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Improving Professionalism in New Graduate Nursing Behavior

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by

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Abstract

Professional behavior in nursing is a difficult term to define. There are generational, cultural, and regional aspects that affect the definition of this concept. Nursing, as in other professions, has a set of behaviors it has deemed necessary to guide practice. Professionalism is paramount in that it guides the nurse's behavior in patient care, in collaboration with healthcare team members, and in serving the community. There is a direct correlation between professional behavior in nursing practice and positive patient outcomes. Unprofessionalism has been noted as an issue in nursing, including the new graduate nurse population. This project sought to develop a professional development course for senior nursing students that would provide professional behavior education before they began their nursing career, in an attempt to increase professionalism in the workplace. A senior nursing class (n=64) was divided into a participant group that completed a professional development course and a non-participant group that did not attend the course. All students were surveyed prior to and after the professional development intervention to assess for self-reported growth in professionalism. This study asks the question: Is professional behavior improved by direct and specific professional development education for senior nursing students? The project results showed that there was a significant, positive change in professionalism scores for all students when the first and second survey scores were compared. There were increased positive changes found in the participation group as compared to the non-participant group, but the increase was not significant.

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SECTION I

Introduction

Introduction and Background

This practice project was planned by the project leader to focus on students at a community college (CC) in the southeast region of the United States where the project leader teaches the capstone course. The goal was to find a project that would help senior nursing students become the best nurses possible from the beginning of their career. The Associate Degree in Nursing (ADN) program is strong in preparing students both academically and clinically to begin their nursing careers. This project sought to incorporate additional professional development education in the final semester of the concept-based curriculum before graduation.

Many of the CC graduates remain in the local region after graduation and therefore local healthcare systems were asked about the new graduate nurses (NGNs) they hired. The project leader sought to find out what issues and challenges the local organizations faced when hiring NGNs as they transitioned from undergraduate students to professional registered nurses (RNs). The nurses involved in training the NGNs at one local health system were asked the question, "What is the biggest problem/issue/deficit that you find in the NGNs you have worked with? Their response was surprising. They stated working with NGNs during the organization's orientation program and during the first year of licensure revealed a lack of understanding of what professionalism is, as well as an increased demonstration of unprofessional behaviors as the main challenge faced with this population. A focus group was convened on April 25th, 2018 to hone in on the scope of this issue and define key terms and concepts.

This led the project leader to search the literature using key terms of: new graduate nurses, first year nurses, professionalism, unprofessional, unsuccessful behaviors, communication, professional development, success strategies, confidence, transition, professional attitude, and nursing problems. According to the literature, problems with unprofessional behavior in nursing have existed for a long time. However, this is not a problem found only in the nursing field of health care. Several articles were found that described unprofessionalism in medicine as being a challenge which has a negative effect on patient outcomes as well (Hickson, Pichert, Webb, & Gabbe, 2007). Unfortunately, the issue of unprofessional behavior does not seem to be solved after new graduates gain experience (Barnsteiner, Disch, Hall, Mayer & Moore, 2007). The issue of unprofessionalism in nursing practice is found globally as well. Articles from New Zealand, Australia, England, Scotland, South Korea, Turkey, Ethiopia, Japan, and other nations were found.

Problem Statement

Worldwide, NGNs struggle to transition from students to professional registered nurses (Kim, Han, & Kim, 2015; Tanaka, Yonemitsu, & Kawamoto, 2014; Dirkmen, Karatas, Arslan, & Ak, 2016; Fantahun, Demessie, Gebrekirstos, Zemene, & Yetayeh, 2014). Local health systems in the southeast region have identified a lack of professionalism in nursing as the main challenge faced working with NGN population. A decrease in the demonstration of professional practice behaviors in the NGN has also been identified. This decrease in professionalism in nursing practice has numerous negative effects including decreased teamwork, decrease in quality patient care, decrease in communication, decrease in collaboration, decrease in job satisfaction, decrease in

successful patient outcomes, and an increase in incivility (Shepard, 2013). Therefore, a decrease in professional behaviors in the NGN has an overall negative effect on nursing practice and patient outcomes (Barnsteiner et al., 2007).

The purposes of this practice project were to search the published literature for evidence that unprofessional behavior has negative effects on nursing practice and patient outcomes; to discover the extent of the problem of unprofessional behavior in NGNs; and to synthesize and implement solutions to this problem in a pilot study at a local community college in the associate degree program. Validating this problem across the literature supported the need for this practice project to be completed at this time.

Needs Assessment

Two local health systems were contacted in an attempt to gather information regarding practice problems found with NGNs. One of the health systems did not respond to numerous attempts to obtain information regarding practice problems they identified with NGNs. The other health system was very receptive to helping with this project and played an important role in defining the problem and developing the professional development course (PDC) intervention.

Population/Community

The term new graduate nurse was defined by the focus group (2017) as a registered nurse who is newly graduated from their initial nursing education (Associate Degree in Nursing or Bachelor of Science in Nursing degree), recently licensed via successfully passing NCLEX-RN, and in their first year of nursing practice. The new graduate nurse is usually in their first nursing position. This population can be male or female and there is no age limit. This population is made up of people who are American

citizens, as well as immigrants from foreign countries. This population is comprised of

native English speakers, as well as English as a second language (ESL) nurses.

PICO Statement

To clarify the practice project further, the following PICO (patient/problem,

intervention, comparison and outcome) statement has been identified in Table 1.

