is also directly related to the clinician's perception of how well they can perform their assigned duties within the role of being a student advocate. This perception is also complicated or complimented by the roles that family and the friends play in their support system as a whole. The domain of pain is usually addressed as a physical pain, yet psychosomatic pain can be associated with great degrees of stress that a clinician may be suffering. One study had shown that chronic pain might not only be caused by physical injury but also by stress and emotional issues and this pain can interfere with daily living (Babbel, 2010). The cognitive functioning domain measures an individual's ability in three different ways: memory, reason abilities, and orientation (Kane et al, 2011). A student advocate must possess the ability to remember, the ability to reason, and the ability to apply multiple critical thinking concepts during the work assignment providing care for the biopsychosocial being. This may also determine how the clinician perceives their ability to succeed in this area. Vitality refers to the domain of the fulfillment of basic human needs such as sleep and rest, as well as the level of energy one possess (Kane et al, 2011). A clinician must maintain adequate sleep and rest periods in order to be fully aware of the impact of the assignments that they are expected to carry out during their work hours. Poor focal ability is preceded by inadequate rest, which in turn can lead to a larger margin for the occurrence of errors. Sleep deprivation impairs performance of tasks that require intense or prolonged attention. Performance is unstable with increased errors of omission—failing to respond to a stimulus—and commission—responding when a stimulus is not present (Caruso & Hitchcock, 2010). The last domain, overall well-being provides a comprehensive evaluation of a sense of contentment with health and happiness (Kane

et al, 2011). Contentment with overall well-being includes a sense of value, dedication, and purpose to fight for a dream at all cost, such as being a charge nurse, which will be evident in actions. These actions may include going to work when they do not feel rested, seeking guidance from peers and administrators, and seeking outside support to help decrease stress associated with being a bedside clinician.

The Ace Star Model of Knowledge Transformation is one approach dedicated to understanding the use of evidence-based practice (EBP) in nursing. The model provides a framework that will systematically place EBP methods into action (Stevens, 2013). The model illustrates varying types of information in a comparative system and research and EBP are moved through five cycles combining knowledge and allowing for that knowledge to be assimilated into practice (Stevens, 2013). The five cycles are represented by the shape of a star and contain the following points: discovery research, evidence summary, translation to guidelines, practice integration, and process outcome evaluation (Stevens, 2013).

When applied to the scholarly capstone educational intervention to assess for adherence to the standard of EBP the following was noted in each area:

1. Knowledge Discovery: high exit rates of student nurses
2. Evidence summary: documented behavior towards the student nurses by bedside clinicians
3. Translation into practice recommendation: educational intervention where none existed in practice and no literature support
4. Integration into practice: educational advocacy program
5. Evaluation: small subject number but now is mandatory educational tool for training of student nurse advocates (B. Brady, personal communication, 11/28/2016).

Review of Evidence

Background of the Problem

The exit rate of Registered Nurses (RNs) is a costly matter in terms of education, orientation, and time invested as well as the potential negative outcomes for patient care. The aforementioned clinical problem had been established due to exit rates and interviews from student nurse techs employed at UH. The students were exposed to a less than positive and productive environment that set the tone for their desire to practice in another setting other than UH post graduation. Exit rates not only have an effect upon the facility, they also have an effect upon the US Health Care System. A constant churning motion of nurses entering and exiting a facility can have dramatic results for the outcome of quality safe patient care. According to the American Association of Colleges of Nursing (2015) "Having too few nurses may actually cost more money given the high costs of replacing burnt-out nurses and caring for patients with poor outcomes" (p. 3). The role of an advocacy program can lead to students being engaged in a positive environment that fosters growth and can attract the graduates to a facility post graduation. This action could lead to a change in recruitment and retention rates.

RNs are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current "sickcare" system into a true "healthcare" system (ana.org, 2014). Thus the need to change a negative culture for student attraction as well as retention rests within the profession of nursing as well as the organizations that employ nurses. Facilities as well as the profession itself must take ownership of the "nurses eating their young syndrome" and make a pact to change the culture in order to change the view of nurses who are overloaded and burnout and lack a desire to work with students to promote the profession as well as the facility where one is employed. The nurse who is overloaded and burnt out may have a diminished

ability to promote positive patient outcomes. Negative patient outcomes have a negative impact upon the US Health Care System. The negative effects can be increased costs related to longer days in the hospital as well as increased patient deaths. "Failure to retain nurses contributes to avoidable patient deaths" (aacn.nche.edu, 2015, p. 5). This scholarly project was identified as a practice issue due to unprofessional conduct that occurred between the professional and the student. In the spring of 2014 exit interviews conducted by an organization of its student nurses who were also employees revealed that the unprofessional behavior of the beside clinical staff lead to a 60 percent exit rate of the student workers.

Systematic Review of Literature

The Systematic Review of Literature (SROL) consisted of the use of several search engines/databases including: Cumulative Index to Nursing and Allied Health Literature (CINAL), Medscape, PubMed, MEDLINE, Cochrane Library, and Google Scholar. The initial search terms that were used are as follows: nursing advocacy, mentoring, preceptorship, student nurse advocacy. As the literature review continued a lack of substantial articles were noted. To counter the issue the following terms were added for further in-depth discovery: student nurse recruitment and retention, professional practice, virtual mentoring/advocacy classes, nursing self-efficacy, advocacy for professional nurse. Themes began to emerge from the review. The most notable themes were: no universal term that describes the professional bedside clinician that works with student nurses; no formal advocacy programs that relate to students nurses; and no formal training programs for teaching advocacy to professional clinicians as it relates to professional conduct towards student nurses. A large majority of the literature involved in the review were descriptive qualitative studies, conceptual framework, historical and retrospective, exploratory descriptive with mid to high levels of evidence. The leveling model that was selected

to assist in the SROL was the Seven-Tiered Levels of Evidence found in Houser and Oman (2011). The leveling of evidence is appraised from the highest (Level 1) to the lowest (Level 7). This system is derived from the medical model and does not take into account many factors such as: patient preference, clinician experiences, local cultural influences, or costs (Houser et.al, 2011). The number of articles reviewed for use in this project was as follows with the level of evidence in parentheses: Level I (1); Level II (3); Level III (11), Level IV (8); Level V (0); Level VI (o); Level VII (0). After a review of more than seventy-five (75) articles spanning from the 1950's to 2014, with no new emerging themes the search was considered to have reach a point of saturation.

Scope of Evidence

The literature revealed the aforementioned prevailing themes that resulted from the multitude of articles reviewed which served to form the basis of the PICO statement along with supporting the research question. Worthy notations of themes and design that support the scholarly project are as follows: Exit rates for students are tied to social integration and self-efficacy. Example: Wei et al. (2011) noted that students experiencing stress might view the environment to be a negative influence. No universal term in nursing literature that describes the role of the bedside clinician that works with student nurses. "Terms such as preceptor, role model, coordinator, facilitator or supervisor are all used interchangeably" (Wei et al., 2011, p. 197). Tomajan (2012) shared that the information on advocacy stems from mostly non-profit and special interest groups yet are also relevant for the profession of nursing. The educational offering was virtual in nature was developed with theoretical foundational theory of Bandura's Model Self-Efficacy. "Self-efficacy has been noted as important in successful distance learning" (Lynch & Dembo, 2004,

p. 3). No formal advocacy programs that relate to students nurses; and no formal training programs for teaching advocacy to professional clinicians as it relates to professional conduct towards student nurses. Thus the need for a clear definition of the role of a student nurses advocates needs to be addressed within the nursing literature. Tomajan (2012) noted that nurses readily embrace the mandate of the professional nurses' advocacy role towards patients, yet the expectation for advocacy on behalf of colleagues, the profession, or even oneself may not be consistently noted otherwise. Additionally it is noteworthy to determine the student characteristics and needs, set priorities among these areas of need, identify available resources, evaluate a variety of successful programs, and implement a formal, comprehensive recruitment and retention program that includes a formalized advocacy program that best meets the institutional needs (act.org, 2004). Along with the implementation of a formal advocacy program it is important to take an integrated approach in recruitment and retention efforts that incorporates both academic and non-academic factors into the design and development of programs to create a socially inclusive and supportive academic environment that addresses the social, emotional, and academic needs of the students. (act.org, 2004).

Project Plan and Evaluation

Market and Risk Analysis

A market risk and analysis was completed as part of this DNP educational project. The analysis revealed that the market area contained minimal risks. Lubbock County encompasses the cities Lubbock, Abernathy, Buffalo Springs, Lake Springs, Idalou, New Deal, Shallowater, Slaton, and Wolfforth Texas. Located in the South Plains area of Texas between the Panhandle and Permian Basin in the western part of the state and is known as the "Hub City". The urban area provides an opportunity for many residents to take advantage of the services offered within

the organization. The age ranges that may receive care are from newborn to elderly with numbers of patients as previously mentioned.

Setting

As previously noted, the scholarly project was conducted at UH in Lubbock Texas, which is part of a non-profit health care organization. The structure of the organization begins with the voluntary Board of Trustees (BOT) that is comprised of members of the communities that are served. The BOT holds the organization accountable to carry out the mission and values that are deeply rooted in the system as well they are assigned to select the executive team. The next layer is the executive team that consists of a Presidents Council (PC) that is selected by the BOT. From there the executive team directs the senior management at each facility that falls under the St. Joseph Health system (covenanthealth.org, 2015, para. 1). The Lubbock Texas campus was the primary focus for this project.

The Executive/Senior Leadership Team at UH consist of the following (B. Brady, personal communication, May 15, 2015):

- Chief Executive Officer
- Chief Operating Officer
- Vice President and Chief Nursing Officer (over all facilities)-
- Chief Nursing Officers of outlying facilities
- Directors of Service Lines
- Executive Managers of outlying facilities
- Nurse Educators/Nurse and Allied Managers of designated units on main campus/outlying facilities

- Charge Nurses/Team Leaders
- Staff Nurses/Allied Health/Service Departments

The facility is licensed for a total of about 977 beds and is planning for future growth. UH have more than 4000 employees, with the total regional impact for the county of Lubbock equating to about $1.2 billion dollars (covenanthealth.org, 2015, para. 1). The facility offers a number of inpatient and outpatient services as well as it also houses the SONRN.

The services at the Lubbock Texas campus include:

Main Campus- houses all adult services such as general Medical-Surgical, Oncology, Emergency Room, Medical/Surgical/Trauma Intensive Care Units, Bariatric Services, Behavioral Health, Corporate Wellness, Spiritual Care, Radiology/Imaging, Diagnostic Services, Endoscopic Services, Home Infusion, Hospice, Home Health, Palliative Care, Orthopedic, Pain Management

UH Heart and Vascular Institute- houses Cardiac Cath Lab, Cardiac Operating Room, all services of the Cardiac Service Line.

UH Neuroscience Institute- houses all Adult and Pediatric Neurodiagnostic Services, Neuroradiology, Neurosurgery, Neurosurgical Oncology, Spinal Surgery, Movement Disorders, Neuro-Rahabilitation, Headache Treatment

Owens-White Outpatient Rehabilitation Center-houses Occupational Medicine, Ortho and Sports Rehabilitation

Joe Arrington Cancer Research and Treatment Center-houses Comprehensive Breast Center, Positron Emission Tomography, Radiation Oncology, Gamma Knife, Clinical Trials, Genetic Counseling, Stem Cell Transplant, Tobacco Cessation Program

UH Women's and Children's Hospital – houses all Women's Maternity and Gynecological Services, Women's Heart Services, all Pediatric Service Lines including Emergency Room, Inpatient and Outpatient Services.

