

INFLUENCES OF THE EMERGENCY NURSING PROFESSIONAL ASSOCIATION
ON THE SOCIALIZATION OF EMERGING EMERGENCY NURSES
DISSERTATION

by

Michael David Moon, B.S.N., M.S.N.

A dissertation submitted to the Graduate Council of
Texas State University in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
with a Major in Adult, Professional, and Community Education
December 2013

Committee Members:

Jovita M. Ross-Gordon, Chair

Ann Brooks

Robert F. Reardon

K. Lynn Wieck

COPYRIGHT

by

Michael David Moon

2013

FAIR USE AND AUTHOR'S PERMISSION STATEMENT

Fair Use

This work is protected by the Copyright Laws of the United States (Public Law 94-553, section 107). Consistent with fair use as defined in the Copyright Laws, brief quotations from this material are allowed with proper acknowledgment. Use of this material for financial gain without the author's express written permission is not allowed

Duplication Permission

As the copyright holder of this work I, Michael D. Moon, authorize duplication of this work, in whole or in part, for educational or scholarly purposes only.

DEDICATION

This dissertation is dedicated to all of the emergency nurses who strive to make a difference in the lives of patients everyday, particularly those emerging emergency nurses who participated in this study. Each of you is a knowledgeable, enthusiastic professional who I know will make a difference in the profession of emergency nursing throughout your careers. For all that you do, I thank you and wish you success in your careers.

ACKNOWLEDGEMENTS

Anyone who has had to write a dissertation understands the challenges that face individuals as they move forward in completing their research studies. I am no different in that respect. I could not have completed this journey without the scholastic, emotional, and financial support of numerous individuals.

I would like to begin by acknowledging the expert guidance that I received from my committee chair, Dr. Jovita Ross-Gordon. The collegiality that she demonstrated during this process was priceless. I would also like to acknowledge my other committee members, Dr. Ann Brooks, Dr. Robert Reardon, and Dr. K. Lynn Wieck for their patience, input, and support in completing this study. My thanks also goes out to Dr. Greta Gorsuch from Texas Tech University in Lubbock, Texas for assistance in establishing the trustworthiness of this study.

I am beholden to the emerging emergency registered nurses who agreed to participate in this study. Without your willingness to participate in the research process, this study would not have been possible. The information gleaned from your interviews was insightful.

I would also like to thank the faculty, staff, and students at the University of the Incarnate Word in San Antonio, Texas for their words of encouragement, understanding, and assistance as I worked towards completing my program of study, which on occasion took me away from work obligations.

I would like to thank the Texas Emergency Nurses Association, Sigma Theta Tau Delta Alpha-at-Large chapter, and Dr. Paul Clark for their financial assistance in completing this doctorate through the awarding of scholarships and grants. I am truly appreciative.

I would be remiss if I did not acknowledge the faculty at Texas Tech University Health Sciences Center in Lubbock, Texas, particularly Dr. Pat Yoder-Wise and Dr. Sharon Decker who were instrumental in my becoming involved as a leader in the nursing student association as an undergraduate student which eventually led to my involvement in the Emergency Nurses Association.

Finally, I would like to thank my family, both my biological and my extended family, for all of their love and support during this long journey but especially my partner of 23 years, Dr. Tom R. Cox. His encouragement, gentle prodding, and unconditional love are what kept me on the path to successful completion. Tom, you are my best friend and the love of my life. Thank you for being who you are. I am grateful everyday for you being in my life.

This manuscript was submitted on October 25, 2013

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
LIST OF ABBREVIATIONS.....	xiii
ABSTRACT.....	xvi
CHAPTER	
I. INTRODUCTION.....	1
Overview of the Problem.....	2
Professionalization.....	3
Professionalism and Socialization.....	4
Engagement.....	6
Conceptual Relationship.....	8
Contextual Meaning of Working as an RN in the Emergency Department.....	9
Background on Professional Nursing Associations.....	11
Purpose.....	14
Significance.....	15
Summary.....	16
II. LITERATURE REVIEW.....	18
Professionalization.....	18
Professionalism.....	22
Socialization.....	24
Socialization in Formal Education.....	26
Socialization in Practice.....	29
Engagement.....	32

Professional Associations	37
Membership	42
Benefits of participating in professional associations.....	43
Barriers to participating in professional associations	45
Emergency Nurses Association	49
Summary	52
III. RESEARCH DESIGN AND METHODS	54
Study Overview	54
Design	56
Study Design.....	56
Conceptual Interpretivist Framework	58
Methods.....	60
Semi-structured Interviewing.....	60
Identifying Pool of Potential Participants	64
Sampling Process.....	67
Intensity sampling.....	68
Maximum variation sampling.....	68
Recruitment methods and participation criteria.....	69
Data Collection	72
Data Management	75
Data Analysis.....	76
Trustworthiness.....	81
Credibility	81
Transferability.....	83
Dependability	83
Confirmability.....	84
Ethical and Political Considerations	87
Summary.....	87
IV. PARTICIPANT PROFILES	90
Alex.....	95
Bruce	98
Emily.....	100
George.....	102
Ginger	104
Glo.....	107
Jessie	108
Julia.....	110

Kelly.....	112
Nate.....	115
Stephanie.....	117
Tess.....	120
Thomas.....	121
Vincent.....	123
Summary.....	126
V. FINDINGS.....	127
Emergent Themes.....	128
Allows Connections with Other Professionals.....	129
Supports RN role transition.....	132
Networking.....	142
Sharing of advice and experience.....	153
Promoting a broader perspective.....	159
Advocates for the Profession and Patients.....	167
Sets the standards of practice.....	171
Provides legislative resources.....	176
Keeps the profession safe and current.....	180
Provides Professional Development.....	188
Improves and validates knowledge.....	194
Career development.....	213
Leadership development.....	217
Fosters a Sense of Identity.....	223
Provides a voice for the specialty.....	228
Promotes a sense of belonging.....	233
Encourages Community Involvement.....	237
Summary.....	244
VI. SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS.....	246
Study Summary.....	246
Conclusions.....	249
Research Question 1: The Role of the ENA in Socialization of Emerging RNs.....	249
Research Question 2: Impact of ENA Participation on Clinical Practice.....	256
Research Question 3: Personal Impact of ENA Participation.....	263
Discussion.....	270

Recommendations.....	285
Recommendations for Practice	286
Recommendations for Research	288
Recommendations for the ENA	290
Researcher Reflections.....	292
Final Thoughts	293
APPENDIX SECTION.....	295
REFERENCES	309

LIST OF TABLES

Table	Page
1. Participants by Age, Gender, Ethnicity, and Geographical Practice Location	71, 91
2. Items of Material Culture Viewed for Data Triangulation	95
3. Roles of the RNs Who Encouraged Participants to Join the ENA	135
4. Number of Participants Holding Emergency Verifications and Certifications	209

LIST OF FIGURES

Figure	Page
1. Professionalization Characteristics as Related to the Profession of Nursing	4, 21
2. Socialization and Engagement as it Relates to Professionalization.....	9, 19, 247
3. Comparison of Years as an Emergency RN to Years as an ENA Member	51
4. Percentage of ENA Members by Age.....	52
5. Number of RNs in Texas by Ethnicity.....	65
6. Number of RNs in Texas by Age.....	65
7. Geographic Practice Location in Texas	92
8. Number of Hours Worked per Week	92
9. Participants Annual Salaries	93
10. Themes and Related Subthemes	130, 249
11. Role of the Professional Association in the Socialization and Engagement of the Emerging Emergency RN.....	286

LIST OF ABBREVIATIONS

Abbreviation	Description
AACN ₁	American Association of Colleges of Nursing
AACN ₂	American Association of Critical Care Nurses
ABCDE model	Airway, breathing, circulation, disability, exposure model
ACLS	Advanced Cardiac Life Support
ADN	Associate Degree in Nursing
AMA	American Medical Association
AML	Acute myeloid leukemia
ANA	American Nurses Association
BAR	American Bar Association
BCEN	Board of Certification for Emergency Nursing
BSN	Bachelor of Science in Nursing
CAQDAS	Computer assisted qualitative data analysis software program
CCRN	Certified Critical Care Registered Nurse
CE	Continuing education
CEN	Certified Emergency Nurse
CHF	Congestive heart failure
CPEN	Certified Pediatric Emergency Nurse
CT	Computerized tomography

CV	Curriculum vita
DNP	Doctorate of Nursing Practice
ED	Emergency department
EMS	Emergency medical services
EMT-Basic	Emergency medical technician – basic
ENA	Emergency Nurses Association
ENPC	Emergency Nursing Pediatric Course
ICU	Intensive care unit
IRB	Institutional review board
JEN	Journal of Emergency Nursing
LVN	Licensed vocational nurse
MEDCOM	Medical command
MSN	Master of Science in Nursing
NCLEX	National council licensure examine
NCSBN	National Council of State Boards of Nursing
NLN	National League for Nursing
NP	Nurse practitioner
NRP	Neonatal resuscitation program
NSNA	National Student Nurses Association
PA	Physician’s assistant
PALS	Pediatric Advanced Life Support

RN	Registered nurse
SANE CA/CP	Sexual assault nurse examiner – certified adult/certified pediatrics
SNA	Student nursing association
SNRS	Southern Nursing Research Society
STTI	Sigma Theta Tau, International
TNA	Texas Nurses Association
TNCC	Trauma Nursing Core Course
UIW-SNA	University of the Incarnate Word – Student Nurses’ Association
U.S.	United States

ABSTRACT

Little is known regarding the role that professional associations play in the socialization of new registered nurses (RNs). The purpose of this exploratory qualitative study was to investigate how the professional association for the specialty of emergency nursing influences the socialization of engaged emergency RNs who have been in emergency nursing 5 years or less, referred to as emerging emergency RNs. Using intensity and maximum variation sampling, 14 participants were identified and agreed to participate in the study. Semi-structured interviews were conducted. Descriptive, “in vivo,” simultaneous, and sub-coding techniques were used to analyze the data.

Five major themes and 12 subthemes were discovered supporting that the professional association for the specialty of emergency nursing does play a role in the socialization of emerging emergency RNs. The five major themes were *allows connections with other professionals, advocates for the profession and patients, provides professional development, fosters a sense of identity, and encourages community involvement*. Each of the themes with the exception of *encourages community involvement* had subthemes that supported the major themes. The first theme, *allows connections with other professionals*, had four subthemes, which included *supports RN role transition, networking, sharing of advice and experiences, and promoting a broader perspective*. The second theme, *advocates for the profession and patients*, had three subthemes, which included *sets the standards of practice, provides legislative resources, and keeps the profession safe and current*. The third theme, *provides professional*

development, had three subthemes as well, which included *improves and validates knowledge*, *career development*, and *leadership development*. The fourth theme, *fosters a sense of identity*, had two subthemes, which included *provides a voice for the specialty* and *promotes a sense of belonging*. Two of these themes, *fosters a sense of identity* and *encourages community involvement*, and two of the subthemes, *career development* and *leadership development*, provide unique contributions to the body of knowledge on professional associations. This study highlights the complex role that the professional association for the specialty of emergency nurses plays in the socialization of emerging emergency RNs.