Table 1

PICO Statement

	PICOT Statement
P	-New graduate nurses struggle to understand the definition of professionalism -New graduate nurses struggle to practice nursing with professional behaviors
I	-Professional development education for senior nursing students in their last semester of nursing education
C	-Senior nursing students who participate in professional development education compared to senior nursing students who do not participate in professional development education
O	-Improving professionalism in new graduate nursing behavior

Sponsors and Stakeholders

There were many key stakeholders who had a vested interest in this project. The

project sponsor was the community college where the students attended and the project

leader teaches. The participating CC agreed to allow their students to participate in this

project. The CC interest in this project stemmed from the school's mission and vision

statement. The mission is "Supporting success through innovative education, training, and partnerships". Their vision is to be a "catalyst for success". Institutional goals include "improve student access, success, progress and completion"; "identify and meet employer and community needs in the region"; and "provide learning opportunities in a safe, convenient, and inviting atmosphere". This practice project is consistent with the values of the school and the associate degree nursing program.

The Associate Degree in Nursing (ADN) program not only supports the missions of the state's community college system and the school, they have a mission of their own. Their mission states a commitment to "providing accessible high quality nursing education to meet the diverse and changing health care needs of the service area". They promote the development of "students who are prepared for the professional role of the nurse at entry level". The college's ADN program strives to collaborate with local health systems to form partnerships to meet the ever-demanding need of educating future registered nurses. The ADN program desires to partner with local health systems to identify practice problems and create solutions that will better prepare their graduates for successful professional practice. The successful practice of nursing students not only leads to better patient outcomes in the community, it also promotes the ADN program in the community. A strong program reputation leads to increased enrollment and success of the program.

Healthcare organizations are major stakeholders in this project. The local healthcare system is a magnet-designated facility that strives to give world-class care to its patients and clients. Decreased professionalism in nursing staff behavior has correlated to decreased patient care and less positive outcomes (Barnsteiner et al., 2007).

Therefore, having a nursing staff that demonstrates professional behaviors in nursing practice is a powerful asset for the organization.

Nursing students are also important stakeholders in this project. Nursing is consistently reported as one of the most difficult areas of undergraduate study. Students who choose a nursing career enter this field for many reasons. The two most common reasons are personal aspirations (caring for others, making a difference, enjoying the aspects of nursing) and career aspirations, both of which build upon the professionalism of nursing (Wilkes, Cowin & Johnson, 2015). Students who receive increased training in the area of professional development begin their nursing career more prepared to handle the rigors of nursing practice, as well as being an asset to their healthcare organization. In a less direct way, patients, the community, and other interdisciplinary team members are also stakeholder in this project.

Team Selection

The project leader chose to form a small committee to help guide this project. The Director of Nursing (DON) at the community college was asked to be the project partner and therefore was able to have oversight of the project. The DON has a vast amount of experience in education and with project execution and has had a long career in academia. The Director of Nursing Practice and Education (DNPE) at the health system where the focus group was held was also asked to be on the project committee. The DNPE has a Doctor of Nursing Practice degree and knew exactly what was expected of this project and also has a vast amount of experience in implementing practice projects in nursing.

The focus group was a secondary team that helped guide this project. The nurses who comprised the focus group were all master's degree prepared and work directly with new graduate nurses. In April 2017, the project leader hosted a focus group meeting where they discussed their experiences with NGNs and described issues regarding unprofessionalism they witnessed in practice and brainstormed solutions to improve professional behaviors. It was during this focus group that the idea of crafting a professional development course for senior nursing students was created.

SWOT Analysis

There were aspects of this project that needed to be assessed and addressed. A SWOT (strengths, weaknesses, opportunities, and threats) analysis for this project helped to identify strengths, weaknesses, opportunities, and threats associated with the plan prior to implementation. The SWOT analysis for this project is identified in Table 2.

Table 2

SWOT Analysis

SWOT Analysis	
Strengths	Weaknesses
-CC has a well-known ADN nursing program that also has a NCLEX-RN pass rate above the national average in the mid 90's -The Fall 2017 NUR 213 class has 67 students enrolled which will allow for a large study cohort -CC nursing faculty and leadership are interested in increasing professionalism education in the ADN curriculum	-Only one cohort will be studied. -Only one school is part of this project -There is limited literature available for this specific professional development in students -There is no validated program available to offer this type of professional development for nursing students
Opportunities	Threats
-This project provides direct opportunities for professional development education that goes beyond what is currently found in the state ADN curriculum. -This project can lead to further refinement of professional education that can be shared locally with other nursing programs and in the literature -Increased professional behavior for new graduate nurses	-There are no competitors involved -Long, involved IRB process for two separate organizations -Short timeline to complete project -Volunteer student participants.

Objectives, Goals, and Scope of Project

Objectives

There were several objectives for this practice project. They were:

1. Students who participated in the professional development program will show improvement on the second Professional Behaviors Assessment for New Graduate Nurses (PBANGN) survey (taken in October 2017) as compared to the first survey (taken in September 2017).

2. Students who participated in the Professional Development Course (PDC) will

3. graduate in December 2017 and will take the licensure exam in the beginning of 2018.

4. Students who participated in the PDC will perform with increased professional behavior according to their employer's evaluations as they begin their nursing career in 2018.

5. The findings from this practice project will be disseminated via a DNP project paper and oral presentation.

Goals

There were several goals that guided this practice project. They were:

1. Students who participated in the PDC will have increased their knowledge of professionalism and professional behavior.

2. Students who participated in the PDC will have passed the NCLEX-RN examination.

3. Students who participated in the PDC program will be better prepared to begin their career as professional registered nurses and demonstrate professional nursing behaviors consistently.

4. The findings from this practice project will be disseminated via the writing of a DNP project paper and oral presentation.

Scope of Project

The objective of this project was to address the issue of decreased professionalism in new graduate nurse behavior, by offering professional development training to senior nursing students who are in the last semester of initial nursing education. Project deliverables included developing a five session Professional Development Course that addressed 10 categories of professional behavior as defined by the local focus group and assessing the impact of the professional development program by administering Professional Behaviors Assessment for New Graduate Nurses survey prior to attending the PDC and after completion.