Strength, Weakness, Opportunities, and Threats Analysis

The organization's strengths, weaknesses, opportunities, and threats (SWOT) were used as a systematic evaluation and were a crucial component for this capstone project and the targeted market (Fortenberry, 2010). A primary strength for UH is the Pathway to Excellence designation noting to all the stakeholders that nursing is an important part of this organization. Notably other strengths include: Customer Service/Holistic Care Focused/Nonprofit/Christian-based, has own nursing school, partners with many SON, multiple Health Grades awards, Researched focused, Shared Governance/Strong & Supportive Leadership, Professional Development, multiple specialties. Weaknesses included high exit rates among the student nurse techs as well as the RN and allied health staff that can cause undue financial strain on the facility. Growth opportunities for UH would include becoming the first hospital in the western portion of the state as well as within this county to receive Magnet designation. A lingering threat for UH is a continuation of high exit rates among all employees, as well as decreased patient satisfaction and safety. *See Appendix B for SWOT Analysis.*

Driving and Restraining Forces

Organizations inevitably must go through multiple processes in order for change to occur. The leaders of the organization will need to not only to identify but also understand the driving and restraining forces that are present within the culture as these forces can propel or impede growth and success for the organization. The driving forces are those that would be supportive of change whereas the retraining forces would have the opposite effect (Fortenberry, 2010). The

concern for the high exit rate of student nurses employed at UH as well as the professional behavior of the professional beside clinician was a driving force to investigate and implement changes necessary to address the issue. The leadership at UH is dedicated to nursing excellence and provided continued opportunity for growth and change through the implementation of this scholarly project.

Along with driving forces there were also retraining forces that could have impeded this project during its implementation. Those forces included the perception of some staff members regarding the need for new knowledge regarding professional behaviors as a student advocate as noted in the standardized evaluation post educational evaluation. Another force that was restraining could have been the physical distance between the research site and this author. Additionally the delivery format of the program could have been a restraining force as it was only available in a virtual format that could have hindered some subjects who learn best in a face-to-face setting. Lastly, an additional restraining force could have been the acknowledgement that the cultural issue was being addressed by someone who was not employed at the facility.

Needs, Resources, and Sustainability

The documented exit rate of 60 percent of student nurses employed at UH served as the identification of a problematic area that could benefit from an educational intervention. The facility did not have a formal training procedure for bedside clinicians that were assigned to work with student nurses. As well there was no "buy-in" factor for serving in the role capacity as it was not voluntary, was not compensated financially, nor offered any formal educational training. This capstone project offered a formal evidenced-based educational training that also

compensated the respondents with 0.91 hours of continuing education units (CEUs) and a generic gift card worth fifty dollars ($50.00).

The facility and this DNP author supported the resources for the educational offering. The facility made the educational Learning Management System (LMS) that is contracted for the organization, HealthStream, available for the delivery of the educational program. The design transfer was made with the assistance of the DNP student mentor. The low cost of the program made the delivery and implementation very cost effective. This author supplied the research and development of the program, the gift cards, and the necessary information for applying for the CEUs through UH, and the facility supplied the certificates.

The sustainability of the project was important for continuing to evaluate the effectiveness of the educational impact for exit rates of student nurses employed at UH while attending the SONRN. The budget and resources information is illustrated in Appendix C along with the documented costs of replicating the program if an organization does not have a contract for the LMS, HealthStream.

Feasibility, Risks, and Unintended Consequences

The feasibility of providing the scholarly project was evidenced by the successful implementation and completion as well as the notable trends for further investigation. Zaccagnini and White (2014) note that the nurse that is prepared at the level of the DNP is equipped with the ability to identify a clinical problem, research and design an evidence-based solution, while applying data ultimately bringing a resolution to the patient care setting. That resolution rooted in evidence could bring new practice theories and answers that could be replicated into other interdisciplinary areas as well as nursing, thus building strong evidence of the value of the DNP role in the clinical setting.

The potential risks for this project were minimal and could have included LMS malfunction and delays, anxiety of the participants, and potential feeling of information overload. The unintended consequences involved in the project included the identification of having no universal term to identify professional bedside clinicians that work with student nurses during clinical rotation assignments.

Stakeholders and Project Team

Identifying stakeholders is a crucial step in the planning process in research. The stakeholders can offer valuable insight and support while helping to attain advocacy for clinical policy change and development (Zaccagnini & White, 2014). The internal stakeholders that were involved include the following: Student Nurse Advocates, Students, Staff, Nursing Leadership Team, and Nursing Council Members. The external stakeholders identified included: the Faculty at two Schools of Nursing that reside on the internal Nursing Councils. The capstone team included Dr. Lora Claywell as Capstone Chair, DNP Capstone Faculty, Ms. Bonnie Brady, MSN, RN, CCRN-K as the DNP Clinical Mentor, and this DNP student as the team leader.

Cost-Benefit Analysis

The costs to implement the project were noted to be minimal as the development and implementation of the project was derived from using existing resources coupled with the functional budget set forth by this author. A notable benefit of the capstone project included the development and collaborative team effort of the DNP Clinical Mentor and this author in conquering the disadvantages of the physical distance between the project site when this author relocated seven hours away halfway through the planning stages. The participants did not incur any financial costs to participate. The only tangible cost for participants came in the time needed to complete the project that was approximated to be four-thirty minute sessions, however the

participants noted completing the four sessions in about an hour (B. Brady, personal communication, 1/15/16). As well, the compensation for doing so was earning a certificate for 0.91 CEUs and a $50.00 generic gift card.

The other associated benefits of the scholarly project were that the intervention was designed with the working professional bedside clinician in mind. The format was designed as four virtual class segments delivered via the HealthStream LMS. The educational offering could be completed at work during downtime at computers available on each unit or in the computer lab at the facility; as well it was available to be accessed 24 hours a day, seven days a week, at the participant's convenience. The intervention could be accessed from any electronic device connected to the Internet that supported the LMS. The cost of the project as well as the cost to replicate the program at an organization that does not participate in the HealthStream LMS can be viewed in *Appendix D*.

Mission, Vision, and Goals

The mission for the scholarly project was to promote bedside clinician professional practice (and behavior) that consistently supported the acquisition of new knowledge and provided for increased self-efficacy. The vision for this journey was to promote a learning environment that remains free of intimidation for the bedside clinician as well as the student nurse. Thus the end goal for this author's DNP project was to forge positive professional relationships between practicing bedside clinicians and student nurses with the development of a program that could be supportive of the nursing profession and could replicated for other disciplines.

Process, Objectives, and Outcomes

The educational offering was designed to have a positive effect for change in the exit rates of student nurse employees while also having an affirmative impact on forging positive

professional relations between the professional beside clinician and the students. The outcomes were noted in short-term and long-term goals in the planned effects of change. The outcomes were as follows: The short-term: gathering of information for the development of an advocacy program that can be used for nursing clinician education. The long-term: advocacy program developed specially for nursing but can be applied across the disciplines therefore increasing the science of an advocacy program.

The objectives of the capstone project were:

1. To guide the standards for bedside clinicians professional conduct towards student nurses (Offer formal training that focused on professional behavior).
2. Change the exit rates of SONRN student nurses that are employed at UH (Increase the retention of student employees).
3. Examine the correlation of perceived potential for advocacy as it relates to changes in RN self-efficacy with exit rates of student nurses (Compare increased self-efficacy and perceived potential for advocacy with increased professional conduct).

See *Appendix E* for Capstone Timeframe.

Logic Model

Benchmarking is one method of evaluating practice against practice patterns in order to determine adjustments in clinical outcomes (Zaccagnini & White, 2014). To understand those outcomes and how they are synthesized from evidence-based practice into clinical scholarship required this author to follow a logic model that outlined the process in the form of a graphic depiction. Using tools like logic models can increase the practitioner's needs in the domains of planning, design, implementation, analysis, and knowledge generation while looking at the challenges that lie ahead in resources and time (Kellogg Foundation, 2004). The logic model can

serve as a visual aid in further identifying variable outcomes that may have been missed prior to the use of the tool. The tool coupled with the variables identified set the groundwork for identifying the methodologies that drive the DNP project. The logic/conceptual model for this scholarly project is presented in *Appendix F*.

Population Sampling Parameters

The population sample (participants) for this project included the professional bedside clinicians who are employed at UH at the Lubbock, Texas campus and work with student nurses enrolled in the SONRN program. The original sample size from the power analysis with a 0.05 level of significance and power of 0.8 equated to sample size of 25 in the planning stages (Polit, 2010) however the voluntary response produced an n = 15. Initially this author felt as though the goal may be difficult to reach as the culture and nature of the process of being a student advocate was mandated, not compensated, and had not previously offered a formal education/training. To be eligible for participation the respondents had to be licensed as an RN and serve as a student advocate.

The ages were between 26 and greater than 56 years with 33.3% between ages 36 and 55 (n = 5). The educational level ranging from a Bachelor of Science in Nursing (BSN) to the highest degree attainment being a Master of Science in Nursing (MSN), the BSN was the most common with n = 5 (33.3%). Of all participants, 20.0% (n = 3) were employed between five (5) to ten (10) years at UH; 33.3% (n = 5) had worked with student nurses for one (1) to five (5) years and 26.7% had never attended a student advocacy class. One nurse (6.7%) had attended an advocacy class.

The participants' primary written and spoken language was noted to be English. All participants voluntarily agreed to complete the pre and post surveys as well as the educational

offering which included the pre and post mastery quizzes. The participants for this capstone project did not fall into a vulnerable population research category, and each person was provided with the same information and opportunity to participate. To be noted, the participation in all aspects of this project was completely voluntary. The CHS Internal Review Board (IRB) approved Project Information Sheet can be examined in *Appendix G* and was created with written instructions regarding participation in the research process as well as the details that included that any participant could withdraw from the project at any time without penalty or loss. The individual participants' confidentiality was maintained and each participant contacting the HealthStream Administrator to be added to the classes achieved voluntary self-directed participation. The information concerning the capstone project as well as the data from the surveys will remain secured in a locked filing cabinet at UH only to be stored for five years and then it will be safely shredded and destroyed, per organizational policy.

Setting

The setting for the scholarly project was virtual in nature and was available in the LMS, HealthStream that the organization uses to deliver virtual educational offerings and requirements. The educational offering was available 24 hours a day, seven days a week. The program could be accessed from any electronic device connected to the Internet that supports the LMS. While at work the participants could access the LMS from the computers available in the unit or the computer lab, as well it could be accessed from home.

Evidence-Based Design Methodology and Measurement

This capstone project was intended to ultimately forge positive professional relationships between bedside clinicians and student nurses. The design for this scholarly project was a quasi-experimental, pre and post design that was conducted in a virtual LMS. The participants were

not randomly assigned but consisted of a group of professional bedside clinicians who were employed at UH in Lubbock and worked with student nurses. Convenience sampling was employed and all participation was voluntary.

A cover letter was distributed to the participants after the individual voluntarily contacted the HealthStream Administrator for access to the class. At the same time the demographic survey, the pre-General Self-Efficacy Scale (GSE), and the pre-Self-Reflective Perceived Potential for Advocacy Tool (SPPAT) were dispersed, see *Appendix H*. Prior to the educational offering a pre-mastery quiz was given to each learner in Sessions One (1) through Session Four (4), then after each session a post-mastery quiz was given. At the completion of all four educational sessions the post-GSE and post-SPPAT surveys were completed to evaluate the impact of the educational offering on advocacy and the learning outcomes with all the participants identity being kept confidential. Also at the end of the educational offering, the generic evaluation tool required by the facility was not considered part of the DNP project but rather was distributed, collected, and analyzed by the organization post-facto. See *Appendix I* for the responses of the CEU evaluation form.

The use of statistical analysis during this scholarly project required that of a paired samples t-tests and correlation analysis (Gardner, 2007). An underlying outcome derived from the intervention was intended to discover an evidence-based solution to the focused clinical issue that had been identified at UH (Zaccagnini &White, 2014).

Protection of Human Rights

This author, and the Capstone Chair completed the Collaborative Institutional Training Initiative (CITI) requirements of Regis University. This author and the DNP student mentor also completed the required CITI training requirements for St. Joseph Health Systems see *Appendix J*.