Chapter I

Introduction

Nursing as a profession is at the forefront of today's discussion on healthcare. There are many reasons why nursing is spotlighted. First is the nursing shortage. There are more than 3 million registered nurses (RN) in the United States (U.S.) with 2.7 million of the RNs employed in the current workforce (Bureau of Labor Statistics, 2009; United States Department of Labor, 2011). RNs constitute the largest healthcare profession in the U.S., expected to grow faster than the average of all other occupations through 2014 (United States Department of Labor, 2012). Yet despite this trend, the demand for RNs is exceeding the supply with the shortfall expecting to peak in 2020. This will result in a 340,000 to 800,000 shortfall (American Association of Colleges of Nursing, 2007; Spetz & Given, 2003). In response to this projected shortfall, nursing schools across the country have instituted various strategies and initiatives to increase the number of students accepted into nursing programs resulting in an increase in the number of RNs entering into the profession. However, the numbers entering the profession are not keeping up with the demand.

Second is the growing body of evidence that suggests RNs play a critical role in decreasing the morbidity and mortality for hospitalized patients. A study by Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that there was a 7% increase in mortality rates of patients within 30 days of admission to the hospital as well as a 7% increase in the odds of a failure-to-rescue in serious situations for every additional patient added to an RN's assignment. In short, the fewer RNs that are available to manage hospitalized patients, the higher the rates of serious complications and death that occur.

Third is the level of respect and trust that nursing has achieved within today's society. In the annual USA Today/Gallop poll, nurses have consistently ranked as the most ethical and trustworthy profession since 1999 except in 2001 when they ranked second following firefighters (Jones, 2011).

Clearly, society values the knowledge and skills that nursing offers as a profession. How to meet the increased demand for nursing has been the focus of a great deal of research in the profession. Interestingly, the main focus of this research has centered on the initial educational preparation for RNs. The basic crux of this research has explored the most effective and rapid method to educate a layperson with no nursing background to becoming a practicing RN. This has resulted in a great deal of literature that focuses on how nursing students transition from student roles into professional roles. In fact, it is not uncommon to see comparative studies that examine individuals as students and then as new RNs. What is lacking in the literature are studies that examine how newly licensed RNs transition from novices in the profession to more experienced RNs. This leads to questions such as how are RNs socialized into the profession; who contributes to this socialization process; what does a fully socialized RN look like; and how does a RN's practice change as a result of the socialization process? This would suggest there is more to becoming a professional RN than just formal education.

Overview of the Problem

In order to fully understand the purpose of this study, some background information needs to be provided on associations and concepts related to professionalization, professionalism, socialization, and engagement as they relate to

nursing. Socialization and professionalism are components of the broader concept of professionalization.

Professionalization

Professionalization is a concept that is associated with the process of transitioning from an occupation to a profession. Professionalization encompasses common characteristics including specialized skill and training usually in institutions of higher education, formation of professional associations, development of a code of ethics, establishment of standards of practice, and internal control of the group over its members' practices (Caplow, 1962; Carr, 2000; Hall, 1968; Hughes, 1965; Kordick, 2002; Matassarini-Jacobs, 1985; Millikin, 1983; Ritzer, 1973; Rueschemeyer, 1983; Sills, 1998). Since no agreed upon definition of professionalization exists, it is not unusual to see common characteristics utilized to provide a framework to define this concept.

Figure 1 highlights how these characteristics apply to nursing.

Professionalization has been used as a theoretical framework to help describe how nursing has transitioned from an occupation to a profession with researchers looking at the characteristics of education, formation of professional associations, development of a code of ethics, establishment of standards of practice, and internal control of practice both independently as well as interdependently. However, as previously stated the majority of this research has focused on the formal educational component. Professional associations are of particular interest to me due to their prevalence in the nursing profession and nursing education as well as my own curiosity about the role that associations play in individual RNs progression in the field of nursing. While there is

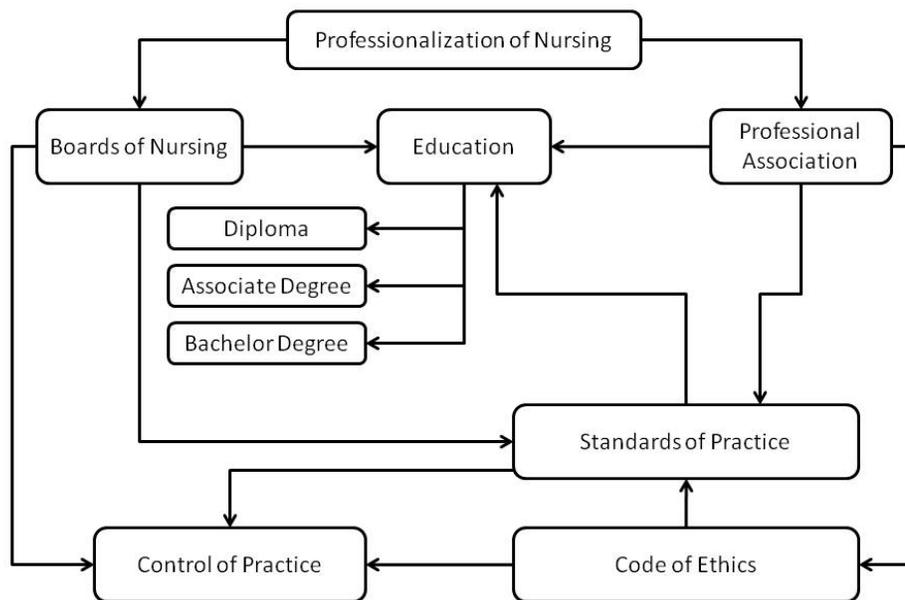


Figure 1: Professionalization Characteristics as Related to the Profession of Nursing

some research on professional associations, the primary focus of these studies have been on why professionals join or do not join associations.

Professionalism and Socialization

Professionalism is a concept closely related to professionalization. The primary difference lies in how the unit of analysis is defined. Professionalization refers to a group as a unit of analysis whereas professionalism refers to an individual as a unit of analysis (Tilbury, 1982). Professionalization is a concept that is associated with the process of a group transitioning from an occupation to a profession, whereas, professionalism is a concept that is associated with the individual's process of transitioning from a technical role to a professional role (Freidson, 1973; Johanson, 2005; Siegrist, 1990). Ritzer (1973) suggests that it is best to look at professionalization and professionalism as two

continua with professionalization as an occupational continuum and professionalism as an individual continuum.

The discipline of sociology refers to professionalism as the socialization of individuals to the values, ideas, and images of professional life (Tilbury, 1982). Socialization is a term that is used interchangeably with professionalism in the literature even though some researchers would argue there are differences in the definition of the concepts when examined in the literal sense. These differences are discussed further in the review of the literature. Yet despite variation in how these concepts are defined, professionalism and socialization both require that a set of norms and values be established by a group or society and individuals must meet or conform to these norms and values in order to achieve group or societal expectations. This accounts for the interchangeability in the literature. More simply put, members of a group must learn the expected norms and values that help form the collective identity of the group and provide a means for individuals to function effectively as a member of the group (Christian, 1986; Clark, 2001, 2004; Goslin, 1969; Wolf, 2007).

Much like professionalization, there are no agreed upon definitions to define the concepts of professionalism and socialization but rather common characteristics are utilized to provide a framework to define these concepts. The most commonly used set of characteristics that define professionalism and socialization involves the notion of an established series of values, attitudes, and interests (Barretti, 2004; Christian, 1986; Hentz, 2005; Mooney, 2007).

Professionalism and socialization are dynamic processes that are intertwined with career development and life-long learning. Tilbury (1982) suggests that socialization and

career should be viewed as part of a symbiotic relationship rather than as two distinct stages. Conway (1983) states that socialization is a continuing interactive process between the person being socialized and the environment. This constant interaction with other RNs in a professional environment creates a dynamic state in which higher levels of commitment usually develop, thereby encouraging RNs to become more active within the profession. It is interesting to note that a study by Fetzer (2003) found that nurses with more experience tended to have higher degrees of professionalism. Specifically, nurses with fewer than 5 years of experience tended to exhibit lower levels of professionalism than those nurses with more than 5 years of experience. This would suggest that more experienced nurses are more active within the profession. Generally, one would expect the higher the level of commitment the higher level of interaction within the profession (Fetzer, 2003). One might also speculate that higher levels of interaction also contribute to higher levels of commitment. However, this speculation exceeds the scope of Fetzer's conclusions. Hughes (1965) and Matassarini-Jacobs (1985) stress that greater degrees of commitment equate to greater levels of participation within the profession. Nevertheless, what continues to be scarce in the literature is how socialization occurs after RNs enter into practice. MacIntosh (2003) and Myers (1982) both note that there is little published research that describes how socialization of professionals from school to practice is influenced.

Engagement

Engagement is one of today's buzzwords used in the healthcare environment. Even though the term is used extensively in nursing, a concise definition is elusive. Some use the term to mean that RNs participate in hospital projects or policy

development. Others use the term to mean that RNs are actively involved in analyzing, planning, implementing, and evaluating nursing care. Still others use the term to mean that RNs are interested in the goals of the unit or hospital. No matter which definition is used the implication is that RNs are committed and taking action beyond what is normally expected in the work environment.

I contacted several expert emergency RNs representing practice, administration, and professional education whom are involved in the Emergency Nurses Association (ENA) and asked them what were the characteristics of an engaged emergency RN. Generally speaking they describe an engaged emergency RN as: (a) someone who is assertive, (b) someone who maintains a positive attitude, (c) someone who is flexible, (d) someone who maintains a sense of fairness, (e) someone who is responsible, (f) someone who is competent, (g) someone who is goal oriented, (h) someone who is resourceful, (i) someone who is self-motivated, (j) someone who has a strong work ethic, and (k) someone who is a change agent (S. Almeida, D. Gurney, G. Tips, personal communication, February 18, 2008). These characteristics reflect someone who is not only competent but also is invested in the role of an emergency RN. An engaged emergency RN is also someone who is goal directed and a change agent.

When these same individuals were asked how the ENA contributed to the socialization of engaged emergency RNs they identified that the ENA (a) provided an opportunity to network with other professionals; (b) promoted change in practice, research, and policy; (c) provided educational opportunities for professional growth; and (d) provided a venue for gaining new ideas for problem solving (S. Almeida, D. Gurney, G. Tips, personal communication, February 18, 2008). While they all did not agree that

the ENA contributed to the socialization of emerging emergency RNs per se, they did agree that the ENA provided some structures that allowed emerging emergency RNs to develop some of the characteristics they identified as important for engaged emergency RNs.