Students were asked to volunteer to participate in the project by August 14th, 2017. The professional development course began on September 20th, 2017 and ran for five consecutive weeks. Each session lasted 90 minutes. The survey was administered to the entire Fall 2017 senior cohort on September 11, 2017. The PBANGN was given a second time to the same cohort on October 30, 2017. Any student who volunteered to participate in the project up to the deadline was admitted into the participant cohort. Students who volunteered after the deadline were not considered for the participant cohort, but were invited to be part of the project. Students who were in the participant

group, but did not attend all five sessions of the PDC, were included in the participant group during data analysis.

Cost-Benefit Analysis

The cost analysis of this project was relatively simple. During the planning phase, no financial costs were associated with this project. The participants were students who were not compensated for their participation. The project leader taught the sessions and did not receive financial compensation for leading the project. Both committee members agreed to be part of the project without receiving compensation. The community college allowed the professional development sessions to take place on campus, free of charge. A statistician volunteered to help the project leader with data analysis without receiving financial compensation. By the completion of this project, minimal costs incurred, mainly for refreshments during the sessions.

Available Resources

This practice project required numerous resources. The first resource was manpower. There was a need for an instructor to lead the professional development sessions. Expertise in project planning was also needed. The students who participated in this study became a resource. The literature also served as a major resource in the development of this program and project. Finally, classroom space was a required resource for project success.

SECTION II

Literature Review

A search of the literature was conducted. Search criteria included articles in peer-reviewed journals, state board of nursing journals, national nursing organization publications, and research dissertations from 2007 to 2018. Only publications written in the English language were considered for this project.

A literature review was performed utilizing several databases including Bulldog One, ProQuest, Medline, Google Scholar, and CINAHL. Keywords included new graduate nurses, first year nurses, professionalism, unprofessional, unsuccessful behaviors, communication, professional development, success strategies, confidence, transition, professional attitude, and nursing problems.

Problem Significance

The purpose of this review was to search the literature for evidence of problems with unprofessionalism in nursing, specifically with new graduate nurses on a national and/or international level. Nursing practice is not only a science, but also an art incorporating care of the individual, families, and communities with the goals of preventing illness, restoring and promoting health and well-being, aiding with coping of disability and chronic disease, and transitioning to death (Taylor, Lillis, LeMone, & Lynn, 2011). The ultimate goal of nursing is to render quality patient care leading to positive patient outcomes. Lapses in professionalism in nursing practice have been shown to lead to the consequences of negative outcomes for both student nurses and nurses. The primary negative effect is a decrease in positive patient outcomes. However,

other negative effects include deficiencies in nursing education, decreased

interprofessional collaboration, and stunted career progression (Corrao, 2016).

Review of the Literature

Professionalism is a difficult and complex concept to define. In simple terms, it is

the actions expected of a professional. There does not appear to be a consensus in the

literature for a definition for professionalism in nursing. Nursing shares some aspects of

professionalism with other disciplines such as having a discrete body of knowledge,

autonomy, statements that articulate beliefs and values and set standards of personal and

professional behavior, self-regulation, a code of ethics, and commitment to the

profession. Also included are intellectual and individual responsibility, knowledge, and

specialization (Corrao, 2016). When looking for what aspects define this concept, four

viewpoints (humanist, portrayer, facilitator, and regulator) emerge (Akhtar-Danesh et al.,

2013). Shepard (2009) stated that the primary aspects of professionalism are good work

ethics, accountability to attendance and time management, well-developed self-control,

critical thinking, and ability to handle difficult situations and people.

According to Blevins and Millen (2016), a professional foundation is required for

NGN successful transition. The Code of Ethics for Nurses (American Nurses

Association [ANA], 2015a) provides this foundation for professional behaviors. The

authors reported that professionalism, communication, and time management were vital

and stated that characteristics of successful NGNs include having a respect for patients

and coworkers, an eagerness to learn and apply knowledge, a positive attitude, following

organizational policies and procedures as well as having a clean, kempt, and respectful

appearance. Nursing is all about relationships and professionalism requires the nurse to demonstrate a desire to work well with others.

Kontney, May, and Iglarsh (2010) identified 10 statistically significant professional behaviors based on their research. They contacted clinical leaders in physical therapy and invited them to complete surveys and participate in focus groups with the goal of defining professional behaviors. These behaviors included critical thinking, communication, interpersonal skills, problem solving, stress management, responsibility, professionalism, use of constructive feedback, effective use of time and resources, and commitment to learning. Their tool, Professional Behaviors Assessment, was adapted for use in this project.

Professionalism and leadership development are paramount for observing optimal patient outcomes. Professional behaviors are core values that student nurses are expected to attain in preparation for practice (Shepard, 2013). The Institute of Medicine (2011) reported a higher level of professionalism is required to function in today's interdisciplinary healthcare environment. In order for nurses to be full members of the interdisciplinary team, they must have increased responsibility. The nurse must be skilled in effective communication techniques. This is demonstrated with strong, daily patient plans of care that lead to identification of family issues, decreased patient complications, increased interdisciplinary referrals, and faster discharges. The ability to advocate on behalf of patients is closely linked to professionalism (Corrao, 2016). Communication is an effective teambuilding tool that can be used to create a safe work environment which is necessary to optimize patient care outcomes (McNamara, 2012).

Nurses having an increased role in patient care management leads to increased positive patient outcomes (Corrao, 2016). When nurses do not possess strong professional and leadership skills, suboptimal patient care outcomes are seen. This stems from a lack of standardization of what professionalism in nursing is (ANA, 2015b). The impact of unprofessionalism is great and includes increased incivility, bullying, violence and manifestations of dishonesty, leading to a negative workplace environment. This issue has been linked to nurses, both new and experienced, leaving the nursing profession (Lashinger, Finegan, & Wilk, 2009).