No vulnerable subjects were involved in the project as all subjects were over the age of 18 years, neither pregnant nor incarcerated. This project was approved as an exempt status study from the Institutional Review Board (IRB) approval from Regis University and St. Joseph Health System because the participants could not be identified throught the pre and post surveys nor the educational session completed through the LMS. The subject gave implied consent when contacting the HealthStream administrator to be added to the course. The subjects voluntarily participated. This project involved minimal personal risk. The educational format was strictly a virtual format. The IRB approval letters can be viewed in *Appendix K*.

The risks that potentially could have effected participants included experiencing frustration or stress related to the surveys and the educational presentation style. This could have potentially caused the participants to withdraw or to not fully complete the surveys. This could have also posed as an issue for low numbers in data collection, continued use of unprofessional behavior towards student nurses, continued high exit rates among student nurses, and notably continuing service of working with students without any compensation or educational offering. If a participant experienced any stress from completing the survey items/tools the principal investigator would have been contacted by the HealthStream Administrator and then the participant would have been referred to Pastoral Care Department within the UH organization. No referrals were required during the project implementation.

Instrumentation Reliability, Validity, and Intended Statistics

External validity refers to the generalizability of the results, meaning the degree to which results specific to the population sample are also applicable to others (Terry, 2012). Tools of measurement that were utilized in this scholarly project include: General Self-Efficacy Scale (GSE), a demographic survey, pre and post mastery quizzes, the self-reflective perceived

potential advocacy tool (SPPAT). Reliability is the consistency or the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects (Terry, 2012). In short, it is the ability of your measurement to be repeated. The reliability measures of the tools previously mentioned have been repeated in many studies and thus are reproducible and adaptable to other research topics.

The General Self Efficacy Scale is ten-item survey that was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. The GSE has been used in 14 studies from 23 nations and translated into many languages (Schwarzer & Jerusalem, n.d.). The GSE items showed high internal consistency (Cronbach alpha = 0.95) and test-retest reliability (IR = 0.96) (Grammatopoulou, Nikolaos, Skordilis, Afroditi, Haniotou, Tsamis, Spinou, 2014). A large-scale German field research project with 3514 high-school students and 302 teachers had provided evidence for validity of the GSE scale for the group of students, general self-efficacy correlated .49 with optimism and .45 with the perception of challenge in stressful situations. For the teachers high correlations were obtained with proactive coping (.55), self-regulation (.58), and procrastination (–.56) Schwarzer & Jerusalem, n.d.). Criterion-related validity of the GSE is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints (Schwarzer & Jerusalem, n.d.). For permission for use and adaption of the scale see *Appendix L*.

The Self-reflective Perceived Potential for Advocacy Tool was a ten-item survey tool that is designed to measure the participant perceived potential for advocacy and thus reflecting of self to determine the level of their perceived potential pre and post educational offering. For face and

content validity for the SPPAT, Demographics, and Pre and Post Mastery Quizzes**:** Three doctoral prepared professors- Two nursing (DNP, PhD) and one non-nursing (PhD) Instructional Designer reviewed the instruments noting that all items were applicable to the developed content. The reliability was noted by the test-retest method. The team of level experts concluded that the design of the measurement tools demonstrated the ability to be repeatable in multiple settings and conditions as well as offered the ability to be generalized to the population sample that was being studied.

The intended statistics testing include: Descriptive Stats for Demographic Survey, two-tailed T test for self-efficacy, two-tailed T test for mastery quizzes, two-tailed T test for self-reflection, Pearson Product-Moment Correlation Coefficients for determining the correlation of self-efficacy and the change in exit rates. The use of the two-tailed t tests allows for the comparison of one group against another when the same subjects are being tested, example a pre and post-testing situation, or investigating the difference between two means (Polit, 2010). The Pearson Product-Moment Correlation Coefficients testing was applicable for this project as a directional change in exit rates as well as self-efficacy was important to know if an impact had been concluded by the implantation of this capstone.

Data Collection and Treatment

Previously mentioned, the design of the study that was implemented was quasi-experimental with a non-randomized, convenience sample. The educational offering was divided into four sessions. The overall Core Course Outcomes can be viewed in *Appendix M.* The recruitment effort for the study was conducted through the placement of flyers; announcements in email on HealthStream, and on the organizations HealthStream LMS webpage. The first step to be taken once a subject has been recruited and agreed to participate in the study by reading

Participant Information Sheet was to take a short demographic survey, the GSE survey, and the SPPAT survey. Then the participant began the educational offering which contained the pre-mastery and post-mastery quizzes and hen post-GSE and SPPAT surveys. The demographic survey contained five questions regarding academic degree, licensure, age range, previous experience working with students, previous advocacy experience.

The General Self Efficacy Scale is ten-item survey that was created to assess a general sense of perceived self-efficacy. The Self-reflective Perceived Potential for Advocacy Tool was a ten-item survey tool that is designed to measure the participant perceived potential for advocacy and thus reflecting of self to determine the level of their perceived potential pre and post educational offering. The pre-mastery quizzes were given prior to the educational material during each of the four segments, and then a post-mastery quiz was given after the educational material was presented. After the completion of the educational intervention the post GSE and SPPAT surveys were given.

To effectively analyze data, variables must be converted to numbers or other types of classified codes followed by choosing the most appropriate statistical test that must be utilized in order to answer the research question(s) (Houser, 2012). The categorical data that was applied in this study was nominal for the demographics survey and ordinal for the GSE and SPPAT surveys. Nominal data is the lowest form of measurement noting that the numbers are arbitrary and do not contribute any quantitative meaning (Polit, 2010). Also, Polit (2010) notes that ordinal data does not necessarily determine if each participant's score was equal unlike those comparisons that can be accomplished using interval levels of data. An example the ordinal labels may describe labels such as "small, large, never, sometimes, always" (Polit, 2010, p. 8). The GSE and SPATT both use a (5) five-point Likert scale. The 10-question GSE used

responses from ranging from Strongly Disagree to Strongly Agree. The 10 question SPATT scale used responses including: Never, Sometimes, Usually, Most of the Time, and Always.

Coding

To prepare for statistical analysis with the data collected a spreadsheet was created and loaded. The demographics of the participants were numerically coded beginning with the age category that was captured in ranges. The participant age range 18-25 years was coded as 1, 26-35 was 2, 36-45 was 3, 46-55 was 4, and 56 years or older was 5. The *second* demographic question related to the highest educational degree and were coded numerically as follows: Trade/vocational training was 1, Associate Degree was 2, Diploma Degree was 3, Bachelor's Degree was 4, and Master's degree was 5. The *third* demographic question noted the length of employment at CHS. The numeric coding that was noted in range format followed as such: Less than 1 year was 1, 1- 5 years was 2, 5-10 years was 3, 10-15 years was 4, and 15 years or longer was 5. The *fourth* question in this survey pertained to how many years the clinician worked with student nurses. The coding was numbered in the following manner: 0-1 years was a 1, 1-5 years was a 2, 5-10 years was a 3, 10-15 years was a 4, and 15 years or longer was a 5. Lastly the *fifth* element of this survey noted how many advocacy classes the participants had attended. The numbering was reflected in the following manner: Those that never attended a class was 0, attended 1-3 classes a 1, 3-5 classes a 2, 5-7 classes a 3, and more than 7 classes a 4.

The GSE measurement tool was adapted from its original version to fit the objectives of this offering and employed a Likert scale. The terms and coding applied were as follows: 1=Strongly Disagree, 2=Disagree, 3=Neither, 4=Agree, 5=Strongly Agree. The SPPAT tool for measurement was also designed using a Likert scale. The terms and coding applied to this tool followed as such: 1= Never, 2= Sometimes, 3=Usually, 4= Most of the Time, 5=Always. The

demographic data being of nominal level were reported in frequencies and percentages. All other data was reported in comparison tables.

Project Findings and Results

Key Elements and Instrumentation Findings

The predominant goal of this scholarly project was to implement an evidence-based educational offering encompassing a formal advocacy class for the professional bedside clinician that would effect change within the UH organization. The effected change was directed at an intervention that would ultimately forge positive professional relationships between the bedside clinician and the student nurse employees at this facility while also changing the exit rates of the student nurse employees that also attend SONRN. Key demographic findings of the sample (n = 15) revealed that most of the participants (n=5, 33.3%) were between 36 and 55 years of age. A Bachelor's degree was the most common degree attainment (n=5, 33.3%). Most nurses had been employed at CHS for five to ten (5-10) years (n=3, 20.0%) and most had worked with student nurses for one to five (1-5) years (n=5, 33.3%). Finally, most nurses had never attended student advocacy education classes (n=4, 26.7%). One nurse (6.7%) had attended one to three (1-3) classes. Figures one through four (1-4) demonstrate the most significant results of the demographic survey.

Figure 1- Age Category

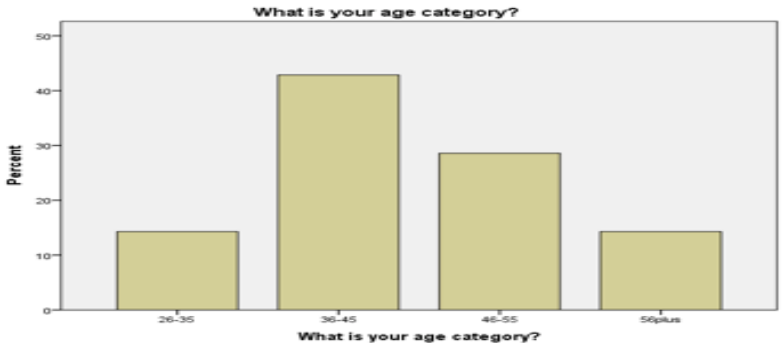


Figure 2 – Highest Degree Level

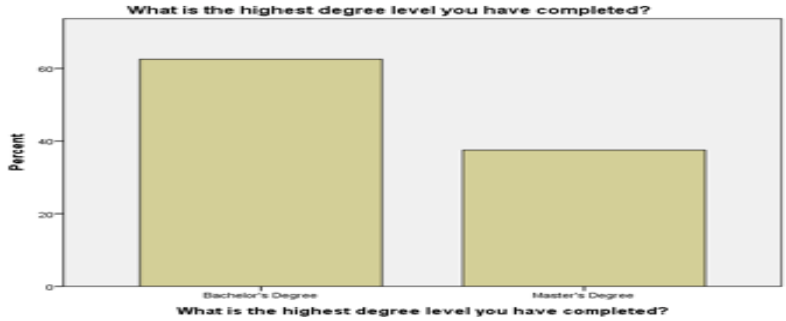


Figure 3 – Length of Employment

Figure 4 – Years Worked with Student Nurses

Objective One

Objective one focused on developing guideline standards for bedside clinicians' professional conduct towards student nurses. The formal advocacy educational offering was evaluated and values of the participants and were noted in the compiling of the of the pre-mastery and post-mastery quiz scores. The objective could be evaluated by asking the research question "Was there a significant difference between the pre-mastery and post-mastery quizzes for each of the four sessions?" A paired sample t-test was appropriate for this analysis because the same subjects were tested before and after the training. For each test, the null hypothesis was that the pre-mastery and post-mastery quiz results would be equal (Ho: $\mu_{pre} = \mu_{post}$). The alternative hypothesis was that the pre-mastery and post-mastery quiz results would be different (Ha: $\mu_{pre} \neq \mu_{post}$). Table 1 below outlines the hypothesis test results for all four sessions as well as for the total of all the sessions. Sessions one through four (1-4) as well as the total of all sessions resulted to reject the null hypothesis and concluded that the static t-tests statics noted that there is a statistical significance difference between the mean pre-mastery and post-mastery quiz scores in all sessions.

Table 1 - Paired Sample t-test for Sessions 1-4

Variables	n	t-test statistic	p-value
Session 1	14	-3.595	0.003
Session 2	14	-6.50	< 0.0001
Session 3	14	-9.025	< 0.0001
Session 4	14	-6.205	< 0.0001
Total Sessions	15	-7.271	< 0.0001

It should be noted that Session three (3) has the largest t-test statistic in absolute terms. That means it was the session that had the most significant difference between pre-mastery and post-mastery quizzes. Similarly, Session one (1) had the least significant difference.