Despite the fact that a concise definition of engagement has not been agreed upon and the fact that engagement is dealt with in the literature in different ways, some common characteristics have been identified as exemplifying engagement (a) engagement can be seen as a positive fulfilling work related state of mind characterized by vigor, dedication, and absorption (Bakker, Demerouti, & Schaufeli, 2005; Hakanen, Bakker, & Demerouti, 2005; Hakanen, Bakker, & Schaufeli, 2006; Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002; Sonnentag, 2003); (b) engagement is a positive state of mind where people are fully focused on the work they are doing; (c) engagement is a persistent positive affective motivational state of fulfillment (Hallberg & Schaufeli, 2006). For the purposes of this study engagement is defined as a positive state of mind characterized by vigor, dedication, and absorption that results in a person assuming a greater participatory role than what is required from a basic work role.

Conceptual Relationship

Figure 2 illustrates how the concepts of professionalization, socialization, and engagement are related. Institutions of nursing education and professional associations, along with a developed code of ethics, serve to influence the norms and values that nursing as a profession has come to embrace. As previously mentioned, there is a significant body of literature that examines the relationship of nursing education with the

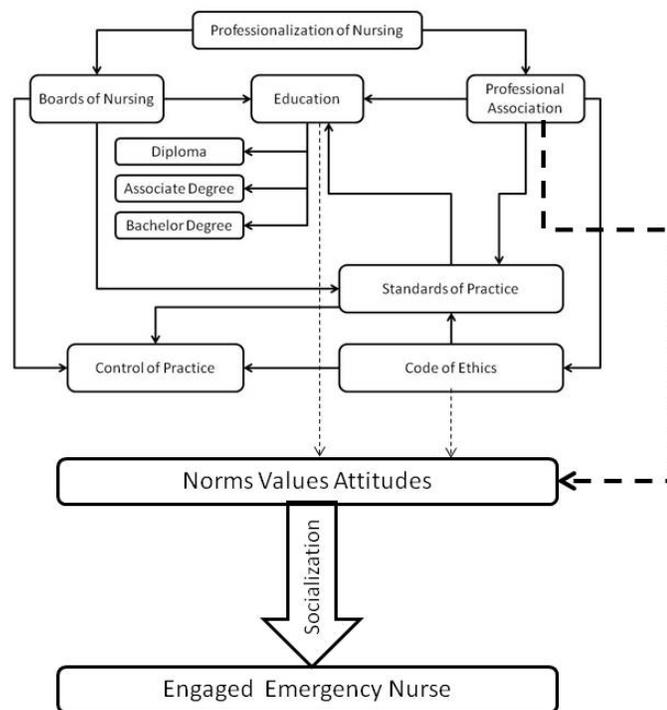


Figure 2: Socialization and Engagement as it Relates to Professionalization

socialization process. What is missing is how professional associations influence the socialization process of professionals, particularly new professionals entering the profession. While there is some research on professional associations, the focus has been primarily on why RNs decide to join or not join professional associations. What has not been addressed is how professional associations actually affect the socialization process of its members.

Contextual Meaning of Working as an RN in the Emergency Department

In order to put this study within the proper context, it is important to understand what it is like to work as an RN in an emergency department (ED). Emergency RNs are required to possess a vast amount of knowledge about a wide range of conditions across the lifespan ranging from birth to death often times referred to as “cradle to grave.”

These conditions can range from the extremely life threatening such as when a patient presents in cardio-pulmonary arrest to the non-urgent such as when a patient presents with a sore throat. Emergency RNs work with a diverse population that have a variety of both acute and chronic health conditions ranging from congenital anomalies, cardiac disease, diabetes, addiction, and mental health issues to name a few. Furthermore, emergency RNs care for populations that are diverse in both economic status and insurance status ranging from those that are homeless or are experiencing poverty to the wealthy, and include uninsured, under insured, and insured patients.

There are numerous conditions that exist within facilities that make working in the ED challenging. First, patients are often times held in the ED for prolonged periods of time awaiting beds in other departments. It is not uncommon for other departments to limit the number of patients an RN can care for at any given time which may cause a back up in admissions from the ED or this may also result from inadequate staffing levels in the other departments. Other departments do not understand that the ED cannot close its doors to patients. Emergency RNs are frequently expected to assume care for a greater numbers of patients than what would be considered safe for RNs in other departments and they are expected to provide the same level of care that would be provided in those same departments. Second, violence is commonplace in the ED. Many patients present with alcohol or drug related injuries or illnesses, addiction, mental health issues, or maladaptive behavior to stress of emergency situations. This requires emergency RNs to be firm and directive in their patient care at times. Given these realities, not all patients that receive care in the ED will be happy with the outcome of their medical visit. At the same time, many facilities utilize patient satisfaction scores to

determine the success of care provided in the ED and may even tie promotion and continued employment to these scores without consideration for system processes or patient situations that are beyond the emergency RN's control.

These are but just a few of the challenges that all emergency RNs face as they enter the specialty of emergency nursing. Emerging emergency RNs can find this a particularly difficult specialty to adapt to leading to feelings of isolation, frustration, inadequacy, and fear. Emergency RNs are expected to be able to perform a vast array of skills in a timely manner, creating particular challenges for the emerging emergency RN. If the ED experiences a large volume of high acuity patients it can be difficult for experienced emergency RNs to provide emerging emergency RNs with adequate support and mentoring.

Background on Professional Nursing Associations

There are over 74 professional nursing associations representing nursing and its sub-specialties in the U.S. (Arndt et al., 2009). The ENA, American Nurses Association (ANA), National League for Nursing (NLN), American Association of Colleges of Nursing (AACN₁), National Council of State Boards of Nursing (NCSBN), American Association of Critical Care Nurses (AACN₂), and Sigma Theta Tau, International (STTI) are just a few of the professional associations that focus on differing aspects of nursing as a profession.

Professional associations are particularly influential within the profession of nursing. For example, the NCSBN is responsible for establishing the methods by which graduates from nursing programs are evaluated to determine eligibility for licensure; AACN₁ and NLN are responsible for developing the educational standards that schools of

nursing must meet in order to obtain accreditation; ANA is responsible for establishing standards of practice for all RNs; and ENA is responsible for determining the appropriate knowledge that RNs should possess in order to practice in the specialty of emergency nursing.

Professional associations also serve as a means to provide a collective identity for RNs. One area where this is particularly true is in the matter of healthcare policy. While nursing is the largest, most trusted healthcare profession; RNs continue to trail other healthcare professionals in influencing healthcare and healthcare policy. Tilbury (1982) contends that many nurses do not care whether nurses contribute to the formation of healthcare policy. Feldman and Lewenson (2000, p. 2) state, "... for most nurses, political activism is an abstract term." This is not to say that nurses have no influence on healthcare policy. Rather, most of the political activism of nurses occurs within the context of professional associations. In fact, nursing professional associations have taken the lead in representing the interest of their members in the healthcare political arena (Joel & Kelly, 2002; Lewenson, 2002). DeLeskey (2003) succinctly captured this concept, stating that professional associations ensure that the views of members are heard in the policy-making arena and the voice of those affected by public policy are heard thereby representing and supporting political involvement of its members and patients. During the 80th session of the Texas Legislature, the nursing profession was able to secure 20 million dollars for nursing education needed to address the nursing shortage (Texas Nurses Association, 2007b). The ANA worked to increase funding from 50 million dollars in fiscal year 2007 to 200 million dollars in fiscal year 2008 for the Nursing Workforce Development programs administered by the Health Resources and

Services Administration under Title VIII of the Public Health Service Act to address the nursing shortage (American Nurses Association, 2007b).

Professional associations are a key attribute of a profession. They serve as an authoritative source of information; serve educational functions including establishing educational standards; establish standards of practice; develop and enforce a code of ethics; and protect the interest of their members (Barber, 1965; Carr-Saunders, 1928; Carr-Saunders & Wilson, 1933; Daniels, 1973; Friedman & Phillips, 2004; Gruending, 1985; Kordick, 2002; Matassarini-Jacobs, 1985; Vollmer & Mills, 1966).

Most of the limited research to date examines only those factors that influence individuals joining and participating in their respective professional associations (Millikin, 1983; Yeager & Kline, 1983). More research is needed to help develop a body of knowledge that helps clarify the relationship between professional associations and nursing as a profession as well as between professional associations and nurses entering the profession.

Over the years, the nursing community has been engaged in a dialogue about the slowing rate of participation of new RNs who are entering the profession in their respective professional associations. This problem has been found in many large professional associations over the past twenty years with a noticeable decline in membership rates (Yeager & Kline, 1983). This is despite efforts by nursing schools to socialize nursing students to the roles of a professional RN, which includes active membership in professional associations. Nursing students are often times encouraged by their nursing faculty to participate in their pre-professional nursing association, the National Student Nurses Association (NSNA). However, participation in professional

associations following graduation significantly declines as these individuals transition from student roles to professional roles. Failure to attract these new RNs into professional associations severely limits the ability of the associations to address practice issues facing new RNs and effectively limits the new RNs' voice in shaping policies that affect practice and provide direction to the profession.

The composition of a professional association should reflect the overall makeup of the profession. This helps to ensure that all members of the profession have representative input into the establishment and revision of professional norms and standards. Furthermore, a diverse associational membership helps associations more accurately determine the overall status of the healthcare system and identify needs that must be met in order to ensure that RNs have the resources they need to care for their patients. Besides serving educational functions, establishing standards of practice, developing and enforcing code of ethics, protecting the interest of its members, influencing healthcare policy, and serving as an authoritative source of information, Frank (2005) notes that professional associations also help professional nurses develop a bigger picture of nursing and healthcare. With professional associations serving so many functions, it is no wonder that professional associations possess a significant level of power and influence in healthcare. If the perspective of new RNs is lacking then the overall status of nursing is incomplete.

Purpose

While considerable literature suggests the potential importance of professional associations in the socialization process of new RNs, what is missing is the role that

professional associations actually play in the socialization of these new RNs. This study will attempt to provide some insight into this relationship.

The purpose of this exploratory study is to investigate how the professional association for the specialty of emergency nursing, the ENA, influences the socialization of engaged emergency RNs who have been in emergency nursing 5 years or less herein referred to as emerging emergency RNs.

This has led to the development of the following research questions: (a) What role does the ENA serve in the socialization of emerging emergency RNs who are active members in the association? (b) How does active participation in the ENA change or influence the clinical practice of emerging emergency RNs? (c) How do emerging emergency RNs describe the impact of active participation in the ENA on themselves as professionals?