Higgins, Spencer, and Kane (2010) performed a literature review of new graduate nurses' experiences in the United Kingdom. A recurrent theme discovered was increased responsibility and difficulty with time management led to stressful transition. These are two areas of professional behaviors for educational programs to pay attention to when developing professionalism courses within the curriculum.

Unprofessional behavior is reported as poor communication skills, poor or even illegal decision making, lack of preparation for patient care responsibilities, lack of preparation for interviews, inappropriate professional appearance for the role of nurse, lack of integrity and falsification of documentation, cheating in academia, decreased intraprofessional collaboration, incivility, bullying, and lateral violence (Corrao, 2016; Lachman, 2014).

Improving professionalism in nursing practice is not just a national concern, but is also a global nursing agenda item. In 2012, the Institute of Medicine (IOM) created a Global Forum on Innovation in Health Professional Education which has strong representation from nursing, validating the importance of professional development in

nursing. This organization focuses on improved patient care while working with worldwide partners (IOM, 2018). The importance of looking beyond national borders to other cultures demonstrates commitment to diversity. Nurses practicing in the United States work with a very diverse population and cultural competency with a holistic worldview is part of professional development. Nursing programs must take this into consideration when addressing professionalism in their curriculums (Corrao, 2016).

Benner, Sutphen, Leonard, and Day (2010) has called for innovative transformation in nursing education, stating that students must master ethical and interpersonal skills. These skills are necessary for solid professional identity and value development as nurses. Giddens and Brady (2007) supported nursing education transformation to a concept-based curriculum to encourage growth in critical thinking, an important aspect of professionalism. Professionalism spans the curriculum but there is evidence to suggest this is not adequate to meet the need.

Akhtar-Danesh et al. (2013) stated that there is a gap between upper-level nursing students and professional nurse leaders with regards to perceptions of professionalism. Each group had different expectations of what professional behavior was. Understanding the perceptions of students as well as experienced nurses provides a foundation to build upon when bridging this gap. Professional development education can assist in affecting nursing behavior in a positive way and holds nurses accountable for their behavior (McNamara, 2012). Mbewe and Jones (2015) studied new graduate nurses' (NGN) perceptions of how their associate degree nursing program prepared them for leadership in practice. Only a third of NGN surveyed were comfortable with professional skills and

identity. Without a strong professional identity, nurses will be devalued in the healthcare setting.

Exposing nursing students to components of professionalism early in their education is required to integrate these concepts with traditional nursing knowledge. The literature review showed that the dilemma in education continues to be what to teach and when. Professional development often struggles to be a priority when nursing concepts and skills must be taught and there is limited time. There is a lack of consistency in nursing education programs as to what strategies should be used for teaching professional development. Nursing faculty must realize they have great influence in many areas, including the development of students' professional identity (Apesoa-Varano, 2007). Nursing education leaders must come to a consensus about where professional concepts fit in to the curriculum and what is appropriate for lower and upper level students. (Corrao, 2016).

As new graduate nurses begin their careers, they must embrace their role as a leader in healthcare. Are NGNs even aware of the fact that they are leaders who can play a powerful role in healthcare? Ashton (2012) suggests that nurse educators begin to cultivate leadership early. Some strategies includes establishing caring relationships with students and NGNs; encouraging an attitude in lifelong learning in students and NGNs; being willing to share professional and personal experiences; promoting nursing skills and values as important attributes of leaders; providing opportunities for further education in public speaking, scholarly writing and computer skills; encouraging frequent use of library and educational resources; promoting journal/book clubs; identifying

barriers faced by students and NGNs and striving to eliminate them; and celebrating successes of new nurses.

Shepard (2013) also called for the integration of professionalism in nursing education from the very beginning, ensuring that its concepts were part of every aspect of the curriculum and incorporated into every lesson plan. She exhorts nursing faculty to be role models of professional behaviors in class and during clinical experience. Faculty members must hold students accountable for professional behavior and take appropriate actions when they are not compliant. Unprofessional behavior during undergraduate education must be taken seriously so that these behaviors are not carried over into professional nursing practice.

The development of professionalism in NGN is complicated by the fact that there are several educational pathways leading to licensure, including diploma schools, associate degree programs, and baccalaureate programs. It is assumed that professionalism is taught during initial nursing education; however, how can it be standardized with such a variety of educational experience? It has been decades since the American Nurses Association declared that baccalaureate nursing education should be the entry-level education for the professional nurse. However, disagreement among nurse educators and a severe nursing shortage has not brought this to fruition. Despite the level of education achieved prior to licensure, all graduates become new graduate nurses. It is the responsibility of all nursing programs to support professional development in their students and ensure that professional development is an integral part of the curriculum (Riter, 2010).

Cottingham, DiBartolo, Battistoni and Brown (2011) described the success of a mentoring program called Partners in Nursing (PIN) which was developed to help address the nursing shortage in the United States. While this program was successful in meeting its goal of increasing retention rates, a secondary benefit was seen cultivating leadership and professional development in the NGN. This discovery played a role in the development of the Professional Development Course for this project.

Limitations of the Literature

While there is a plethora of literature written about professionalism in nursing, medicine, and other disciplines, there is a limited number of articles and research that focus specifically on teaching professionalism to nursing students with the goal of remediating unprofessionalism in new graduate nurses. A study by Corrao (2016) looked at perceptions of student nurses with regards to the concept of professionalism. This study found that senior nursing students struggled to define professionalism and the standards of professionalism in nursing practice. A literature review of this topic reveals evidence-based practice solutions to resolve discrepancies in student nurses is lacking.

Theoretical Framework

Patricia Benner's work, From Novice to Expert (2001), was used as the project theoretical framework. This practice project sought to help senior nursing students prepare for the professional behavior demands of a career in nursing by providing an opportunity for them to receive professional development education during their last semester of school. The students who participated in this project were on the verge of becoming new graduate nurses.