Objective Two

The second objective was to evaluate the change in the exit rates of SONRN student nurses that were also employed at CHS. Per personal communication with the DNP Clinical Mentor (B. Brady, November 2, 2016) the exit of SONRN student nurses who were also employed at UH had decreased from 60 percent (2014) and is currently at a rate of 20 percent. Exit rates changes thorough extraneous variables over time from the spring of 14 to the spring of 2016. Those steps included the following: Mentor and preceptor program revised; increased orientation time, student nurse pay rate increased. From 2015 to 2016 continued previous new actions plus the addition of the project intervention, and managers and directors held more accountable for a exit rate greater than 10%, the accountability was held in the yearly performance evaluation. The educational intervention now mandated as part of a formal advocacy-training program for bedside clinicians working with student nurses within this organization. See *Appendix* M for the core-course level learning outcomes for the program.

Objective Three

The third objective examined the correlation of the perceived potential for advocacy of the bedside clinician as it relates to changes in self-efficacy along with the exit rates of student nurses. The analysis of the pre and post GSE and SPPAT surveys were intended to compare increased self-efficacy and perceived potential for advocacy after having the advocacy educational offering. The first portion of the analysis was focused towards a significant difference in the GSE pre-survey (M=28.71, SD=8.46, n=7) and post-survey scores (M=33.57, SD=9.40, n=7). A paired sample t-test was used for this hypothesis. The null hypothesis was that the pre-survey and post-survey results would be equal (Ho: $\mu_{pre} = \mu_{post}$). The alternative hypothesis was that the pre-survey and post-survey results would be different (Ha: $\mu_{pre} \neq \mu_{post}$). The t-test statistic was -1.752 with a p-value equal to 0.130. Therefore, the conclusion was there was a statistical significant at alpha = 0.20 level between the mean GSE pre-survey and post-survey scores.

The next part of the analysis was focused toward a significant difference in the SPPAT pre-survey (M=33.14, SD=4.38, n=7) and post-survey scores (M=36.57, SD=3.64, n=7). A paired sample t-test was also used for this hypothesis. The null hypothesis was that the pre-survey and post-survey results would be equal (Ho: $\mu_{pre} = \mu_{post}$). The alternative hypothesis was that the pre-survey and post-survey results would be different (Ha: $\mu_{pre} \neq \mu_{post}$). The t-test statistic was -1.580 with a p-value equal to 0.165. Therefore, the conclusion is that there was a statistical significance at the alpha = 0.20 level between the mean SPPAT pre-survey and post-survey scores.

Further Research Questions/Investigation

Further research inquiries were made about the correlation between the GSE individual questions and the tenure of the nurse. For each pairwise comparison between the individual

question and tenure, the null hypothesis was that the population correlation was equal to zero (Ho: $\rho = 0$). The alternative hypothesis was that the population correlation was not equal to zero (Ha: $\rho \neq 0$). The full correlation matrix can be found in Table 2, see *Appendix N*. Tenure had a weak positive correlation (0.216) with Total GSE post. This means that as tenure increases, GSE post scores increase. It was not statistically significant most likely because of small sample size. GSE post questions three (3) and four (4) had the highest positive correlation with tenure. This can be interpreted to an understanding that as a clinician continues in an active bedside role that the GSE will demonstrate evidence of positive self-efficacy with which to perform the actions demanded of such a role.

Finally, research questions were made about the correlation between the SPPAT individual questions and tenure of the nurse. For each pairwise comparison between the individual question and tenure, the null hypothesis was that the population correlation was equal to zero (Ho: $\rho = 0$). The alternative hypothesis was that the population correlation was not equal to zero (Ha: $\rho \neq 0$). The full correlation matrix can be found in Table 3, see *Appendix O*. Tenure had a weak negative correlation (-0.276) with Total SPPAT Post. This means that as tenure increases, SPPAT post scores decrease. Similar to the analysis with GSE scores, the correlations were not statistically significant probably because of small size. SPPAT post questions two (2) and three (3) had the highest positive correlation with tenure. Questions nine (9) and ten (10) had the highest negative correlation with tenure. This can be interpreted that as the clinician spends less time at the bedside in other roles examples may include clinical educator, administrator, or faculty, the perceived potential for advocacy decreases. These results can be concluded that this occurs due to a decreased confidence level when there has been a time lapse in working directly with student nurses.

Overall Analysis

The aforementioned objectives of the scholarly project were to address the following: Guide the standards for bedside clinicians professional conduct towards student nurses by offering the formal advocacy training that focused on professional behavior; to change the exit rates of SONRN student nurses that are employed at UH; and to examine the correlation of perceived potential for advocacy as it relates to changes in self-efficacy of the bedside clinician along with the exit rates of student nurses.

The data analysis revealed Sessions one through four (1-4) as well as the total of all sessions noted sufficient evidence that there was a statistical difference between the mean pre-mastery and post-mastery quiz scores noted in the t-test static results. Notable for both the GSE and SPPAT, that even though the p-values were not significant, they were small most likely influenced by the sample size. This indicated that the educational offering did not result in changes in the GSE and SPPAT surveys. In future research, a larger sample may bring different results. As well further expanded research into the individual questions of the SPATT and adapted GSE would possibly reveal how practice tenure increases GSE post scores increase where as with tenure increases the SPPAT post scores decrease to reveal if participants have moved from a clinical bedside position to one that has less contact with student nurses, therefore decreasing their perceived potential to be an effective student advocate. To add to this research one should also consider that as tenure increases and the participant remains at the bedside, then their GSE will increase thus possibly also increasing the SPATT score as the participant would be more likely to work with student nurses on a more frequent basis.

Practice Implications vs. Clinical Significance

Though the statistical significance of the intervention and objective outcomes was noted as well there was indication of practice implications that would serve to be further investigated in terms of professional behavior practice. Based on reports provided by the organization, the CEU evaluation indicated that the educational offering brought to light changes in professional behavior was needed as evidenced by the comments from the participants, see previously mention *Appendix H*. The CEU evaluation also indicated that the educational offering fulfilled the objectives that had been set forth in the design of the educational sessions. This information lends to the need for further investigation of the program, when applied to a larger sample size.

Results According to the Evidence-Based Practice Question

The driving evidence-based practice question for this scholarly project was: Will a formal advocacy educational offering to professional bedside clinicians result in a change in the exit rates of student nurses that are currently employed at UH and enrolled in the SONRN program? The resulting data analysis concluded that the educational intervention had influence on the change in percentage in the exit rates of the student nurses as well as a call for change in professional behavior practice. The importance of the scholarly project was supported by the data results was confirmed as evidenced by the adoption of the intervention by the organization as a training method for the student advocate program.

Limitations, Recommendations, Implications for Change

Limitations

Noted limitations of a research project are the influences that the investigator may not have the ability to control. Zaccagnini and White (2014) reflected that by identifying constraining forces a study leader could then examine what areas are in need of improvement as well as what areas went well. One of the limitations of this capstone project included the small

sample size of fifteen (15), noting that the participants were limited to bedside clinicians. Another limitation might have been that during the project this author relocated a seven-hour distance from the site location. This made weekly involvement difficult therefore having the investigator onsite may have lead to a larger sample size of respondents that were needed and would have most likely increased the validity of the project. This project served as the first formal utilization of the adapted GSE and the SPPAT. Due to this factor the tools should be further investigated for the impact of the individual questions as well as the individual question for each pre and post-mastery quiz. This would add to the content validity and reliability. Lastly another possible limitation was that the educational offering that was being evaluated was only available in a virtual format due to budget constraints of the organization in the area of education. The intervention presented in more than one learning format may have attracted more respondents.

Recommendations

Due to the lack of available scholarly literature related to the advocacy for student nurses by the bedside clinician, this project was worthwhile and needed to bring a foundational beginning to exploring this topic area. The recommendations start at recruiting a larger sample size. Further replication with a larger sample may reveal the actual impact that the project could potential make in the area of exit rates of student nurse employees, especially post-graduation.

Another point to consider is if advocacy training for the professional bedside clinician would impact the retention of such employees. Due to the lack of scholarly literature to support a defined term for clinicians that work with student nurses, the development of a universal term for the nursing literature would be appropriate. Also noteworthy, would be the development of an advocacy educational program that would offer the nursing profession a way

to have the tools necessary for the reinforcement of professional standards of behavior that would enhance relationship development with student nurses.

Implications for Change

The project finding and statistical analysis of the DNP project revealed that the nursing profession must still focus on developing positive professional relationships with student nurses. The literature abounds with support for the advocacy that nurses provide for patients yet remains limited in scholarly research in advocacy for its own future, student nurses. The educational format of this project should include expansion to various formats and educational opportunities that are based on learning needs and principles of the organization. Another subject for research would be in the area of policy development regarding staffing initiatives of clinicians assigned to work with students. The incentive of now available CEUs could aid in directing "buy-in" for such programming. The additional demands and times constraints that are posed when working with students makes this type of research essential to the future of nursing. Supporting the future professional clinician is a duty that would indeed go a long way towards preserving the profession of nursing integrity and to eventually dispel the myth of "nurses eating their young". The seeds of growth planted now can continue to feed the future professional bedside clinician.

References

Alligood, M. R., & Tomey, A. M. (2010). *Nursing theorists and their work* (7th ed.). Maryland Heights, MO: Mosby Elsevier.

American Association of Colleges of Nursing. (2015). *Nursing shortage*. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

American Nurses Association. (2011). *Lateral violence and bullying in nursing*. Retrieved from http://www.nursingworld.org/Mobile/Nursing-Factsheets/lateral-violence-and-bullying-in-nursing.html

Babbel,S. (2010). The connections between emotional stress, trauma, and physical pain. Retrieved http://www.psychologytoday.com/blog/somatic-psychology/201004/the-connections-between-emotional-stress-trauma-and-physical-pain

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Taylor & Francis Online*. Retrieved from http://www.tandfonline.com/doi/abs/10.1207/s15326985ep2802_3#.VcJmk0Wk_Oo

Bastable, S. B. (2008). *Nurse as educator: Principles of teaching and learning for nursing practice* (3rd ed.). Sudbury, MA: Jones and Bartlett Learning.

Benner, P. (2013). From novice to expert. *Current Nursing*. Retrieved from http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html

Caruso, C., Hitchcock, E. (2010). Strategies for nurses to prevent sleep-related injuries and errors. Retrieved http://www.rehabnurse.org/pdf/rnj326.pdf

Colosi, B. (2014). *2014 national healthcare and RN retention report*. Retrieved from http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2014.pdf

Covenant Health Systems. (2015). About us: Facts and statistics. *CovenantHealth.org*. Retrieved from http://www.covenanthealth.org/About-Us/Facts-and-Statistics.asp

Covenant Health Systems. (2016). Covenant health announces American nurses credentialing center Pathway to Excellence® designation. *CovenantHealth.org*. Retrieved from http://www.covenanthealth.org/About-Us/Newsroom/News-and-Announcements/2014/COVENANT-HEALTH-ANNOUNCES-AMERICAN-NURSES-CREDEN.aspx

Fortenberry Jr., J. L. (2010). *Health care marketing: Tools and techniques* (3rd ed.). Sudbury, MA: Jones and Bartlett Learning.

Gokenbach, V. (2013). Why you should work for employers that recruit and retain good nurses. *policymed.com*. Retrieved from www.policymed.com/2011/02/institute-of-medicine-report-the-future-of-nursing-leading-change-advancing-health-.html

Grammatopoulou, E., Nikolovgenis, N., Skordilis, N., Evangelodimou, A., Haniotou, A., Tsamis, N., Spinou, A. (2014) Validity and reliability of general self-efficacy scale in asthma patients. *European Respiratory Journal* Sep 2014, 44 (Suppl 58)

Houser, J., & Oman, K. S. (2011). *Evidence-based practice: An implementation guide for healthcare organizations*. Sudbury, MA: Jones & Bartlett Learning.