Significance

Trying to understand how the professional association for emergency nursing influences the socialization of emerging emergency RNs will help the association to better meet the needs of emerging emergency RNs. It will also help emergency RNs to better understand the key needs of emerging emergency RNs as they enter the specialty. This in turn will help the specialty of emergency nursing articulate how the professional association for emergency nursing helps emerging emergency RNs transition into the practice role and help ensure that the voices of these new RNs are heard and considered as the norms and values of the specialty continue to develop and change. Fostering emerging emergency RNs' socialization into the emergency nursing specialty improves

the likelihood that emerging emergency RNs will maintain the standards of practice ultimately improving the care they provide to patients.

Summary

Socialization is an important concept for the nursing profession. As one of the most trusted professions, nursing strives to maintain the standards of care that ensures the wellbeing and safety of our patients. In order to practice effectively as an emergency RN, emerging emergency RNs must appreciate the importance of the ideas, values, and beliefs that the specialty consider important to the practice of emergency nursing. Understanding how emerging emergency RNs transition from novices in the specialty of emergency nursing to a more fully socialized emergency RN is likely to help the specialty to better meet the needs of these RNs.

Professional associations are a key attribute of any profession including nursing. They serve many functions in the nursing profession including (a) establishing licensure and certification requirements, (b) developing educational standards, (c) determining standards of practice, (d) serving as a collective identity for nurses, (e) initiating change in healthcare policy, (f) developing and enforcing a code of ethics, (g) protecting the interest of members.

While considerable literature suggests the potential importance of professional associations in the socialization process of new RNs, there has been little or no direct examination of the role that professional associations actually play in the socialization of new RNs. This study will attempt to provide some insight into this relationship by specifically investigating how the professional association for the specialty of emergency

RNs, the ENA, influences the socialization of engaged emergency RNs who have been in emergency nursing 5 years or less.

CHAPTER II

Literature Review

This study investigates how the ENA influences the socialization of emerging emergency RNs. A comprehensive review of the literature revealed that little is known about how newly licensed RNs actually transition from novices in the profession to more experienced RNs. Likewise, how professional associations influence this socialization process is virtually absent in the literature. The professional association body of literature primarily focuses on issues surrounding membership in professional associations. Central themes center on why nurses join or do not join professional associations. The questions that still need to be addressed are those questions that help clarify the relationship between professional associations and the socialization of new nurses.

Figure 2 illustrates how the concepts of socialization, professionalism, professionalization, and engagement are related to the overall purpose of this study. This literature review provides an overview of the relevant body of literature that helps to establish some context that influenced the overall design of this study.

Professionalization

Professionalization refers to the concept that deals with the process of a group transitioning from an occupation to a profession. This concept was initially introduced by Flexner (1915) as an attempt to address the question whether social work was a profession comparative to traditional professions such as medicine, law, and the clergy. This was one of the first times in modern history that a researcher had attempted to define what constituted a profession. The definition of a profession would be further refined in

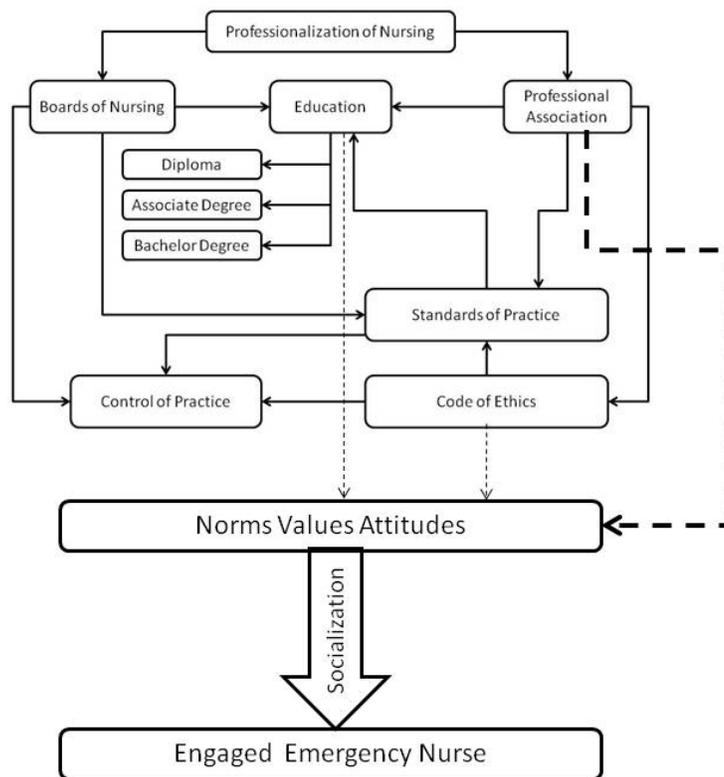


Figure 2: Socialization and Engagement as it Relates to Professionalization

the late 1920's and early 1930's by two other researchers (Carr-Saunders, 1928; Carr-Saunders & Wilson, 1933). These seminal works served as a springboard for other researchers to begin to explore how occupations transition from a non-professional status to a professional status. An attempt to define the concept of professionalization exploded during the 1960-1980's resulting in a plethora of studies on the topic. Interestingly enough, a single definition of this concept never materialized. Instead common characteristics of a profession were used as a means to establish whether an occupation had reached the status of a profession. These common characteristics include specialized skill and training usually in institutions of higher education, formation of professional associations, development of a code of ethics, establishment of standards of practice, and

internal control of the group over its members' practices (Caplow, 1962; Carr, 2000; Hall, 1968; Hughes, 1965; Kordick, 2002; Matassarin-Jacobs, 1985; Millikin, 1983; Ritzer, 1973; Rueschemeyer, 1983; Sills, 1998). Using common characteristics to define professionalization is referred to as a structural approach (Matassarin-Jacobs, 1985; Torstendahl, 1990).

This differs from the attitudinal approach which focuses more on the attitudes of the members within the profession rather than structural components of the profession (Hall, 1968). These attitudes typically include beliefs in a sense of calling to the profession, public service, self regulation, and professional organizations that serve as a major referent for professionals (Fetzer, 2003; Hall, 1968; Kordick, 2002; Millikin, 1983). Attitudinal characteristics were first identified by Hall (1968). His study found a significant correlation of these attitudes with service-oriented professions such as nursing, social work, and teaching. These are not the only attitudes that have been identified in the literature. Several other researchers view lifelong involvement and commitment to the profession as other major attitudes associated with members moving towards a professional orientation (Blau, 1988; Caplow, 1962; Coudret, Fuchs, Roberts, Suhrheinrich, & White, 1994; Faison-Britt, 1999; Goldthorpe, Lockwood, Bechhofer, & Platt, 1968; Hughes, 1965).

Regardless of which approach researchers support, there appears to be a consensus that professionalization involves a transition from a vocation or occupation to a profession. The structural and attitudinal approaches are but a means by which to gauge this progress. Vollmers' and Mills' (1966) definition of professionalization as a dynamic process by which occupations change certain crucial characteristics in the

direction of a profession captures the quintessential concept of how researchers generally identify this concept. Figure 1 highlights how various characteristics of professionalization apply to nursing. The structural approach was used as the primary framework to show this relationship, as these characteristics are more evident when looking at the overall structure of a profession. That is not to say that the attitudinal approach has no merit. Quite the contrary, as the concepts of socialization are examined it will become more evident that the attitudinal characteristics of a profession are closely aligned with the concept of socialization. Figure 2 captures this approach when it refers to the norms, values, and attitudes of the profession.

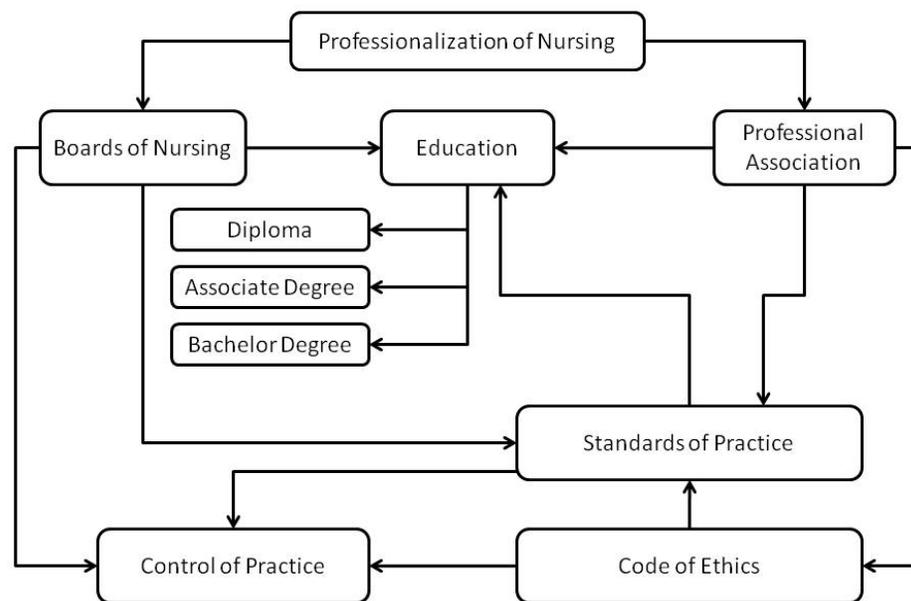


Figure 1: Professionalization Characteristics as Related to the Profession of Nursing

Professionalism

Professionalism is a concept closely related to professionalization.

Professionalization refers to a group of professionals whereas professionalism refers to the individual (Tilbury, 1982). Ritzer (1973) suggests that it is best to look at professionalization and professionalism as two continua with professionalization as an occupational continuum and professionalism as an individual continuum.

Despite the fact that a great deal of research has examined professionalism, an agreed upon definition of the concept still eludes researchers. Hafferty (2004) states that there is little consensus about how the term professionalism is defined let alone measured. The Cambridge Advanced Learner's Dictionary defines professionalism as "the combination of all the qualities that are connected with trained and skilled people" (Walter, Woodford, & Good, 2008). Others define professionalism as the conduct, skills, competence, or qualities that are expected or mark a professional person (Jewell & Abate, 2001; Mish, 2002).

Development of the concept of professionalism evolved from the research on professionalization. Pavalko (1971) was one of the first modern researchers to explore the meaning of work and social roles within professions. He noted that occupational roles served as a major source of personal identity for people, particularly since people spend a significant amount of time at work (Pavalko, 1971). As sociologists continued to explore the concept of professionalization and professionalism, a commonality emerged whereby characteristics were used to define the concept of professionalism. As these concepts are so closely related, is it any wonder that similarities in defining these concepts would materialize? Interestingly enough, these characteristics closely aligned

with the characteristics associated with the attitudinal approach to professionalization, which had a tendency to focus on individuals rather than the structures of professions.

Matassarin-Jacobs (1985) classifies this approach as attitudinal professionalism. She identified these characteristics as a sense of calling to the profession, a sense of autonomy, a belief in self-regulation, a belief in service to the public, and a strong sense of commitment to the behavior of members within the profession. Other researchers included a strong sense of self-worth, self-confidence, authority, decision-making, critical thinking, and lifelong learning as additional characteristics of professionalism (Clark, 2004; Faison-Britt, 1999; Friedman & Phillips, 2004; Hentz, 2005). Five of these characteristics in particular highlight the significant link between the concepts of professionalism and professionalization. The characteristics of a sense of calling to the profession, a belief in service to the public, a belief in autonomy and self-regulation, a belief in continuing professional development and lifelong commitment continue to permeate the beliefs, values, and norms of many of today's healthcare professions, including nursing.