Benner stated that there are five levels of nursing experience. These levels are novice, advanced beginner, competent, proficient, and expert. She stated that because nursing is an applied discipline, the development of knowledge comes from obtaining practical knowledge as well as clinical experience. In order to move through the levels of nursing practice, the nurse must have a foundation of practical knowledge. However, until the nurse gains clinical experience, the knowledge they have is abstract. Experience allows this knowledge to become concrete and causes a change in perception and action. Each level builds upon the previous levels and experience helps movement by refining the different principles (Benner, 2001).

Senior nursing students are automatically placed in the category of novice due to their lack of nursing practice experience. This assessment not only applies to clinical nursing skills, but also to professional behaviors. New graduate nurses are expected to act within a specific professional behavior model as they begin their career. However, if they have not been educated on professional behaviors they may not know know what is expected of them. Benner stated that one of the characteristics of change is for the nurse to move from a detached observer to an involved performer who is no longer outside of the situation, but rather is now actively participating in the situation (Benner, 2001). This project sought to help the senior nursing student move along the continuum of the novice level of professional nursing behavior during the new graduate nurse period of their career by giving them an interactive educational experience to guide their future behavior.

SECTION III

Project Design and Implementation

This DNP practice project sought to address the problem of unprofessional behavior in new graduate nurses described by local institutions and in the literature globally. This issue was addressed proactively in senior nursing students in their last semester of study by providing professional development education prior to graduation. The effectiveness of this intervention was measured by administering the Professional Behavior Assessment for New Graduate Nurses survey prior to and following participation in the Professional Development Course.

Project Proposal

After participating in the focus group in April 2017 and searching through the literature, it became evident that the way to change the behavior of the NGNs was to educate them while they were still nursing students during their formal nursing education. A project plan was developed to work with senior nursing students in the capstone course at a community college in the southeast. A Professional Development Course was developed by the project leader, and volunteers from the December 2017 Associate Degree of Nursing cohort would be asked to participate.

In order to measure the effectiveness of the professional development intervention, a tool was needed to assess growth. The project leader searched the literature across numerous disciplines to find an appropriate tool to survey students before and after intervention. While several professional behavior tools were discovered, they were not appropriate for use at the nursing student level.

The Professional Behaviors Assessment (PBA) tool was developed by May, Kontney, and Iglarsh (2010) to be used with physical therapy students at Marquette University. The project leader contacted one of the authors and obtained permission to adapt the tool for the needs of this project. The tool was adapted and named Professional Behaviors Assessment for New Graduate Nurses (PBANGN). This tool contains 10 professional behavior categories including critical thinking, communication, problem solving, interpersonal skills, responsibility, professionalism, use of constructive feedback, effective use of time and resources, stress management, and commitment to learning. The unprofessional behaviors that were reported during the focus group meeting were sorted into one of the 10 professional behavior categories (Table 3). Each of the professional behavior categories in the PBANGN has numerous subcategories that were specifically adapted to address the professional behaviors identified during the focus group. The participants were to consider each subcategory and assess themselves. These subcategories were assigned a 5-point Likert scale to be used for data analysis.

Table 3

PBANGN Survey Categories

Professional Behaviors Assessment for New Graduate Nurses Categories.		
Critical Thinking -Clinical knowledge	Problem Solving -Patient care competency	Use of Constructive Feedback
Effective Use of Time -Ability to leave personal life at the door	Stress Management -Understanding life of RN: working holidays, weekends, off-shifts, on call	Commitment to Learning -Professional growth, continued learning opportunities
Communication -Verbal communication -Non-verbal communication (gestures, mannerisms) -Appropriate cell phone use -Ability to have crucial conversations with patients, families and leadership of organization	Interpersonal Skills -Respectful of self and others, courteous -Self-awareness -Teamwork -Comfort level while working with patients, families and strangers -Maturity -Flexibility	Responsibility -Accountability, responsibility, "owning it" -Entitlement attitudes, "Me, me, me" -Dependability -Accountability -Punctuality -Good attendance
Professionalism -Personal appearance: dress, tattoos, piercings, hair color -Knowing the difference between aggressive and assertive, being aggressive -Using the chain of command and bypassing the chain of command -Awareness of RN roles and responsibilities -Integrity		

Note. Adapted from Professional Behaviors Assessment developed by May, Kontney and Iglarsh (2010) as an update to the Generic Abilities

The project plan included recruiting participants from the capstone class cohort to participate in a five-week Professional Development Course that had been developed by the project leader based on the 10 professional behavior categories and subcategories found in the PBANGN, as well as themes found in the literature. Prior to the beginning of the course, the PBANGN was given to all students in the cohort who signed consent to participate in the project, including those who did not volunteer to participate in the professional development intervention. After completion of the course, the same students were given the PBANGN survey again.

Upon completion of the post-intervention survey, data from both surveys were inputted into SPSS and appropriate statistical tests were run. This project sought to answer the following questions. First, did individual students have improved professionalism scores on the post-intervention survey after completing the professional development course intervention? Second, did the group of students who participated in the intervention as a whole have higher professional development scores on the post-intervention survey compared to students who did not participate in the intervention?

Timeline

The timeline for project completion is seen in Figure 1.

Improving Professionalism in New Graduate Nursing Behavior	Jan-May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017
Planning	X	X	X					
Research	X	X	X					
Project/Tool Design		X						
IRB Application			X					
Professional Development Course development		X	X	X				
Pre-Intervention Survey					X			
Intervention					X	X		
Post-Intervention Survey							X	
Evaluation							X	X

Figure 1. GANTT Chart

Evaluation Plan

The evaluation of this project was based on self-assessment surveys completed by the senior nursing students. All 68 students were asked to complete the PBANGN prior to the implementation of the Professional Development Course. Sixty-seven students were present during the administration of the initial survey in September 2017 and all completed an informed consent to participate in the project. The survey was explained to the students and each student was given a sealed enveloped which contained their name and a student number. This student number was randomly assigned by the nursing department administrative assistant at the community college and the project leader had no knowledge of this information.