Kellogg Foundation. (2004). *Using logic, models to bring together planning, evaluations, and action: Logic model development guide*. Retrieved from https://worldclass.regis.edu/content/enforced/147799-DN_NR707-XIN_XH41_14M8W1/Content/pdfs/LogicModel.pdf?_&d2lSessionVal=8FlwyP0RALI5J2EOE4mnXwoBF&ou=147799

Maloney, S., Haas, R., Keating, J. L., Molloy, E., Jolly, B., Sims, J., and Haines, T. (2012). Breakeven, cost benefit, cost effectiveness, and willingness to pay for web-based versus face-to-face education delivery for health professionals. *Journal of Medical Internet Research, 14*(2), e47. doi:10.2196/jmir.2040

Kane, R. L., & Radosevich, D. M. (2011). The role of condition-specific verses generic measures. In conducting health outcomes research. Sudbury, MA: Jones and Bartlet.

McCann, E. (2014). Death by medical mistake hits records. *Healthcare IT News*. Retrieved from http://www.healthcareitnews.com/news/deaths-by-medical-mistakes-hit-records

McEwen, M., & Wills, E. M. (2014). *Theoretical basis for nursing* (4th ed.). Philadelphia, PA: Wolters Kluwer.

mylubbock.us. (2014). Population estimate. Retrieved from http://www.mylubbock.us/docs/default-source/gis-and-mapping-data/2014-population-estimates.pdf?sfvrsn=4

Omer, T., Suliman, W., Thomas, L., Joseph, J. (2013). Perception of nursing students to two models of preceptorship in clinical training. *Nursing Education Practice*. May 13(3); 155-60.

Polit, D. E. (2010). *Statistics and data analysis for nursing research* (2nd ed.). Upper Saddle River, NJ: Pearson Education.

Schwarzer, R., & Jerusalem, M. (n.d.). *The general self-efficacy scale*. Retrieved from http://userpage.fu-berlin.de/~health/engscal.htm

Stevens, K. (May 31, 2013). The impact of evidence-based practice in nursing and the next big ideas. *OJIN: The Online Journal of Issues in Nursing, 18*(2), manuscript 4.

suburbabstat.org. (2016). Population demographics for Lubbock County, Texas in 2015 and 2016. Retrieved from https://suburbanstats.org/population/texas/how-many-people-live-in-lubbock-county

Stevens, K., (May 31, 2013) "The Impact of Evidence-Based Practice in Nursing and the Next Big Ideas" *OJIN: The Online Journal of Issues in Nursing* Vol. 18, No. 2, Manuscript 4.

Sullivan, T. (2011). Institute of medicine report—the future of nursing: Leading change, advancing healthcare. Retrieved http://www.policymed.com/2011/02/institute-of-medicine-report-the-future-of-nursing-leading-change-advancing-health-.html

Tomajan, K. (January 31, 2012). Advocating for nurses and nursing. *OJIN: The Online Journal of Issues in Nursing*, *17*(1), manuscript 4.

U.S. News & World Report. (2016). Hospital rankings. Retrieved from http://health.usnews.com/best-hospitals/area/tx/covenant-hospital-6742360

Wei, M., Ku, T., & Liao, K. (2011). Minority stress and college persistence attitudes among African American, Asian American, and Latino students: Perception of university as a mediator. *Cultural Diversity and Ethnic Minority Psychology*, *7*(2), 195–203.

Zaccagnini, M. E., & White, K. W. (2014). *The doctor of nursing practice essentials: A new model for advanced practice nursing* (2nd ed.). Sudbury, MA: Jones and Bartlett.

Appendix A: Systematic Literature Review Table

Type of Article	Number of Articles	Level of Evidence	Aim
Framework	4	1/2	Establish Concept-Bandura; Collaborative Preceptorship
Conceptual Framework	4	3/4	Demographic and Surveys
Pilot Study Pilot Quasi-Experimental	1 1	3 3	Benchmarked Programming; Perceived Effectiveness of Preceptor Education
Historical/Retro	2	2	Establish History
Survey	2	3	ID Turnover Rates
Qualitative	1	4	EBP Preceptors
Grounded Theory	1	4	Explore Student Perspective
Exploratory Descriptive	1	4	Explore Weaknesses Preceptorship
Phenomenology	1	3	Intergenerational Preceptorship
Ethnography	1	3	Preceptors Mediating for Students
Qualitative Descriptive	2	4	Test /Refine Tool Developed; Accountability of Preceptors (Views)
Descriptive Exploratory Survey	1	4	Student Perceptions
Cross Sectional Survey	1	4	Explore Two Models of Precepting
Retrospective Grounded Theory	1	3	Ethical Accountability
Multiprocedural Mixed Method	1	3	ID the Needs of RNs Who Work with Students
Critical Discussion	1	2	Facilitate Learning Transfer Needs of RN Preceptors
Gap-Analysis/ Theory Based	1	3	Gap Analysis for Best Practices

Appendix B: Strength, Weaknesses, Opportunities, Threats (SWOT)

Strengths

- Customer Service/Holistic Care Focused/Nonprofit/Christian-based
- Has own nursing school
- Partners with many SON
- Pathways to Excellence designation
- Multiple Health Grades awards
- Researched Focused
- Shared Governance/Strong & Supportive Leadership
- Professional Development
- Multiple Specialties

Weaknesses

- Provides inconsistent opportunities for positive experiences for student nurse per surveys
- High exit rate for student nurse techs
- Not all services offered in one location
- Campus difficult to navigate

Opportunities

- Magnet designation
- Further commitment to nursing excellence

Threats

- Continued high exit rates which results on financial burdens and decreased patient safety
- Decreased employee satisfaction

Appendix C: Budget and Resources

Projected Expenses	Resources/Funding Initial budget $5000.00 from College Fund	Additional Cost To Complete Project	Total Cost
Computer	On hand	$ 0.00	$ 0.00
Printer/Scanner/Fax	On hand	$ 0.00	$ 0.00
Internet Service	Existing	$ 0.00	$ 0.00
Access to HealthStream	At site	$ 0.00	$ 0.00
Airline Ticket travel to site after relocation	Use of flight miles from various sources (375,000 points available)	$ 0.00	125,000 points used
Rental Car while at site	$1500.00 from budget	$ 0.00	$750.00
Housing during stay after relocation	Own home in Lubbock	$ 0.00	$ 0.00
SPSS Software	$150.00 from budget	$ 0.00	$150.00
Office Supplies Printer ink, paper	$300.00 from budget	$ 0.00	$300.00
Generic Gift Cards for those that completed all items pre and post	$50.00 x 8 from budget	$ 0.00	$400.00
Totals	$5000.00	$ 0.00	$1,600.00

Appendix D: Cost And Benefits Analysis to Reproduce Project

Cost CHS	**Benefits**
Class is virtual in HealthStream (current contract in place) unlimited usage for a two year subscription = approximately $13.00/per employee per year 4000 x 26.00 = **$52,000.00**	Decrease turnover rate
Employee time/attendance if completes while at work, average RN starting salary $27.95/hour = 27.95/2= $13.98 per 30 minute class 13.98 x 4 (classes) = 55.92 per nurse. So if 50 nurses sign up for project 55.92 X 50 = **$2796.00 in salaries** **If not on clock then just straight $59.00/employee per year**	Research EBP project can add to magnet research efforts which is main reason for denial of status achievement first attempt
Turnover rate of Student Nurses at 60% student average salary = $10.00/hour with orientation X 40 hours = 10 X 40.00= $400.00 so if have a total of approximately 125 student nurses and 60 percent leave, the figures would resemble the following: 125 X 60%= 75 thus 75 X $400.00= **$30,000.00 +/year**	Financially feasible HealthStream contract in place for years no additional charge for adding any new classes or input as new classes are created and uploaded by administrator
HealthStream Administrator Nurse Educator MSN: $88, 752.00/year	Potential to save thousands, Publication assist for Magnet, High potential for large sample because of convenience
	Increased potential for nurses to participate in Shared Governance Councils increased participation equates more employees engaged which can enhance cultural change of professional behaviors
Total $366,548.00	
Cost Other Organizations	**Benefits**
HealthStream Costs: Initial Product Costs: Unlimited Usage per employee = **$26.00/employee Ex: 800 X $26.00 = $20,800.00** HealthStream Administrator = employee salary Ex: Director of Education (MSN) in Texas average of **approximately $85,000** (D. Nation, personal communication, July 12, 2015).	Ability to deliver virtual classes to all employees across the disciplines for one price, no additional pricing for the development of new classes within the organization. Over 200,000 classes available plus custom classes per organization. The educator can loaded custom classes specific to the organization that could count down on face-to-face educational offerings, as well as being convenient for the bedside clinician.
Potential employee cost of RN completing classes while at work Employee time/attendance if completes while at work, average RN starting salary $27.95/hour = 27.95/2= $13.98 per 30 minute class 13.98 x 4 (classes) = 55.92 per nurse. So if 50 nurses sign up for project 55.92 X 50 = **$2796.00 in salaries**	

Appendix E: Capstone Timeframe

Educational Timeframe	Benchmarks
August 2013	Problem Recognition & Needs Assessment
Jan-May 2014	LOA Relocation
June 2014	Problem reassessment; restructure focus and perform new needs assessment
August 2014	Theoretical Underpinning, Evaluation, Logic Model
January-February 2015	Present to Nursing Councils at CHS gain approval
May 2015	Present to Nursing Research Council CHS, suggestion for refocus
July 2015	Re-present to Nursing Research Council, gained approval
October 2015	IRB Proposal due to Dr. Lora Claywell IRB Proposal sent to CHS and approved as Exempt Status IRB Proposal sent to Regis
November 2015	IRB approval Regis as Exempt Status
December 2015	Project implemented
March-April 2016	Project time line extended to November 1, 2016; IRB amendment approved from Regis and CHS
May-June 2016	IRB amendment approved from Regis and CHS to add gift cards as incentive
October 2016	Writing and PPT design
November 2016	Research closes, analysis and writing of final DNP defense paper & Power Point, DNP final defense presentation

Appendix F: Logic Model

Will a formal advocacy educational offering to professional bedside clinicians result in a change in the recruitment and retention rates of student nurses that are currently employed at Covenant Health Systems (CHS) and enrolled in the Covenant School of Nursing (CSON) RN program?	**Problem Identification:** Unprofessional behavior of bedside clinician towards student nurse employees resulted in high exit rates of students.

Constraints: Small sample size, data from one organization, lack of volunteers

RESOURCES	ACTIVITIES	OUTPUTS	SHORT & LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	*In order to address our problem or asset we will accomplish the following activities:*	*We expect that once accomplished these activities will produce the following evidence of service delivery:*	*We expect that if accomplished these activities will lead to the following changes in 1-3 then 4-6 years:*	*We expect that if accomplished these activities will lead to the following changes in 7-10 years:*
~Student advocates from CHS ~Educational materials virtual format in HealthStream ~SSPS software ~IRB at CHS and Regis University	~Seek collaboration with student nurse advocates and mentor ~ Obtain demographic information ~Obtain pre and post mastery quizzes built into program	40 (goal) student nurse advocates Provide foundational information/concept to develop an advocacy program specific to clinicians working with student nurses Provides new insight for the accountability of bedside clinicians behavior toward student nurses	Short-term: Gathering of information for development of an advocacy program that can be used for nursing clinician education. Long-term: Advocacy program developed specially for nursing but can be applied across the disciplines therefore increasing the science of an advocacy program.	Change in recruitment and retention rates of student nurses post graduation. Decrease financial burden upon the organization related to high turnover rates. Lower potential for experiencing issues that effect quality safe patient care,

W.K. Kellogg Foundation, Page 448-449.