When professional groups have strongly held beliefs, their actions will be based on those beliefs (Matassarin-Jacobs, 1985). These beliefs, values, and norms perpetuate as professionals pass them on to new professionals. Faison-Britt (1999) notes that nurses develop their professional value systems through their interactions with other nurses, health professionals, and patients. This was substantiated in a recent study by Fetzer (2003) who found that nurses with more experience tended to have higher degrees of professionalism. Specifically, nurses with fewer than 5 years of experience tended to exhibit lower levels of professionalism than those nurses with more than 5 years of

experience. This would suggest that more experienced nurses are more active within the profession. Generally, one would expect the higher the level of commitment the higher level of interaction within the profession (Fetzer, 2003). One might even speculate that higher levels of interaction also contribute to higher levels of commitment which in turn would increase the likelihood of exhibiting higher levels of professionalism particularly if Faison-Britts' (1999) assumptions are correct. However, this speculation exceeds the scope of Fetzer's conclusions. Wolf (2007) found that personal involvement and commitment as well as internalization of the professional values was essential for new professionals to feel like nurses.

Socialization

As sociologists began to explore the concept of professionalism a new concept emerged. The discipline of sociology began to refer to professionalism as the socialization of individuals to the values, ideas, and images of professional life (Tilbury, 1982). Whereas professionalism referred to the attitudinal and behavioral characteristics associated with members of a profession, socialization referred to the process by which these characteristics were passed on to new members of the group.

Pavalko (1971) refers to socialization as the process by which someone learns the ways of a given society or social group well enough in order to be able to function within that society or social group. This requires some kind of prolonged interaction with the society or social group in order to learn the nuances that are important to its members. Myers (1982) notes that when people interacted with members of a group they began to take on the distinctive features of the group that are considered socially valuable. This differs slightly from Shafter (2006) who states that socialization is the interaction among

a diverse group of individuals within a group that occurs in a dynamic environment. It is these people who affirm the role that new members are seeking to occupy. No matter how you look at it, socialization refers to a process of adapting your own ideas, values, and beliefs to a set that are compatible with a given society or group.

Socialization is commonly defined as the process by which one trains or makes someone behave in an acceptable way for a social environment or society (Jewell & Abate, 2001; Mish, 2002). When applied to an individual, socialization refers to the process by which new professionals learn to become members of the professional group, both by internalizing the norms and values of the group, and also by learning to perform their social roles (Scott & Marshall, 2005). This notion of conveying specific beliefs, values, and norms to others encompasses the concept of professionalism. This has led to the interchangeable use of socialization and professionalism in the literature despite the fact that some variation in the definition of the concepts exists.

Socialization is a complex process that requires individuals to acquire specific knowledge, skills, and sense of occupational identity that are characteristics of members within the specific profession (Clark, 2001; Cohen, 1981; Hentz, 2005). Each of these components is closely related to a structural approach to professionalism as previously discussed. What differs is the addition of the attitudinal approach, which focuses on internalizing the norms, values, and beliefs of the profession. This process in which personal, cultural, and ideological ideas of individuals are influenced by professionals already in the discipline in order to help new members internalize group values, attitudes, and interests is important to a profession and helps individuals learn how to function within the profession (Christian, 1986; Clark, 2001; Coudret, et al., 1994; Faison-Britt,

1999; Hentz, 2005; Weis & Schank, 2002). It is these commonalities in attitudes, values, and interests that serve as a means to unite nursing.

Socialization in Formal Education

The initial point where socialization into a profession begins is the formal educational process (Barretti, 2004; Clark, 2001; Faison-Britt, 1999; Fetzer, 2003; Myers, 1982; Simpson, Back, Ingles, Kerckhoff, & McKinney, 1979a, 1979b). Specifically, socialization to the nursing profession begins once laypeople enter nursing school. During their educational experience, nursing students are exposed to a variety of ideas, attitudes, values, beliefs, and standards that nursing as a profession hold dear as well as the requisite knowledge and skills that are needed to perform the nursing role. This can be an exciting and frustrating time for nursing students as they learn to assimilate these new ideas, attitudes, values, and beliefs with their own. Coudret et al. (1994) remark that socialization requires nurses to acquire the critical norms, values, and behaviors of the nursing profession. Nursing students often find this process difficult due to the complexity of the ideas, attitudes, values, and beliefs. This complexity is common in practice disciplines which possess a professional culture that comprises an interrelated series of ideas, attitudes, values, and beliefs (Barretti, 2004). Simpson et al. (1979a) identify four concepts that individuals must be socialized to during their educational preparation. These include the concepts that (a) service is the performance of tasks that apply specialized knowledge, (b) the professional group defines the service and develops the appropriate knowledge that must be learned, (c) the practitioner has the authority to make decisions based on this knowledge, and (d) the professional group regulates and judges professional conduct. Nursing school is also a time in which students learn what

the nursing profession is all about and what they can expect once they become a member of the nursing profession. Simpson et al. (1979a, 1979b) suggest that socialization is a directional change for individuals that includes the dimensions of education, development of an occupational orientation, and formation of a personal relatedness to the occupation.

Simpson's work was one of the first instances in which researchers actually considered socialization as a developmental process. While several researchers would explore this notion of developmental socialization, it would be another 2 years before the notion would gain a foothold in nursing with the publication of Cohen's study. Cohen (1981) actually viewed socialization as a developmental process that included four stages: (a) Unilateral dependence which involves a complete reliance on external controls as individuals search for one right answer, (b) Negative/Independence which involves freeing oneself from external controls through cognitive rebellion and questioning, (c) Dependence/Mutuality which marks the beginning of engaged learning and thinking, empathy, and commitment to others as individuals take a more realistic stance towards their role, or (d) Interdependence which characterizes a lifelong learner who learns from others, independently problem solves, and demonstrates reflective practice. Today it is generally viewed that socialization is a developmental process (Weis & Schank, 2002). Despite this generally accepted fact, there remain two approaches to socialization that still need to be discussed. These approaches are the structural functionalism or inductive approach and the symbolic interactionism or reaction approach.

Structural functionalism views socialization as a uniform process whereby professionals impart knowledge, skills, values, norms, and requisite behaviors to new professionals (Barretti, 2004; Simpson, et al., 1979b). This is one of the oldest

approaches to socialization. Structural functionalism operates from the premise that professionals already in the profession are holders of information. Through a deliberate educational process the knowledge, skills, values, norms, and requisite behaviors are imparted to the new professional. Critics of this approach argue that structural functionalism views learners from a behaviorism perspective. Behaviorism views the learner as a passive recipient of stimuli from the environment, in this case the professional (Eggen & Kauchak, 2001). This approach is often associated with the use of lecture as a teaching strategy. However, supporters of this approach argue that the assumption that learners are passive recipients is flawed. Instead, these supporters maintain the learner as an active participant in the socialization process. The teacher is merely providing the new professional with known information, which must be processed and internalized before socialization occurs. This is similar to what deWinstanley and Bjork (2002, p. 20) refer to as “learning is an interpretive process.” This interpretive process requires learners to relate new information to previous information and form new connections that help to cement the information into memory.

Symbolic Interactionism views socialization from a constructivist approach whereby socialization is a conscious process that involves professionals shaping and adapting information to form the multiple identities that are required of professionals (Barretti, 2004; Christian, 1986). This approach clearly supports the notion that learners are active participants in the socialization process but differs from structural functionalism in that socialization is learned by interaction with the environment and shaped by the new professional rather than transmitted by members of the profession.

Simpson et al. (1979b) were one of the first researchers to champion this idea that students are the main shapers of their own behavior in the socialization process.

Regardless of which approach is used, socialization requires human interaction between members of the profession and the new professionals. Goslin noted this as early as 1969 when socialization was a fairly new concept and continues to today as exemplified by Conway's study (Conway, 1983; Goslin, 1969). What is required for successful socialization to occur is the internalization of attitudes, values, and beliefs that facilitate the new professional to function within the profession meeting the expectations defined by the group (Christian, 1986; Clark, 2001, 2004; Coudret, et al., 1994; Goslin, 1969).

Socialization in Practice

Once nursing students graduate from nursing school and pass the National Council Licensure Examination (NCLEX) – RN, they move into practice settings. This is a time of great transition for these emerging professionals as they assume new roles as RNs. Myers (1982) stresses that this passage from a formal setting to a more natural setting represents a transition from one group to another group. While many of the ideas, attitudes, values, and beliefs that nursing students learned in nursing school carry over into practice, there are a new set of ideas, attitudes, values, and beliefs that are unique to the practice setting and the specific organizations where these RNs work. Whereas emerging professionals used to view nursing faculty as their primary role models, they must now identify role models in their respective practice settings. Coudret et al. (1994) noticed this as well, maintaining that as students move from the educational setting to the practice setting adoption of different role models is required.

It is not uncommon for emerging RNs to experience a great deal of stress in their new practice roles. Emerging RNs often find that experienced RNs question how they implement their role making statements such as “in the real world this is how we do it.” This conflict between ideal practice and real world practice is difficult for emerging RNs to resolve. Many practicing RNs believe that nurse educators assume the role of teaching the ideal whereas clinical nurses assume the role of modeling real practice (Coudret, et al., 1994). Whether this is true or not, it exemplifies the conflicting ideas, attitudes, values, and beliefs that exist within nursing. As the new RN begins to practice this new role, they often times feel unprepared for their new role (Farnell & Dawson, 2006). In addition to dealing with conflicting ideas, attitudes, values, and beliefs, emerging RNs also have to learn how to manage full loads of high acuity patients. This may be the first time they have been responsible for such assignments as most have been sheltered from these types of assignments in nursing school in order to allow for time to process and learn in the clinical setting. Hamel (1990) found that the lack of organizational skills and complexity of managing multiple clinical situations jeopardized the ability of new professionals to acquire the professional identity that usually develops during the first year of practice. Multiple studies have examined those behaviors that effect new RNs professional identity (Farnell & Dawson, 2006; Ferguson & Day, 2007; Hamel, 1990; Mooney, 2007).

It is not uncommon for new professionals to experience stress when professional values, attitudes, and interests come into conflict with personal values, attitudes, and beliefs. Pavalko (1971) found that socialization frequently meant dealing with conflicting norms or occupying conflicting roles as old norms and roles are unlearned and

new norms and roles developed. Goslin (1969) observed that adult socialization required individuals to learn how to reconcile conflicting expectations from the multiple roles they assume and learn how to relinquish roles as they progress through life. This process can be very challenging for inexperienced new professionals.