Students were asked to fill out a separate demographic form which asked them to report their gender, ethnic background, and age. This form was separated from the

survey and had no identifiable information to make it impossible to reveal survey owners. This demographic form was used to describe the project group.

Students were asked to complete all 114 subcategories that were divided among 10 professional categories. Each subcategory was to be scored using a 5-point Likert scale, 1-Always, 2-Most of the time, 3-Sometimes, 4-Rarely, and 5-Never. The subcategory scores of each professional category were averaged to reveal a professional category score. Each of the 10 professional category scores were then averaged to assign each student an overall professionalism score. This same survey process was completed at the end of the project, after the Professional Development Course was completed in October 2017. On the day that the second survey was administered, one student was absent.

Survey results were inputted into an excel spreadsheet according to student number for evaluation by IBM SPSS Statistics 25. The data was analyzed in December 2017, by comparing the students' second survey scores to their first survey scores. This project sought to see if individual professional category scores improved over time and if the rate of improvement was significantly different between the participant group and the non-participant group. The participant group was defined as students who completed the entire five-week Professional Development Course, the pre-survey, and post-survey. The non-participant group was defined as students who completed the pre-survey and the post-survey, but did not participate in the Professional Development Course.

Quality Improvement Methods

The quality improvement method chosen for this project was the Plan-Do-Study-Act (PDSA) Model. This model is based on a cycle used to test the validity of the quality

improvement initiative in place. The phases of this model begin with a "Plan" and guides

the project in defining a goal, assessing need, setting a purpose, collecting data, and

setting forth a plan of action. The next phase was "Do". In this phase, the plan was

implemented. The "Study" phase gave the investigator a chance to evaluate outcomes of

the plan and measure change due to the implementation of the plan. This step set up

areas for follow up and improvement. The final phase of the initial cycle was "Act"

because it utilized the knowledge gained from the previous three phases and incorporated

lessons learned to formulate further actions. If intended goals were met, further study

would continue, often leading to projects on a larger scale. If the goals of the project

were not met, areas for improvement are identified, appropriate changes can be made,

and the cycle continues (Institute for Healthcare Improvement, n.d.; Zaccagnini & White,

2014).

Planning for this project occurred over several months and the project was

developed after meeting with local registered nurses involved in orienting new graduate

nurses at a local health system. When a lack of professionalism was determined to be an

issue found in this population, the literature was searched. The investigator realized that

unprofessionalism was not only a problem in the new graduate population, but in nursing

in general. This set the foundation for the development of a professional development

curriculum that educated senior nursing students as they completed their initial nursing

education.

The planning phase led to the implementation of a five-week Professional

Development Course that was created by the project leader based on information

gathered from the focus group, a literature review and professional behaviors found in the

Professional Behaviors Assessment (May et al., 2010). At the completion of the course and after the second survey was administered, the data collected from the pre and post-intervention survey were analyzed. Verbal and written evaluations of the Professional Development course were also studied to help guide further actions to be taken for further improvement.

Project Implementation Process

Institutional Review Board (IRB) approvals were obtained from the community college where the project took place, and the University. Informed consent was required by both institutions for project participants. Permission to adapt the Professional Behaviors Assessment was granted by the original author. This survey tool was adapted to meet the needs of this project specifically and this adapted survey tool, the Professional Behaviors Assessment for New Graduate Nurses, (PBANGN) was submitted to both IRBs for approval. The PBANGN was also sent to the original author for approval. Firm dates were established to guide this project. A deadline was set for students who wished to participate to sign up. A date was set to obtain informed consent and administer the first PBANGN. Dates and times were established for the Professional Development Course meeting times. Finally, a date was set to administer the second PBANGN.

Once final IRB approval was obtained, senior students enrolled in the last nursing course at the community college during the fall semester of 2017 were asked to participate in the five-week Professional Development Course designed for this project. There were 68 total students enrolled in this course and all were eligible to participate in the intervention. Students were required to request participation in writing via email.

There was no limit set on the number of students who could participate in this project. By the deadline, 22 students requested to participate.

Students were sent an email explaining the purpose and details of this project prior to requesting participation. An electronic copy of the informed consent was also attached to this email. The project leader also addressed the class in person during one of their meeting times to verbally explain the purpose of the project, give details of the project and answer any questions from students.

On September 11, 2017 students were given the opportunity to give consent to participate in this project. Students who did not request to attend the Professional Development Course were asked to participate in the project by completing the PBANGN along with those students who volunteered to participate in the course. Sixty-seven students were present during the administration of the first survey and all 67 students signed an informed consent.

Student identities were keep confidential and only the nursing department administrative assistant had the master list of student names and their student numbers. Students were given a sealed envelope that contained their name and student number that was randomly assigned to them. Students were given instructions regarding the informed consent form, the purpose of the project, the survey and how to complete it, dates and details of Professional Development Course intervention, and the date that the second survey would be given. All questions were answered at this time.

The surveys and informed consent forms were printed on paper and after completion were collected by the project leader's colleagues. These surveys were then

given to the project leader for data analysis at a later date. Students were informed they could withdraw from participation in the project at any time.

The project intervention of the Professional Development Course began on September 20, 2017 and was held in a classroom at the community college's main campus. The course was scheduled when the students did not have a capstone course commitment. Subsequent classes were held on September 27, October 4, 11 and 18, 2017. The following topics were discussed during the Professional Development Course: Professionalism and responsibility, communication, interpersonal skills and use of constructive feedback, critical thinking and problem solving, stress management, commitment to learning and time management, and preparing for professional interview and wrap up.