Appendix G: Participant information Sheet

Student Nurse Advocacy: Supporting the Future to Save Our Profession

You are invited to participate in a research study conducting research via HealthStream Learning Management System that utilizes questionnaires, and pre and post quizzes. The purpose of this study is to create a change in recruitment and retention rate of student nurses employed at Covenant Health System (CHS) while attending the Covenant School Of Nursing RN (CSON) program through the development and implementation of an evidence-based advocacy educational offering that guides professional behaviors of the bedside clinicians that work with the student nurses

What will happen during this study? ***Steps:*** The first step to be taken once a learner has been recruited and agrees to participate in the study will be to take a short demographic survey, the GSE survey, and the SPPAT survey. Then the participant will begin the educational offering which will contain the pre and post mastery quizzes. Demographic Survey. The survey will contain five questions in the areas of degree, licensure, age range, and previous experience working with students, previous advocacy experience.GSE. The General Self Efficacy Scale is ten-item survey that was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. SPPAT. The Self-reflective Perceived Potential for Advocacy Tool will be a -item survey tool that is designed to measure the participants perceived potential for advocacy and thus reflecting of self to determine their level of their perceived potential pre and post educational offering. Pre and Post Mastery Quizzes. The quizzes will be given prior to the educational material during each of the four segments then a post mastery quiz will be given

after the educational material is presented. After that the post GSE and SPPAT surveys will be given. Your involvement in this study will last for the time it takes you to fill out surveys and the four classes that contain pre and post quizzes approximately one hour for the classes and pre and post mastery quizzes. The surveys will take approximately 12-15 minutes. After verification that all of the surveys and the educational segments have been completed the participants will be awarded 0.91 hours of Continuing Educational Units (CEUs) through CHS. CEUs will be able to contribute to the 20 CEUs required by the Texas Board of Nursing every two years for the renewal of nursing licensure. You can stop participating in this study at any time without **penalty to you or loss of benefits to which you are normally entitled.**

What are the risks and benefits to me while participating in this study? There may be the potential for loss of confidentiality. In addition, there may be unknown risks, or risks that we did not anticipate. For more information about the potential risks with participating in this study, talk to your study investigator, Lori Kerley MSN, RN. The risks that may be posed to the participants would be possible frustration or stress related to the surveys and educational presentation. This could potentially cause the participants to withdrawal and not complete the survey, this could pose as an issue for low numbers in data collection, continued use of unprofessional behavior towards student nurses, continued high turn over rates among student nurses, and continuing service of working with students without any compensation or education offering. If a participant experiences any stress from completing the survey items/tools, the principal investigator will be contacted by the HealthStream Administrator (Bonnie Brady), and the participant will then be referred to Pastoral Care Department within the CHS organization. You may benefit from this research The benefits of the program would include exposure to tools

that help the bedside clinician to promote professional conduct in a manner that attracts and retains student nurses, as well as having the potential to increase the self-efficacy of the bedside clinician in the area of perceived potential for being an advocate for student nurses. As well at the completion of the program the participant can be awarded 0.91 CEUs for licensure renewal.

What alternatives are there to participating in this study?

The alternative to being in this study is to not participate. **Your participation in this study is completely voluntary. There will be no penalty to you or loss of benefits to which you are normally entitled if you choose not to participate in this study.**

What measures are taken to ensure privacy and confidentiality?

To minimizing any Potential Risks to participants the following actions will be conducted:

- Questionnaires will be made anonymous.
- Deleting references to individuals (code).
- Hard copies will be stored in a locked filing cabinet.
- Hard copy data won't have individual names.
- Electronic files will be stored on a server that is behind hospital firewalls.

The computers and HealthStream access are password protected

Will I be paid for participating in this study?

A $50.00 (fifty dollar) generic gift card monetary compensation will be disbursed for participating in this survey for all participants that choose to complete the research.. The cards would be distributed by the clinical preceptor As well compensation comes in the form of also earning 0.91 hours of CEUs that can be used for licensure renewal required by the Board of Nursing.

Who can answer questions about this study?

If you have any questions about this study or decide to discontinue participation, please contact Lori Kerley MSN, RN @ 903-782-1835 or kerle963@regis.eduIf you have any questions about your rights while participating in this study, or if you have any concerns regarding the conduct of this study, you may contact the St. Joseph Health Human Research Protection Program (HRPP) Office at 949-381-4907, by mail at 3345 Michelson Drive, Suite 100, Irvine, CA 92612, or by email at HRPP@stjoe.org

Appendix H: Measurement Tools/Instruments

Demographic Survey

1. What is your age category?
   A. 18-25 years old
   B. 26-35 years old
   C. 36-45 years old
   D. 46-55 years old
   E. 56 years or older

2. What is the highest degree level you have completed?
   A. Trade/vocational training
   B. Associate Degree
   C. Diploma Degree
   D. Bachelor's Degree
   E. Master's Degree

3. How long have you been employed as a nurse at Covenant Health Systems?
   A. Less than 1 year
   B. 1- 5 years
   C. 5-10 years
   D. 10-15 years
   E. 15 years or longer

4. How many years have you worked with student nurses?
   A. 0-1 years
   B. 1-5 years
   C. 5-10 years
   D. 10-15 years
   E. 15 years or longer

5. How many student advocacy education classes have you attended?
   A. I have never attended an advocacy education class
   B. I have attended 1-3 advocacy education classes
   C. I have attended 3-5 advocacy education classes
   D. I have attended 5-7 advocacy education classes
   E. I have attended more than 7 advocacy education classes

General Self –Efficacy Scale (GSE)

Please circle the appropriate rating for each question. The 10-item scale was created to assess a general sense of perceived self-efficacy.

Rating Scale:
1=Strongly Disagree
2=Disagree
3=Neither
4=Agree
5=Strongly Agree

1. I can always manage to solve difficult problems if I try hard enough**. 1 2 3 4 5**

2. If someone opposes me, I can find the means and ways to get what I want**. 1 2 3 4 5**

3. It is easy for me to stick to my aims and accomplish my goals. **1 2 3 4 5**

4. I am confident that I could deal efficiently with unexpected events. **1 2 3 4 5**

5. Thanks to my resourcefulness, I know how to handle unforeseen situations. **1 2 3 4 5**

6. I can solve most problems if I invest the necessary effort. **1 2 3 4 5**

7. I can remain calm when facing difficulties because I can rely on my coping abilities. **1 2 3 4 5**

8. When I am confronted with a problem, I can usually find several solutions. **1 2 3 4 5**

9. If I am in trouble, I can usually think of a solution. **1 2 3 4 5**

10. I can usually handle whatever comes my way. **1 2 3 4 5**

Self-Reflection of Perceived Potential for Advocacy Tool (SPPAT)

Please circle the appropriate rating for each question.

Rating Scale
1= Never
2= Sometimes
3=Usually
4= Most of the Time
5=Always

1. I seek ways to improve my ability to advocate for students. **1 2 3 4 5**

2. I consistently conduct myself in a professional manner. **1 2 3 4 5**

3. I incorporate the use of positive feedback to help other improve their practice. **1 2 3 4 5**

4. I provide others with tools for success. **1 2 3 4 5**

5. I can successfully manage conflicts between students and team members. **1 2 3 4 5**

6. I am receptive to making positive changes to the work environment. **1 2 3 4 5**

7. I pursue ways to help others to grow in their professional development. **1 2 3 4 5**

8. I feel that I have a responsibility to support the students of my profession. **1 2 3 4 5**

9. I encourage others to work to prevent potential conflict among team members. **1 2 3 4 5**

10. I effectively communicate both success and the need for improvement. **1 2 3 4 5**

Appendix I: CHS CEU Participant Evaluation Sheet

Covenant Health

Learner-Paced Evaluation Tool 09-28-2016

Title of Education Activity	Student Nurse Advocacy: Supporting the Future of Save Our Profession— Session 1: Background and Role Expectations and Responsibilities Session 2: Modeling Professional Behavior Session 3: Feedback Process Session 4: Self-Reflection of Perceived Potential for Advocacy
Purpose of this Activity:	**The purpose of this education is to enhance the standards of practice of the RNs or bedside clinicians in the area of Student advocacy by addressing professional conduct in an effort to change in recruitment and retention as evidenced by the recruitment and retention rates of student nurses in the CSON RN program and the perceived potential of self-efficacy of the RN working with student nurses.**

Please complete this evaluation questionnaire.
Your anonymous responses will be used to revise this activity and to plan future educational activities.
Circle the number that best fits your evaluation of this activity.

1 = Not at all	2 = Somewhat	3 = Almost completely	4 = Completely

1. Rate your achievement of these objectives:		**1**	**2**	**3**	**4**
a	Identify two historical factors that contribute to unprofessional behavior by the bedside clinician.			3	14
b	Define two role responsibilities of the bedside clinician.				15
c	Explain one role responsibility of the student nurse				15
d	State three behaviors congruent with professional conduct.			3	14
e	Distinguish two ways in which to demonstrate professional behavioral skill sets.			3	14
f	Assess ways in which to promote professional behavior within oneself and among colleague			3	14
g	Examine two constructive feedback processes.				15
h	Apply three "On the Spot" Coaching steps.				15
i	Formulate two positive coaching statements.				15
j	Define self-efficacy				15
k	Summarize two strategies for self-reflection of strengths and areas for improvement.			3	14
l	Recommend two techniques for evaluating self-efficacy				15
2. How effective was the teaching/learning resource(s)?				3	14
3. Were the objectives relevant to the overall purpose?				3	14

4. How long in minutes did it take you, the learner, to complete the activity?		Minutes 00
5. As a result of this activity, do you intend to make any changes to your professional practice/performance?	Yes 15	No

- If no, why not?
- If yes, identify changes you intend to make:
  1. Work on my communication for students.
  2. Always be positive.
  3. Very valuable. I will have to review 1 or 2 things are used daily that was used by the presenter.
  4. Self-efficacy when work with students.
  5. Encourage co-workers to be more positive with students and co-workers.
  6. Use the skills presented to communicate good feedback to students and peers.
  7. Be kinder to students who come to our units.
  8. How to help teach with positive and negative feedback.
  9. Use the positive sandwich.
  10. Be more and more understanding.

6. Were the following were disclosed prior to the beginning of this activity in writing?		Yes	No	N/A
a	Requirements for successful completion	15		
b	Conflicts of Interest	15		
c	Sponsorship or Commercial Support	15		
d	Expiration date	15		

Appendix J: Collaborative Institutional Training Initiative (CITI) Certificate

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Lori Kerley (ID: 4163193)
- **Email:** kerle963@regis.edu
- **Institution Affiliation:** St. Joseph Health System (ID: 2622)
- **Institution Unit:** Nursing
- **Phone:** 9037821835

- **Curriculum Group:** Social & Behavioral Research - Basic/Refresher
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 2 - Refresher Course
- **Description:** Choose this group to satisfy CITI training requirements for investigators and staff involved primarily in Social/Behavioral Research with human subjects.

- **Report ID:** 16477678
- **Completion Date:** 06/25/2015
- **Expiration Date:** 06/24/2017
- **Minimum Passing:** 80
- **Reported Score*:** 95

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
SBE Refresher 1 – Defining Research with Human Subjects (ID: 15029)	06/25/15	2/2 (100%)
SBE Refresher 1 – Privacy and Confidentiality (ID: 15035)	06/25/15	2/2 (100%)
SBE Refresher 1 – Assessing Risk (ID: 15034)	06/25/15	2/2 (100%)
SBE Refresher 1 – Research with Children (ID: 15036)	06/25/15	2/2 (100%)
SBE Refresher 1 – International Research (ID: 15028)	06/25/15	2/2 (100%)
SBE Refresher 1 – History and Ethical Principles (ID: 936)	06/25/15	2/2 (100%)
SBE Refresher 1 – Federal Regulations for Protecting Research Subjects (ID: 937)	06/25/15	2/2 (100%)
SBE Refresher 1 – Informed Consent (ID: 938)	06/25/15	2/2 (100%)
SBE Refresher 1 – Research with Prisoners (ID: 939)	06/25/15	1/2 (50%)
SBE Refresher 1 – Research in Educational Settings (ID: 940)	06/25/15	2/2 (100%)
SBE Refresher 1 – Instructions (ID: 943)	06/25/15	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Bonalyn Brady (ID: 5046836)
- **Email:** bbrady@covhs.org
- **Institution Affiliation:** St. Joseph Health System (ID: 2622)
- **Institution Unit:** Nursing Administration
- **Phone:** 806-787-6625

- **Curriculum Group:** Social & Behavioral Research - Basic/Refresher
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 2 - Refresher Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.