As experienced RNs transition from one specialty such as medical-surgical nursing to another specialty such as emergency nursing, the process of socialization begins again. As emerging RNs and experienced RNs engage in the socialization process when entering a new specialty, they tend to seek out those more experienced nurses who can help them assimilate into the group. Shafter (2006) found that people tended to actively seek out role models that could help shape their own professional personas. Sometimes socialization is a formal process such as when an RN develops a relationship with a preceptor. Other times socialization is an informal process whereby the RN observes more experienced RNs in the practice setting in an attempt to determine what is valued by the group. Pavalko (1971) supported this observation stating that socialization may be formal or informal in nature. This process is both intentional and unintentional in nature. Interacting within a group by its very nature requires people to adapt if they wish to be accepted by the group. Many researchers agree with Goslin (1969) who advocated that socialization involves both conscious and unconscious learning.

Whenever socialization occurs, change will also occur. As experienced RNs work with emerging RNs, an exchange of ideas, values, and attitudes occurs. In the past much of the focus has centered on how emerging RNs are influenced by this process. But experienced RNs are also affected. Sometimes experienced RNs will identify with certain traits that they are willing to incorporate into their own practice. Other times,

experienced RNs see some traits as conflicting with their own professional attitudes resulting in discourse between the emerging RNs and the experienced RNs. One study in particular made an important distinction between new and experienced professionals and how they approach professionalism. Attitudes that are more commonly seen in new professionals, referred to as neoprofessionalism, tend to include a consumer orientation; a growing concern with credentialing; possession of an attitude of criticism; impatience with the rate of change; an instilled sense of super-ordinate purpose; and a developed sense of compassion (Lawler & Rose, 1987). However, differences between new and experienced professionals were described in the literature as early as the 1960's. Wilensky (1964) suggests that "old timers" see the "newcomers" as upstarts, while "newcomers" see the "old timers" as blocking progress towards professionalization. Goslin (1969) noted that socialization is a two way process in which individuals within the social group negotiate and bargain to achieve a set of agreed upon values, attitudes, and interest. Often times this process is unconscious in nature.

Engagement

Engagement is one of today's buzzwords used in the healthcare environment. Even though the term is used extensively in nursing, a concise definition eludes researchers. For the purposes of this study engagement is defined as a positive state of mind characterized by vigor, dedication, and absorption that results in a person assuming a greater participatory role than what is required from a basic work role.

Kahn first introduced the concept of engagement in the early 1990's when he referred to engagement as psychological presence. Kahn (1992, p. 321) defines psychological presence as a person being "fully present as a person occupying a

particular organizational role such that one's thoughts, feelings, and beliefs, are accessible within the context of role performance." Four dimensions to psychological presence and four individual factors that affected psychological presence were identified by Kahn.

The four dimensions to psychological presence are attentiveness, connectedness, integration, and focus (Kahn, 1990, 1992). Attentiveness refers to a sense of awareness that allows a person to be open to others. There is more to this dimension than just being aware of others. It requires the ability to be truly open to others' ideas and participation within the work setting. Rarely does work related roles not require people to interact with other people in some form or fashion whether it be co-workers, patients, or customers. The basic essence of this dimension is the ability to function within a team. Connectedness is the ability to relate to some aspect of the situation in order to maintain a sense of ownership in the work. Failure to maintain connectedness in the work role often leads to apathy and isolationism. People who are connected to their work have a vested interest in ensuring that the work is accomplished in order to meet established goals or outcomes. In order to achieve engagement at work, people must be emotionally connected and cognitively attentive (Kahn, 1990, 1992). Integration involves tapping into different aspects of one's self whether it be physical, emotional, or intellectual (Harter, Schmidt, & Hayes, 2002; Reyes, 2007). While not specifically addressed in the literature, it could be argued that this also includes the spiritual aspect. All of these aspects of one's self may not be integrated into a work role simultaneously but rather they are components that make us uniquely human. What integration specifically refers to is the ability of people to bring themselves to the work role. May, Gilson, and Harter

(2004) support the view that individuals must use cognitive, emotional, and physical aspects of themselves in order to be truly engaged in their roles. Focus refers to staying within the boundaries that have been constructed by the work role, situation, and/or relationship (Kahn, 1990, 1992). Any work role requires people to meet certain expectations that have been imposed on them by a variety of sources. Whether it is federal statutes, policies, procedures, or the nature of the work itself, boundaries are established. Working within these boundaries in effect keeps people connected to an organization. These dimensions of psychological presence are specifically related to the concept of engagement.

Kahn (1990, 1992) also identified four factors that specifically related to an individual's ability to be psychologically present. These four individual factors are a sense of self in the role, security, courage, and adult development. Each of these individual factors contributes to a person's ability to meet the four dimensions of psychological presence. Sense of self in the role refers to both unconscious and conscious aspects of individuals in their work roles. Kahn (1990, 1992) suggests that people have subconscious models of themselves in relation to their work role and their relationship with others. These subconscious models are often times recreated in actual relationships with others. It could be argued that people also have conscious models of themselves and intentional try to develop these models in their work relationships. This requires finding a balance between the conscious and unconscious models resulting in a specific relationship model that is comfortable for people. Security refers to the feeling of being free to engage within a role. There are two components to security. First, individuals must be comfortable enough with themselves and their abilities to actual

participate within the role. This is similar to the aspect of courage. Second, the organization or environment must be supportive in allowing people to engage in their roles. When others attempt to sabotage a person from implementing a work role, that individual no longer feels safe. This can also occur when organizational structures or processes are in place that makes it difficult for people to implement their roles. This occurs more frequently in healthcare than we like, resulting in errors that affect patient outcomes. For instance, an expectation of the nursing role is identifying and reporting medication errors in order to ensure that corrective action can be taken to prevent further errors. Yet, the profession and hospitals often approach this from a punitive perspective blaming the nurse when in fact the problem may be a systems error. This was highlighted in a national report from the Committee on the Quality of Healthcare in America (Kohn, Corrigan, & Donaldson, 2000). Courage is the ability of people to take a risk despite their insecurities or the dynamics of their social systems (Kahn, 1990, 1992). This is the ability of the individual to move past their own feelings of insecurities, inadequacies, or perceptions regarding the work environment. This can be a difficult process, particularly if individuals have previously attempted to take that initial step and were unsuccessful. Compounding the process occurs when institutional or organizational obstacles are present as previously discussed. Adult development is the final factor that influences all of the other factors. Only when individuals have reached a point in their development where they can establish meaningful relationships with others and reflect on their own performance can they truly be engaged in work. O'Connor (2006) supports this belief as it relates to nursing when she noted that nursing engagement required the nurse to direct their personal involvement away from one's own self towards others.

Psychological presence is not the only model used to describe engagement. Other researchers have defined engagement as a positive, fulfilling work-related state of mind characterized by vigor, dedication, and absorption (Bakker, et al., 2005; Hakanen, et al., 2005; Hakanen, et al., 2006; Maslach, et al., 2001; Schaufeli, et al., 2002; Sonnentag, 2003). Vigor refers to the high levels of energy and mental resilience that are needed to perform work and meet expectations. Dedication occurs when people feel their work is significant and challenging. This results in enthusiasm, inspiration, and pride. Maslach and Leiter (1997) maintain that only when people have meaningful roles to play does an environment exist that supports engagement. Only when workers know what is expected of them; perceive their work as significant; have the opportunity for input in their work; have what they need to complete the work; and are given a chance to grow can they truly be emotionally and cognitively engaged (Harter, et al., 2002). Absorption occurs when people concentrate fully, engrossing themselves in their work.

So why should we be concerned about engagement? Not surprisingly, research supports that higher levels of engagement result in more positive work related outcomes. Higher levels of engagement result in increased levels of motivation, higher productivity, increased loyalty to an organization, and higher levels of satisfaction with work (Hallberg & Schaufeli, 2006; Harter, et al., 2002; Kerfoot, 2008). Laschinger and Finegan (2005) stressed that engagement is an important predictor of overall job satisfaction and intentions to remain on the job. What are the consequences of disengagement? When workers fail to engage in their work there is an increase in apathy, lack of motivation, lack of attentiveness, and lack of involvement which results in increase in absenteeism, mistakes, loss of productivity, and accidents (Kerfoot, 2008; May, et al., 2004). While a

lack of engagement can be multi-causal in nature, stress can be an important factor in the ability to remain engaged, particularly, in emergency nursing where high volumes of patients with high acuities can elevate stress levels significantly. To compound this situation, many EDs are required to hold patients in the department due to a lack of available beds in the hospital. Despite that the EDs may be full to capacity, they must remain open continuing to take in patients. This leads to prolonged periods of stress and fatigue. Kerfoot (2008) noted that periods of uninterrupted stress can prevent nurses from remaining engaged in their work.

Engagement can result in many positive outcomes for workers and organizations. The more engaged people are in their work, the more meaning they will experience from that work and the tasks that must be performed resulting in a more positive state of fulfillment (Hallberg & Schaufeli, 2006; Kahn, 1990, 1992). As engagement is viewed within the context of a profession, it is important to remember that professionals' work extends beyond one setting. Therefore, truly engaged emergency nurses extend their focus beyond just the clinical setting. Yoder-Wise (2006, p. 68) succinctly captures this when she states "Some nurses see beyond the clinical component and understand the professional aspect. Professional refers to underlying acts, strategies, and decisions that are made to affect the way in which power, policy, and professionalism are seen by others."

Professional Associations

In order to better understand the role of professional associations in relationship to professionalism and socialization it is helpful to explore the concept of professional associations and the role they serve in the professional development of nurses. This

provides a point from which to examine the perceived need for nurses to participate in their professional associations.

Professional associations are considered an essential component of a profession (Bernhard & Walsh, 1995; Caplow, 1962; Carr-Saunders, 1928; Gruending, 1985; Hall, 1968; Matassarin-Jacobs, 1985; Vollmer & Mills, 1966; Wilensky, 1964). Historically, professional associations served a gate-keeping/regulatory function within professions (Carr-Saunders, 1928; Daniels, 1973; Pavalko, 1971; Truesdell, 1984; Vollmer & Mills, 1966; Wilensky, 1964). By establishing educational standards that were linked to accreditation, associations were able to provide oversight on the educational preparation of new members. This process effectively controlled entry into the professions. This type of role is traditionally seen more with umbrella associations that represent the entire profession rather than with sub-specialty associations. Imel, Brockett, and James (2000) identify the American Medical Association (AMA) and the American Bar Association (BAR) as these types of umbrella associations that serve the gate-keeping/regulatory function. This differs from other associations that focus more on professional development. The ANA is nursing's umbrella association that incorporates this regulatory role within its mission. Matassarin-Jacobs (1985) maintains that ANA has tried to unify nursing by defining nursing, the scope of nursing practice, and the standards of education and practice. While many of the initiatives that ANA instituted were incorporated into the profession, some have met resistance. In particular, the standard of the Bachelor of Science in Nursing (BSN) as the minimum education preparation for entry into practice for professional nursing has yet to gain wide spread acceptance by the profession at large. While the regulatory function is especially important for new

occupations transitioning into professions, it is not the primary role for most specialty associations.