Classes were set up in a small classroom and students were seated at tables that were arranged in a square configuration so that all students were facing each other. The classes were administered in a roundtable discussion setting. The project leader led the discussion by giving an overview of the topic and disseminating information about the specific topics of discussion. The participants were then encouraged to discuss their thoughts about the topic, share experiences and further the discussion (Stenlev & Siemund, 2011). Students were engaged during these classes and the project leader was pleased by the interactions that occurred in the classroom.

Upon completion of the professional development course, the PBANGN was given to the students a second time. One student was absent during this administration of the survey and they were eliminated from the project. Results from the first and second PBANGN were inputted into SPSS for data analysis.

During the last class of the PDC, students were asked to verbalize their thoughts about the course and their professional growth. The students were also emailed an evaluation form to complete. They were instructed to return the evaluation to the project leader with their names on it or anonymously if they chose. Students who completed all five of the classes were given certificates of completion for the PDC for their professional portfolios.

Threats and Barriers

As with any project, there were threats and barriers to overcome. Most of them were unexpected and unplanned for. When faced with these barriers, the project leader consulted with the project team to brainstorm for solutions to turn the threats into learning opportunities. The first threat faced was the resignation of the project partner from the community college to take a position at another institution. This left a leadership gap on campus during the implementation of the project. Another threat encountered was the number of students who enrolled in the professional development course. The project leader expected at least half, if not more, of the senior students enrolled in the capstone course to participate. When less than a third of the class signed up, it was disappointing.

A third threat to the project was the dropout rate of the students who agreed to participate. The participant group went from 22 to 14 students who completed the course and the second PBANGN survey. This also threatened the statistical significance of the study findings. A fourth barrier was inappropriate self-reporting of professionalism scores on the surveys. It was noted that some students rated themselves unusually high on the survey, especially when one considered that they are nursing students without any

clinical experience as registered nurses. Many students completed the survey quickly, making one wonder how much thought was put into the answers of the survey questions.

The last threat to this project was an unexpected military deployment for the project leader. The deployment was postponed long enough to complete the PDC, however the second PBANGN had to be administered by a project committee member in the project leader's absence. It is unknown if this event had any effect on the survey scores.

SECTION IV

Project Evaluation and Results

Results

Prior to the beginning of the Professional Development Course intervention, the first PBANGN was given to all students present the day it was administered. After the completion of the professional development course intervention, the second PBANGN was administered. The scores for each professional behavior sub-category for both surveys were inputted into an excel spreadsheet according to student identification numbers. A list of students who completed the PDC intervention was given to the department administrative assistant who then gave the project leader a list of which student ID numbers were of students who participated in the intervention.

Students that did not participate in the professional development course intervention were coded with a "0" and students who did participate in the intervention were coded with a "1". These scores were uploaded into IBM SPSS 25 for comparison. A Repeated Measures ANOVA Model was used to analyze the data. With such models, the repeated-measure factor (the qualitative independent variable) is the within-subjects factor. This represented the time points (1 and 2) for this project, while the dependent quantitative variable on which each participant is measured is the dependent variable. This represented the scores in various categories. Therefore, this model looked to see if there was a "Within-Subjects" time effect and a "Between-Subjects" intervention effect between the participation group and the non-participation group. Given that there were only two time points, an F-test measuring linear time effect is a common test. In situations where three are more than two time points, a non-linear F-

test might have been more appropriate. The between groups test is the usual F-test that measures the differences between two or more group means.

Four students were completely eliminated from the project for different reasons. One student did not take the first survey and therefore their second survey was not included. Two students left several parts of the second survey blank and therefore they were removed from the project. A fourth student did not complete the second survey and they were eliminated from the project. The final analysis reported 50 non-participants in the Professional Development Course and 14 participants in the course.

Analysis of the data revealed that there was a positive time effect for the within-subjects test for all of the students between survey #1 and survey #2 which was statistically significant in all professional categories, including the professionalism score (see p-values listed in Table 4). There were large differences in the F-test values, but p-values (rounded to three decimal places) do not show such differences. Nonetheless, all p-values were highly significant going by the usual significance level of .05. The professional score is defined as the average of all the professional categories in a single survey. The data also revealed that while there was a fairly positive change noted in the scores between the participating and non-participating groups in all of the professional categories, the change was not statistically significant (see p-values listed in Table 5), except for one case (Commitment to Learning). Once again, this is based on the usual significance threshold of .05. Very small F-test values would suggest smaller differences in group means, which is indicated by large p-values in Table 5.

A means analysis was also performed to document growth. The means analysis compiled the categorical score averages for everyone in the participant group and the

non-participant group. These group means were then compared to each other and it was discovered that the participation group reported greater growth than the non-participant group. The group means are reported in Table 6.

While the analysis did not report statistically significant improvements due to the intervention, there was anecdotal evidence that the participant group that attended the Professional Development Course did exhibit greater improvement in all scores of the professionalism categories. The disconnect between what was seen in the scores and what came from the analysis is suspected to be an effect of the sample size used in this project. The overall size of the student group was predetermined by the class enrollment. Initially there were 42 students who voiced interest in participating in the professional development course. When the sign up officially opened for participation, only 22 students signed up for the course. By the end of the five-week course, only 15 students attended all five courses, further diminishing the sample size. Upon final review of the two surveys, one project participant was removed from the project because this participant did not complete the second survey. The final size of the participant group was therefore 14, which is almost one third of the size hoped for.

Demographic data of the students was obtained. A total of 67 students were eligible to participate in this project. There were 10 male students and 57 female students. The ethnicity of the students was recorded as white = 40, black = 18, Hispanic = 5 and other = 4. Ages of the students were listed as follows: 41 students were 20-29 years of age, 18 students were 30-39 years of age, five students were 40-49 years of age, two students were 50-59 years of age and one student was over the age of 60.