- **Report ID:** 17161615
- **Completion Date:** 09/07/2015
- **Expiration Date:** 09/06/2017
- **Minimum Passing:** 80
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
SBE Refresher 1 – Defining Research with Human Subjects (ID: 15029)	09/07/15	2/2 (100%)
SBE Refresher 1 – Privacy and Confidentiality (ID: 15035)	09/07/15	2/2 (100%)
SBE Refresher 1 – Assessing Risk (ID: 15034)	09/07/15	2/2 (100%)
SBE Refresher 1 – Research with Children (ID: 15036)	09/07/15	2/2 (100%)
SBE Refresher 1 – International Research (ID: 15028)	09/07/15	2/2 (100%)
SBE Refresher 1 – History and Ethical Principles (ID: 936)	09/07/15	2/2 (100%)
SBE Refresher 1 – Federal Regulations for Protecting Research Subjects (ID: 937)	09/07/15	2/2 (100%)
SBE Refresher 1 – Informed Consent (ID: 938)	09/07/15	2/2 (100%)
SBE Refresher 1 – Research with Prisoners (ID: 939)	09/07/15	2/2 (100%)
SBE Refresher 1 – Research in Educational Settings (ID: 940)	09/07/15	2/2 (100%)
SBE Refresher 1 – Instructions (ID: 943)	09/07/15	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

Appendix K: IRB Approval/Exempt Letters

REGIS UNIVERSITY
OFFICE OF ACADEMIC GRANTS

IRB – REGIS UNIVERSITY

November 15, 2015

Lori Kerley
2405 Cobb Ranch Road
Paris, Texas 75462

RE: IRB # 15-264

Dear Ms. Kerley:

Your application to the Regis IRB for your project, "Student Nurse Advocacy: Supporting the Future to Save our Profession", was approved as an exempt study on November 3, 2015. This study was approved per exempt study category of research 45CFR46.101.b(#2 and #4).

The designation of "exempt" means no further IRB review of this project, as it is currently designed is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy Cullen

Patsy McGuire Cullen, PhD, CPNP-PC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

cc: Dr. Lora Claywell

REGIS .EDU

Institutional Review Board

DATE: June 14, 2016
TO: Lori Kerley
FROM: Regis University Human Subjects IRB
PROJECT TITLE: [915087-1] Student Nurse Advocacy: Supporting The Future To Save Our Profession
SUBMISSION TYPE: Amendment/Modification
ACTION: APPROVED
EFFECTIVE DATE: June 14, 2016
EXPIRATION DATE: June 13, 2017
REVIEW TYPE: Administrative Review

Thank you for your submission of Amendment/Modification materials for this project. The Regis University Human Subjects IRB has APPROVED your submission. This approval is based on an appropriate risk/ benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Administrative Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to the Institutional Review Board. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to the Institutional Review Board.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of June 13, 2017.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the Institutional Review Board at irb@regis.edu Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

St.JosephHealth

October 6, 2015

SJH Reference # 15-056
Protocol Title: Student Nurse Advocacy: Supporting the Future to Save Our Profession

Dear Ms. Lori Kerley:

This is to advise you that the above referenced research project has been presented to the St. Joseph Health System Human Research Protection Program (HRPP) Office for review, and the following action was taken with the explanation provided below:

Study Status: Exempt from IRB Review: 10/05/2015
Description: The SJH HRPP Office reviewed the above-referenced submission and determined that the study qualifies for Exemption from 45 CFR 46 regulations governing human subjects research in accordance with 45 CFR 46.101(b) under **Category 1** (Research conducted in established or commonly accepted educational settings, involving normal educational practices) and **Category 2** (Research involving the use of survey procedures, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation).

The following materials are approved:
Application for IRB Exemption
Protocol dated 16Sep2015
Flyer
Pre and Post Mastery Quiz (Unit 1-4)
Surveys- Demographic, GSE, SPPAT
Participant Letter
Participant Information Sheet 9-28-2015

Please note:
Although this study is exempt from Human Subjects Regulations found at 45 CFR 46, this project must be conducted in accordance with the Ethical Principles outlined in the Belmont Report.

If the study design or procedures change, please submit the changes to the HRPP Office. Please be aware that significant study changes may nullify the exemption and require IRB review and approval.

Please inform the HRPP Office via email or letter when you have completed your study.

Sincerely,

Susan C. O'Brien, CIP
SR IRB Coordinator

FWA00020092

RE: 15-056 IRB Question (exempt project) - Current documents ... -... https://outlook.live.com/owa/?viewmodel=ReadMessageItem&Ite...

Subject: RE: 15-056 IRB Question (exempt project) - Current documents to track for changes

Lori,

Thank you for sending Dr. Fallon's confirmation for the update.

The changes do not affect the status of the exemption. The study remains qualified under the Exemption status in accordance with 45 CFR 46.101(b) under Categories 1 and 2.

Attached are the clean and tracked copies for your documents. I tracked the version dated 4/21/2016 into each document to reflect the update within the docs.

Thank you for contacting us for this change.

Susan C. O'Brien, CIP
SR IRB COORDINATOR
HUMAN RESEARCH AND PROTECTION PROGRAM (HRPP)

3345 Michelson, Suite 100, Irvine, CA, 92612
T: (949) 381-4907
www.stjoe.org

FW: 15-056 IRB Question

Susan O'Brien

Mon 2/29/2016 11:52 AM

To:Lori Kerley (never2kerley@hotmail.com) <never2kerley@hotmail.com>; Bonnie Brady <bbrady@covhs.org>;

Cc:Mary Parga <Mary.Parga@stjoe.org>; Christine Buckley <Christine.Buckley@stjoe.org>;

2 attachments (78 KB)

CHS_IRB_Approved_Protocol dated 16Sep2015.doc; CHS_IRB_Approved_Participant Information Sheet 9-28-2015.docx;

Hi Lori,

Please track the attached documents for the updates that you mentioned to both documents. Please send the tracked and clean copies back to our office for our files. Please also update the versions dates listed in each document.

This project is exempt, and based on the updates you mentioned, the changes do not affect the status of the exemption. These minor changes do not affect the design or procedures of the study. The study remains qualified under the Exemption status in accordance with 45 CFR 46.101(b) under Categories 1 and 2.

Thank you for contacting our office for these updates.

As a reminder, please contact our office via email once your study is complete or if there are future changes to the study.

Thanks,

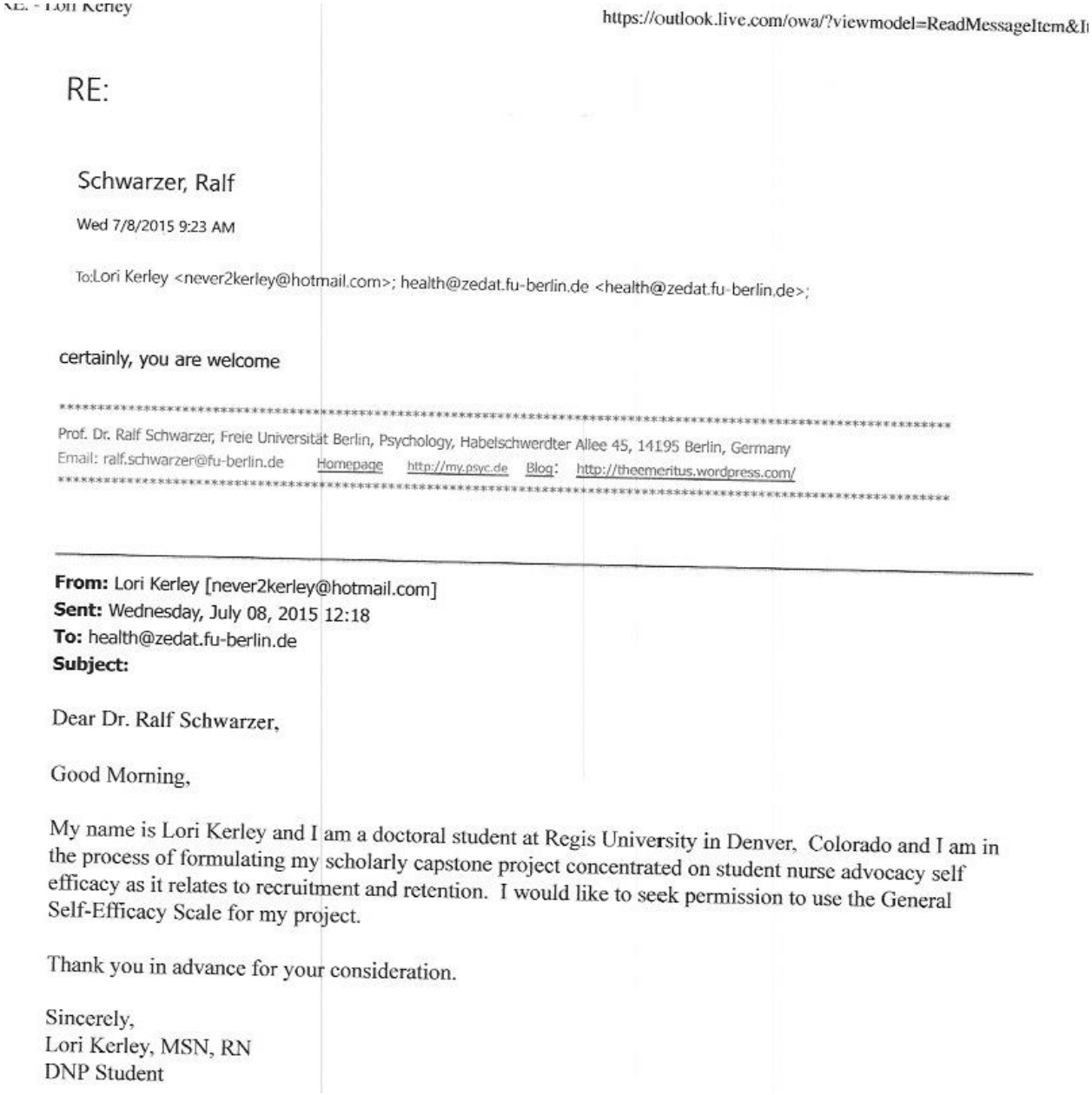
Susan C. O'Brien, CIP
SR IRB COORDINATOR
HUMAN RESEARCH AND PROTECTION PROGRAM (HRPP)

3345 Michelson, Suite 100, Irvine, CA, 92612
T: (949) 381-4907
www.stjoe.org

St.JosephHealth

From: Lori Kerley [mailto:never2kerley@hotmail.com]
Sent: Monday, February 29, 2016 4:44 AM

Appendix L: Permission to Use General Self Efficacy Scale (GSE) Agreement



RE: - Lori Kerley https://outlook.live.com/owa/?viewmodel=ReadMessageItem&I

RE:

Schwarzer, Ralf

Wed 7/8/2015 9:23 AM

To:Lori Kerley <never2kerley@hotmail.com>; health@zedat.fu-berlin.de <health@zedat.fu-berlin.de>;

certainly, you are welcome

****

Prof. Dr. Ralf Schwarzer, Freie Universität Berlin, Psychology, Habelschwerdter Allee 45, 14195 Berlin, Germany
Email: ralf.schwarzer@fu-berlin.de Homepage http://my.psyc.de Blog: http://theemeritus.wordpress.com/

****

From: Lori Kerley [never2kerley@hotmail.com]
Sent: Wednesday, July 08, 2015 12:18
To: health@zedat.fu-berlin.de
Subject:

Dear Dr. Ralf Schwarzer,

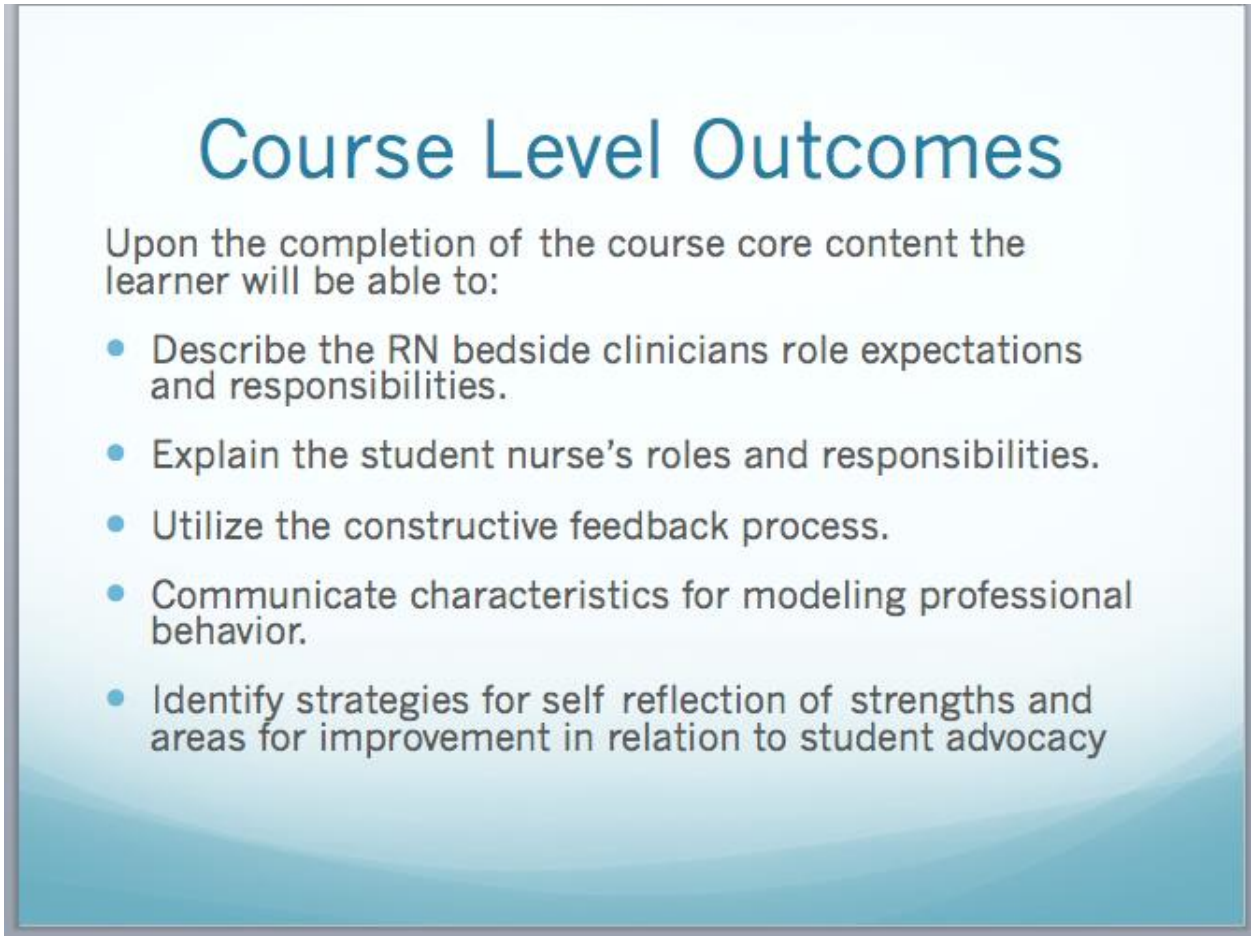
Good Morning,

My name is Lori Kerley and I am a doctoral student at Regis University in Denver, Colorado and I am in the process of formulating my scholarly capstone project concentrated on student nurse advocacy self efficacy as it relates to recruitment and retention. I would like to seek permission to use the General Self-Efficacy Scale for my project.

Thank you in advance for your consideration.

Sincerely,
Lori Kerley, MSN, RN
DNP Student

Appendix M: Core Course Level Outcomes Teaching Plan



Appendix N: Table 2 GSE Post and Tenure Correlation

Table 2 - Correlation Matrix GSE Post and Tenure

Correlations

		GSEPost1	GSEPost2	GSEPost3	GSEPost4	GSEPost5	GSEPost6	GSEPost7	GSEPost8	GSEPost9	GSEPost10	TenureCont
GSEPost1	Pearson Correlation	1	-.182	.238	.000	.535	.258	.707	.447	.728	1.000**	.016
	Sig. (2-tailed)		.667	.570	1.000	.172	.576	.116	.374	.101	.000	.970
	N	8	8	8	8	8	7	6	6	6	6	8
GSEPost2	Pearson Correlation	-.182	1	.383	.480	.453	.418	.686	-.108	.412	.243	-.344
	Sig. (2-tailed)	.667		.349	.228	.260	.350	.132	.838	.417	.643	.404
	N	8	8	8	8	8	7	6	6	6	6	8
GSEPost3	Pearson Correlation	.238	.383	1	.630	.713*	.300	.500	.632	.686	.707	.451
	Sig. (2-tailed)	.570	.349		.094	.047	.513	.312	.178	.132	.116	.262
	N	8	8	8	8	8	7	6	6	6	6	8
GSEPost4	Pearson Correlation	.000	.480	.630	1	.707*	.091	.707	.447	.728	.333	.464
	Sig. (2-tailed)	1.000	.228	.094		.050	.846	.116	.374	.101	.519	.247
	N	8	8	8	8	8	7	6	6	6	6	8
GSEPost5	Pearson Correlation	.535	.453	.713*	.707*	1	.636	.857*	.759	1.000**	.728	.268
	Sig. (2-tailed)	.172	.260	.047	.050		.124	.029	.080	.000	.101	.521
	N	8	8	8	8	8	7	6	6	6	6	8
GSEPost6	Pearson Correlation	.258	.418	.300	.091	.636	1	.500	.632	.686	.707	-.170
	Sig. (2-tailed)	.576	.350	.513	.846	.124		.312	.178	.132	.116	.715
	N	7	7	7	7	7	7	6	6	6	6	7
GSEPost7	Pearson Correlation	.707	.686	.500	.707	.857*	.500	1	.316	.857*	.707	-.018
	Sig. (2-tailed)	.116	.132	.312	.116	.029	.312		.541	.029	.116	.973
	N	6	6	6	6	6	6	6	6	6	6	6
GSEPost8	Pearson Correlation	.447	-.108	.632	.447	.759	.632	.316	1	.759	.447	.317
	Sig. (2-tailed)	.374	.838	.178	.374	.080	.178	.541		.080	.374	.540
	N	6	6	6	6	6	6	6	6	6	6	6
GSEPost9	Pearson Correlation	.728	.412	.686	.728	1.000**	.686	.857*	.759	1	.728	.160
	Sig. (2-tailed)	.101	.417	.132	.101	.000	.132	.029	.080		.101	.762
	N	6	6	6	6	6	6	6	6	6	6	6
GSEPost10	Pearson Correlation	1.000**	.243	.707	.333	.728	.707	.707	.447	.728	1	.051
	Sig. (2-tailed)	.000	.643	.116	.519	.101	.116	.116	.374	.101		.924
	N	6	6	6	6	6	6	6	6	6	6	6
TenureCont	Pearson Correlation	.016	-.344	.451	.464	.268	-.170	-.018	.317	.160	.051	1
	Sig. (2-tailed)	.970	.404	.262	.247	.521	.715	.973	.540	.762	.924	
	N	8	8	8	8	8	7	6	6	6	6	8

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Appendix O: Table 3 SPPAT Post and Tenure Correlation

Table 3 - Correlation Matrix SPPAT Post and Tenure

Correlations

		TenureCont	SPPATPost1	SPPATPost2	SPPATPost3	SPPATPost4	SPPATPost5	SPPATPost6	SPPATPost7	SPPATPost8	SPPATPost9	SPPATPost10
TenureCont	Pearson Correlation	1	.122	.464	.403	-.119	.005	-.011	.165	-.033	-.543	-.607
	Sig. (2-tailed)		.774	.247	.323	.779	.991	.980	.696	.945	.208	.202
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost1	Pearson Correlation	.122	1	.577	.447	.408	.480	.149	.174	.488	.258	.316
	Sig. (2-tailed)	.774		.134	.267	.315	.229	.725	.680	.266	.576	.541
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost2	Pearson Correlation	.464	.577	1	.775*	.354	.356	.258	.302	.545	.471	.447
	Sig. (2-tailed)	.247	.134		.024	.390	.387	.537	.468	.206	.286	.374
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost3	Pearson Correlation	.403	.447	.775*	1	.365	.337	.067	.389	.271	.645	.632
	Sig. (2-tailed)	.323	.267	.024		.374	.414	.875	.341	.556	.117	.178
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost4	Pearson Correlation	-.119	.408	.354	.365	1	.839**	.000	.640	.575	.730	.759
	Sig. (2-tailed)	.779	.315	.390	.374		.009	1.000	.088	.177	.062	.080
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost5	Pearson Correlation	.005	.480	.356	.337	.839**	1	.398	.895**	.880**	.510	.701
	Sig. (2-tailed)	.991	.229	.387	.414	.009		.328	.003	.009	.243	.121
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost6	Pearson Correlation	-.011	.149	.258	.067	.000	.398	1	.545	.868*	.258	.316
	Sig. (2-tailed)	.980	.725	.537	.875	1.000	.328		.162	.011	.576	.541
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost7	Pearson Correlation	.165	.174	.302	.389	.640	.895**	.545	1	.794*	.420	.548
	Sig. (2-tailed)	.696	.680	.468	.341	.088	.003	.162		.033	.348	.261
	N	8	8	8	8	8	8	8	8	7	7	6
SPPATPost8	Pearson Correlation	-.033	.488	.545	.271	.575	.880**	.868*	.794*	1	.420	.548
	Sig. (2-tailed)	.945	.266	.206	.556	.177	.009	.011	.033		.348	.261
	N	7	7	7	7	7	7	7	7	7	7	6
SPPATPost9	Pearson Correlation	-.543	.258	.471	.645	.730	.510	.258	.420	.420	1	1.000**
	Sig. (2-tailed)	.208	.576	.286	.117	.062	.243	.576	.348	.348		.000
	N	7	7	7	7	7	7	7	7	7	7	6
SPPATPost10	Pearson Correlation	-.607	.316	.447	.632	.759	.701	.316	.548	.548	1.000**	1
	Sig. (2-tailed)	.202	.541	.374	.178	.080	.121	.541	.261	.261	.000	
	N	6	6	6	6	6	6	6	6	6	6	6

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Appendix P: Agency Letters of Support

4015 22nd Place
Lubbock, Texas 79410
806-725-6000 **Tel**

Covenant Health System

Letter of Agreement

To Regis University Institutional Review Board (IRB):

I am familiar with Lori Kerley's research project entitled Student Nurse Advocacy: Supporting the Future to Save Our Profession.

I understand Covenant Health System's (CHS) involvement to be allowing recruitment for the study to be conducted through the use of flyers and announcements through the HealthStream LMS. As well the study will utilize the HealthStream LMS to conduct the educational offering for a student advocacy class to include the following: the survey for demographics, the General Self-efficacy Scale, the Self Reflective Perceived Potential for Advocacy Tool (SPATT), pre and post mastery quizzes, having access to exit rate (recruitment and retention) for student nurses employed at this facility during the period of December 1, 2015 to May 31, 2016, and access to results of the HealthStream content for the purpose of data collection, and writing and reporting of these results. The content for the educational offering will be built into four 30-minute segments and will grant two continuing educational units (CEUS) through CHS upon completion of all four segments. The intended purpose is to change the recruitment and retention rates os student nurses employed at CHS and enrolled in an RN program.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Covenant Health System, I agree that Lori Kerley's research project may be conducted at our agency/institution.

Sincerely,

Marguerite Fallon

Marguerite Fallon, DNP, RN