As previously mentioned, associations are a means to help socialize new professionals into the profession (Barber, 1965; Carr-Saunders & Wilson, 1933; Hausknecht, 1962; Kordick, 2002; Pavalko, 1971; Thompson & Lavandero, 2001). This socialization process is complex. Through interactions with professionals already in the field, emerging professionals are exposed to the attitudes, values, beliefs, and roles that are associated with the specialty. Many of these attitudes, values, beliefs, and roles are not self-evident. They are embedded in the various associational functions such as education, training, certification, standards of practice, and codes of ethics. As emerging professionals engage in activities associated with each of these functions, they are exposed to the underlying attitudes, values, beliefs, and roles that the profession has incorporated into defining itself. This is often times a period of transition for many emerging professionals and it can take years to acquire or accept these attitudes, values, and beliefs.

New nurses often worry about establishing their careers, focusing on those activities that will make them more marketable (Wieck, 2006). Certification, education, and training are the primary focus for these new nurses. Each of these components is considered a function of the professional association (Barber, 1965; Carr-Saunders & Wilson, 1933; Daniels, 1973; Freidson, 1983; Gruending, 1985; Kordick, 2002; Matassarini-Jacobs, 1985; Thompson & Lavandero, 2001; Truesdell, 1984). As emerging RNs transition from nursing school into practice, gaps in information are identified. They seek additional education and training from an authoritative source such as a

professional association. Wieck (2006) contends that new nurses are looking to develop skill sets that transcend a particular institution in order to increase their marketability within the profession. Ultimately, many of these emerging RNs will seek to obtain certification in the specialty. Certification validates that the emerging professional possess the essential knowledge that is needed to practice within that specialty.

Over the past decade, nursing as a profession has taken an increased interest in competencies. While this concept is not new to the profession, the level of complexity and use of research as a foundation for the development of these competencies has become central to defining these competencies. The expanding role of nursing has necessitated that nurses become skilled in more diverse and complex competencies.

In response, nursing associations have become more diligent and sophisticated in developing evidence-based standards of practice. These standards serve as a foundation for practice. Unfortunately, many RNs may not be completely aware of these standards and come to rely on outdated institutional practices even when these procedures differ from the established norms. Emerging RNs are particularly susceptible to this habit, especially when they are exposed to institutional cultures and practices that differ significantly from their previous experiences. Some of these emerging RNs will integrate into these institutional cultures without questioning these variations. Others will seek to understand these cultural variations within the context of the profession. When this happens the association becomes a major referent for practice. The association is fulfilling a function traditionally identified as a function of associations, serving as an authoritative source, developing standards of practice and codes of ethics (Barber, 1965; Carr-Saunders & Wilson, 1933; Daniels, 1973; Greenwood, Suddaby, & Hinings, 2002;

Hausknecht, 1962; Kordick, 2002; Siegrist, 1990; Stein, 2001; Thompson & Lavandero, 2001; Vollmer & Mills, 1966). Many associations also form affiliate organizations that evaluate RNs' knowledge regarding these standards. By establishing specific criteria for certification, these affiliate organization are able to develop methods for evaluating whether nurses have obtained the necessary knowledge to practice within the specialty in relation to these established standards. Certification is another role of associations (Daniels, 1973; Kordick, 2002; Matassarini-Jacobs, 1985; Truesdell, 1984).

Ideally, professional associations should include components of all of these roles (information source, gate-keeping, educational functions, establishing standards of practice and code of ethics, and certification) within their operational structure to help ensure that the profession is meeting societal expectations based on the fact that society has designated the group as a profession. Ultimately, professional associations serve as a means to ensure the public that their trust is warranted.

Three additional associational roles have been identified in the literature that fall outside the historic traditional roles. The first role is that professional associations help nurses to develop a bigger picture of nursing, healthcare, and trends in the profession (Frank, 2005; Freidson, 1983; Hausknecht, 1962; Millikin, 1983; Pavalko, 1971). The second role is that professional associations encourage discourse within the profession (Greenwood, et al., 2002; Hausknecht, 1962; Truesdell, 1984). It is critical that professionals have a venue in which to discuss the issues that are facing the profession. This discourse allows nursing to fully examine the implications that a particular issue will have on the profession and assists in the development of a plan of action to address the issues. The third role of professional associations is to help nurses obtain training in

social and administrative skills that can then be used in other venues including in their employment institutions (Hausknecht, 1962; Millikin, 1983; Stein, 2001; Vollmer & Mills, 1966). All of these roles contribute to professional associations being recognized as an authoritative entity within a profession. This gives significant power to professional associations. Many times professional associations are the only venue that allows for professionals to establish a distribution network for scholarship, practice, politics, and policy decision-making (Imel, et al., 2000). This network allows nurses that might not otherwise engage in dialogue to share information and concerns, often times resulting in policy changes within the profession. Sometimes, enough interest is generated in a particular topic that the members of the association will direct the association to engage in political activities that are aimed at changing professional regulations or policy.

Membership

So how do professionalism and professional associations relate to participation of emerging RNs in their professional associations? Ultimately, all professional association activity depends on the participation of its volunteer members. Imel, Brockett, and James (2000) state that volunteer members are highly committed and enthusiastic members of the profession. So why do some members of a profession participate in their professional association while others do not? Several studies have examined this question (Baker, Kars, & Petty, 2004; Chen, 2004; Eaton, 1961; Hagedorn & Labovitz, 1967; Hausknecht, 1962; Heimann, 1953; Huffman, 1976; Kamm, 1997; Rothrock, 1962). Findings from these studies reveal common trends related to benefits of membership as well as barriers to membership. It is interesting to note that some of the perceived benefits and barriers

are actually outside the purview of the professional association and relate more to individuals and their employment environment. This information may be useful for associations who wish to develop a strategic plan to address membership rates.

Benefits of participating in professional associations. Benefits of participating in professional associations seem to be two fold. First is the focus on professional development and the ability of the professional to keep up-to-date on the status of the profession in order to improve their practice. This includes new ideas or methods, educational programs, standards of practice, regulatory rules, and future trends (Chen, 2004; DeLeskey, 2003; Frank, 2005; Hausknecht, 1962; Kamm, 1997; Kordick, 2002; Millikin, 1983; Rapp & Collins, 1999; Stein, 2001; Yeager & Kline, 1983).

Additionally, members have an opportunity to establish a network of colleagues to address issues facing practice (Chen, 2004; DeLeskey, 2003; Frank, 2005; Kamm, 1997; Kordick, 2002; Rapp & Collins, 1999; Vollmer & Mills, 1966; Yeager & Kline, 1983). Kamm (1997) identified networking as a means to participate in political action, particularly lobbying activities, as a key factor for professionals to join a professional association. Several studies found that political involvement was a perceived benefit of membership (Kamm, 1997; Kordick, 2002; Millikin, 1983). In fact, protection of professional interests is a function of professional associations that members perceive as a benefit of membership (Hausknecht, 1962; Huffman, 1976; Millikin, 1983; Vollmer & Mills, 1966). This is an important role of professional associations when individuals' practice is regulated by governmental entities, particularly since a greater degree of influence lies with professional associations rather than individuals. Lebell (1973) stresses that both governmental and non-governmental institutions prefer dealing with

professional organizations rather than individuals. This may be due to the fact that the professional association collectively represents a greater number of members within the profession. However, it may also be the result of the type of interactions that occur with members in professional associations. The ability to network with colleagues and share information results in the attainment of new skill sets that are not available through other venues.

Attainment of skills that foster professional development is another benefit of professional associations. Stein (2001) found that professionals who participated in professional associations had a greater opportunity to develop high level interpersonal skills, improved communication skills, perform public speaking, participate in small group processing, and develop skills associated with confrontation and conflict resolution. This resulted in improved confidence and performance (DeLeskey, 2003; Stein, 2001). Several authors identify developing social and administrative skills as a benefit of association membership (Hausknecht, 1962; Huffman, 1976; Millikin, 1983; Stein, 2001; Vollmer & Mills, 1966). These skill sets can often times be used outside the realm of the association in other settings such as within the community or employment setting. As a result of attaining these skill sets, researchers found that nurses, in particular, felt an increased sense of professionalism as they contributed to the improvement of the profession (DeLeskey, 2003; Rapp & Collins, 1999). Furthermore, professional associations tend to be focused on global issues that effect a profession rather than specific organizational issues. This affords an opportunity for members to develop a broader understanding of the issues facing their profession due to their broadened view of the world (Stein, 2001).

Second, the literature points to benefits that focus on individuals' sense of professionalism. These internal motivators usually fall outside the purview of associations. They include recognition by peers, increased sense of professionalism, increased personal commitment, and a perceived sense of value by employers (Baker, et al., 2004; Chen, 2004; DeLeskey, 2003; Frank, 2005; Kamm, 1997; Kordick, 2002; Larson, 1977; Rapp & Collins, 1999). Regardless of whether these benefits are related to professional development or internal motivators, they have perceived value by members of associations. The importance of this value should not be underestimated.

Barriers to participating in professional associations. Barriers to participating in professional associations are affected both by the individual professionals and the professional associations. The most commonly identified barriers to participating in professional associations can be grouped into the following categories (a) lives of individual professionals, (b) lack of knowledge about professional associations, (c) professional association operations, (d) failure of professional associations to meet educational needs of the professional, (e) Elitism.

One of the most common barriers to participating in professional associations surrounds issues that are affected by the lives of the individual professionals. These include the lack of time and lack of value (Baker, et al., 2004; Brigner, 1999; DeLeskey, 2003; Eaton, 1961; Kordick, 2002; Lebell, 1973; Rapp & Collins, 1999). Brigner (1999) and Lebell (1973) further divide time restraints into family and career obligations. Associational involvement can require a significant amount of time particularly when individuals obtain leadership positions within associations. The majority of these positions are voluntary with little monetary compensation. Therefore individuals must

figure out how to balance employment requirements with association requirements. If individuals have families this process is even more complicated as individuals now must balance employment, associational, and family obligations. Emerging RNs in particular may find it difficult to find time that they can allocate to associational activities as they work to develop skill sets they need to establish themselves as competent nurses. While these RNs may take advantage of educational and certification opportunities provided by associations, they may not feel they have enough time to contribute to the association. This may be particularly true, when participation in professional associations is not valued by employers or required for the position (Baker, et al., 2004; DeLeskey, 2003; Eaton, 1961; Hagedorn & Labovitz, 1967). This can be further compounded when new nurses fail to see experienced nurses participating in their associations (DeLeskey, 2003; Yeager & Kline, 1983). The lack of participation by other RNs suggests that associational involvement is not an attitude or value that is revered by the profession. Thus, during the socialization period, emerging RNs fail to internalize the attitude or value that participation in associations is important to the profession because nursing colleagues have not internalized this premise.