There were also verbal reports of improvement in professionalism from the

students who participated in the PDC. During the last class, 100% of the students stated that they felt that participating in the PDC helped them grow professionally. Several of the students had gone on employment interviews by the end of the project and they all stated that behaviors they had learned during this intervention helped them not only feel prepared for their interviews with future employers, but they also felt that they exceled during the interview process. When the class was over, most of the students stayed after class to continue the discussion regarding the benefits they felt they now had due to attending the PDC.

All the students were asked to complete a paper evaluation in order to obtain feedback on the course and help guide future endeavors. The students were told that they could turn the evaluation in anonymously. By the end of the semester, only one evaluation was completed and turned into the project leader.

Table 4

Tests of Within-Subjects Contrasts Results

Tests of Within-Subjects Contrasts			
Source	Time	F	Sig.
Critical Thinking			
Time	Linear	136.875	.000
Communication			
Time	Linear	50.828	.000
Problem Solving			
Time	Linear	81.658	.000
Interpersonal Skills			
Time	Linear	1065.407	.000
Responsibility			
Time	Linear	53.070	.000
Professionalism			
Time	Linear	75.396	.000
Use of Constructive Feedback			
Time	Linear	71.224	.000
Effect Use of Time and Resources			
Time	Linear	99.545	.000
Stress Management			
Time	Linear	114.448	.000
Commitment to Learning			
Time	Linear	66.715	.000
Professionalism Score (Total)			
Time	Linear	136.003	.000

Table 5

Tests of Between-Subjects Effects Results

Tests of Between-Subjects Effects			
Source	Time	F	Sig.
Critical Thinking			
PP	Linear	.403	.528
Communication			
PP	Linear	.354	.554
Problem Solving			
PP	Linear	.802	.374
Interpersonal Skills			
PP	Linear	.576	.451
Responsibility			
PP	Linear	.190	.664
Professionalism			
PP	Linear	8.674	.649
Use of Constructive Feedback			
PP	Linear	.088	.504
Effect Use of Time and Resources			
PP	Linear	.613	.475
Stress Management			
PP	Linear	2.990	.538
Commitment to Learning			
PP	Linear	2.132	.042
Professionalism Score (Total)			
PP	Linear	4.269	.542

Table 6

Means Table

Means Table												

PP		CT1	CT2	CO1	CO2	PS1	PS2	IS1	IS2	RE1	RE2	PR1	PR2
0	Mean	2.52	1.93	2.07	1.66	2.27	1.70	1.91	1.47	1.89	1.45	1.76	1.37
	N	50	50	50	50	50	50	50	50	50	50	50	50
1	Mean	2.64	1.69	2.27	1.60	2.27	1.49	1.88	1.34	2.10	1.34	2.01	1.21
	N	14	14	14	14	14	14	14	14	14	14	14	14
Total	Mean	2.55	1.88	2.11	1.65	2.27	1.65	1.90	1.44	1.94	1.43	1.81	1.33
	N	64	64	64	64	64	64	64	64	64	64	64	64
0	Growth		0.59		0.41		0.57		0.44		0.44		0.39
1			0.95		0.67		0.78		0.54		0.76		0.79
	Diff.		0.36		0.26		0.21		0.10		0.32		0.40

PP		CF1	CF2	TR1	TR2	SM1	SM2	CL1	CL2	PROF1	PROF2
0	Mean	2.25	1.58	2.23	1.57	2.230	1.632	2.39	1.80	2.15	1.62
	N	50	50	50	50	50	50	50	50	50	50
1	Mean	2.19	1.47	2.20	1.43	2.271	1.443	2.23	1.38	2.21	1.44
	N	14	14	14	14	14	14	14	14	14	14
Total	Mean	2.24	1.55	2.22	1.54	2.239	1.591	2.36	1.71	2.16	1.58
	N	64	64	64	64	64	64	64	64	64	64
0	Growth		0.67		0.66		0.60		0.60		0.54
1			0.72		0.77		0.83		0.86		0.77
	Diff.		0.05		0.11		0.23		0.26		0.23

SECTION V

Discussion

Project Limitations

There were several limitations of this project. The survey tool used (PBANGN) was adapted for use in this study. The original tool was designed to be used by a different discipline and was used as a clinical evaluation tool. This tool should be reworked and utilized in more projects to mold it into a stronger tool for nursing evaluation. Increased professionalism is difficult to self-assess and perhaps this tool can be used in the future by nursing instructors or new graduate nurse preceptors to better evaluate professionalism in the new graduate nurse. Lastly, this project studied a small participant group over a short period of time which limits its effectiveness to assess professionalism and growth.

Implications for Future Projects

This project opened the door for nurse educators in academia as well as in the clinical setting to develop ways to address unprofessionalism in new graduate nurses. This specific project is not described in the literature and this project is a starting point for future studies. Suggestions include repeating this project in subsequent semesters for replication and increased sample size. Students who have participated in the Professional Development Course and then become new graduate nurses should be followed during their first year of practice and evaluated by their preceptors to assess if, indeed, they practice in a more professional manner during their first year of nursing practice.

Conclusion

Unprofessional behavior in nurses is a major problem in contemporary practice. Unprofessionalism is linked to negative patient outcomes in nursing practice, as well as creating negative work environments, causing nurses to leave the profession and limiting career progression. Specific areas of unprofessional behaviors have been identified and an educational professional development course for senior nursing students was developed and implemented to combat unprofessionalism before nursing careers are started. This intervention was well received by the students who participated in the PDC. While the statistical results did not show a significant difference in professionalism growth between the participant group and the non-participant group, future study is needed in this area.

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