In many cases, RNs may not be aware of the services that associations provide or the role they play within the profession (DeLeskey, 2003; Kordick, 2002; Rapp & Collins, 1999). While there may be many reasons for this lack of knowledge, it is important to note that many associations only disseminate information to their current members. Unless members come in contact with non-members and engage in dialogue about associational activities, non-members have a limited venue to obtain information about associations.

How professional associations operate can be seen as a barrier to participating. Specific operational concerns include cost, lack of tangible benefits, locations of meetings, lack of adaptability, internal politics, and failure to provide adequate educational opportunities (Baker, et al., 2004; Brigner, 1999; DeLeskey, 2003; Kordick, 2002; Larson, 1977; Lebell, 1973; Rapp & Collins, 1999; Yeager & Kline, 1983). Cost is most commonly identified as the primary barrier to participation in professional associations. However, cost is a relative concept rather than an actual, tangible amount. For example, the cost of membership in ANA in Texas ranges from \$281 - \$326 annually depending on the district where the nurse resides (Texas Nurses Association, 2007a). The cost of membership for ENA is \$100 - \$121 annually (Emergency Nurses Association, 2007a). Even though there is a substantial difference in pricing, cost of membership has consistently been cited by non-members as a reason for not joining both associations. Despite the fact that both members and non-members benefit from the activities of associations in regard to influencing practice, many individuals do not recognize these outcomes as benefits. The focus is on tangible benefits such as newsletters, professional journals, and discounted rates for educational programs. If individuals feel that the tangible benefits do not justify the cost, the perceived lack of tangible benefits becomes a barrier to membership. Location of meetings can greatly influence the decision by nurses regarding participating in associations. This is especially true in Texas where districts cover large areas of the state. While the majority of members may only have to travel 20-30 minutes to attend a meeting, some members must drive 1-2 hours to attend meetings that may only last for 1-2 hours. This translates into having to dedicate 3-6 hours to attend a meeting. Even when drive times are 20-30

minutes across large metropolitan areas, some members perceive the meetings as inconvenient.

Failure to meet educational needs is another barrier to participation in associations. Members rely on associations to meet their educational needs. If this education is expensive, inconvenient, substandard, or unavailable members will turn to other sources for information. They will then question the need to pay membership dues when they are required to spend money with other providers to obtain the education they need. In states such as Texas where there are large rural areas, accessible, affordable, quality education is extremely important to help ensure that nurses are providing safe, effective nursing care.

Elitism can be a significant barrier to active participation in professional associations. If established members do not make an attempt to ensure that all members have access to opportunities within associations a perception of elitism may develop. Elitism was identified in the literature as a barrier to continued membership in professional associations (Huffman, 1976; Larson, 1977; Yeager & Kline, 1983). Kordick (2002) and Lebell (1973) found that a lack of flexibility and maintaining the status quo within a professional association was a barrier to continued membership. If associations become so entrenched in tradition that they can no longer adapt to member needs or the profession, members will abandon the organization in favor of other associations that are more responsive. Associational politics can also serve as a barrier to continued membership (Kordick, 2002; Yeager & Kline, 1983). If associational environments become polarized in such a manner that “hard core” political maneuvering

is required to conduct business, members will abandon the organization in favor of other organizations that value professional discourse.

Emergency Nurses Association

Socialization to the role of professional associations begins during the initial educational preparation of RNs. Simpson et al. (1979a) identify that during formal educational preparation the socialization process should include upholding the professional group as the definer of knowledge and the regulator of professional conduct. The NSNA, which was founded in 1952, is the pre-professional nursing organization for nursing students. This organization strives to “promote the development of the skills that students will need as responsible and accountable members of the profession” and “develop nursing students who are prepared to lead the profession in the future” (National Student Nurses Association, 2006, September). Unfortunately, the goal of increased participation in professional associations which motivated formation of NSNA has not been achieved in most instances following graduation from nursing school despite encouragement by nursing faculty. Typically there is a period of time, usually 1-4 years following graduation when participation by new RNs is limited in professional nursing associations.

An area of particular interest to this study is the participation in a professional association by entrants into the specialty of emergency nursing. Emergency nursing is a popular specialty among nursing students. Educational sessions offered at the NSNA annual conferences are well attended, often times reaching room capacity. Additionally, at a time when other nursing associations have been experiencing declining memberships, the ENA has seen increased membership growth. The ENA has had a growth rate of

48% in membership from 2000 to 2007 (Emergency Nurses Association, 2000, 2007b). This differs significantly from the membership rates in the ANA which is considered the professional association that represent the 2.9 million RNs through its 54 constituent member associations (American Nurses Association, 2007a). Despite the fact that the ANA is one of the oldest professional nursing associations, established in 1897, it has had a much lower growth rate of 14% in membership from 2002 to 2007 (American Nurses Association, 2007c; Kordick, 2002). This is significantly lower than the 48% growth rate of ENA previously mentioned. It is evident that the ENA is meeting some kind of need for RNs involved in emergency nursing practice.

Yet despite these trends participation of emerging emergency RNs in the ENA remains low in comparison to RNs who have been in the emergency nursing profession longer. A recent survey of selected members of the ENA revealed that only 5% of members have been in emergency nursing less than 5 years (Emergency Nurses Association, 2005). The majority of members, approximately 79%, have been in emergency nursing for greater than 10 years with approximately half of the 79% in emergency nursing for greater than 20 years (see Figure 3). Further examination reveals that there is a wide distribution in the number of years that these emergency RNs have been members in the ENA. Length of membership was relatively evenly distributed between 25-31% across all categories ranging from 0-5 years to 11-20 years. However, membership in ENA greater than 20 years only accounted for 14% (see Figure 3). These results indicate that emerging emergency RNs who have been in practice less than 5 years are under represented within the association.

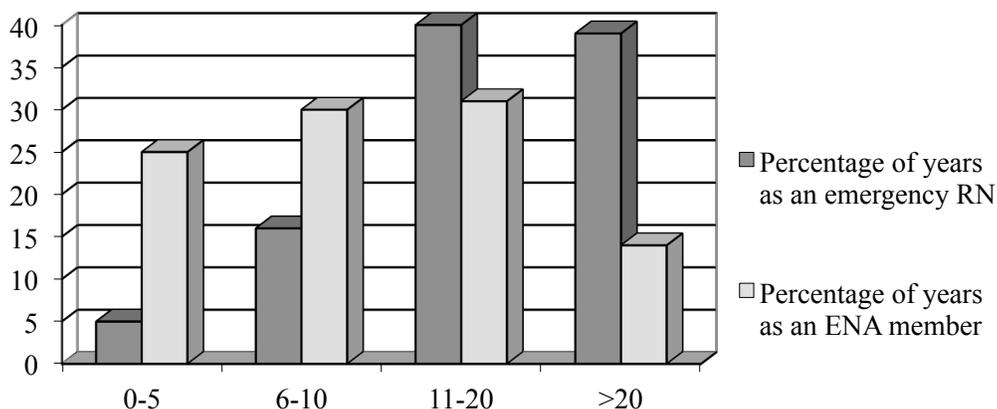


Figure 3: Comparison of Years as an Emergency RN to Years as an ENA Member

The ENA recently updated its computer infrastructure, which allows the association to better track demographic data. Despite this computer upgrade, currently, ENA only has age related data on approximately 26% of its overall membership. However, that data reveals that 36% of members are 40 years of age or younger, whereas 64% of members are 41 years of age or older. Those members who are between the ages of 18-30 years of age constitute only 10% of the overall membership (see Figure 4) (Emergency Nurses Association, 2006). The average age of RNs already in the nursing profession is 46.8 years of age (American Association of Colleges of Nursing, 2007). Those RNs in the profession under the age of 40 constitute 26.6% of the nursing profession; those under the age of 30 constitute 8.1% (United States Department of Labor, 2004). STTI (2001) reports that the average age of new RNs entering the profession is 31 years old. This corresponds with data from the U.S. Department of Labor (2004) which reveals a decline in the younger age groups suggesting fewer younger people are entering the profession. This is particularly concerning in the light of a national nursing shortage.

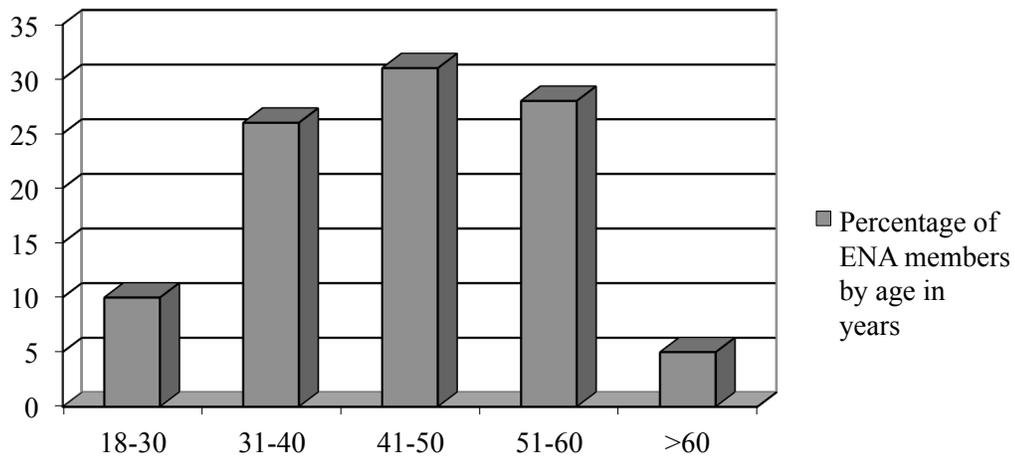


Figure 4: Percentage of ENA Members by Age

It is interesting to see that a similar parallel exists in the current literature that examines generational differences. Wieck (2006) claims that generational differences are creating friction in today's workplace and advocates finding common ground in order to improve the work environment. She goes on to suggest that understanding the needs of each generation is the first step in this process. The same could be said in relationship to emerging RNs the specialty of emergency nursing and the need for professional associations to meet these needs.

Summary

Professionalization, professionalism, and socialization are concepts that are closely related and help to define professions and professionals. Professionalization focuses on the profession as a whole whereas professionalism focuses on the individual. Socialization addresses how professionals learn to internalize ideas, attitudes, values, and beliefs that are valued by a profession, in this case nursing. Primarily considered a

developmental process, socialization begins during the initial formal education of professionals and continues as the professionals move into the practice setting.

Professional associations are a significant part of a profession. Their role in a profession is multifaceted serving to develop educational standards, establish and enforce a code of ethics, set standards for practice, develop certification and licensure requirements to name a few. In effect, professional associations ensure that professionals are provided a venue in which to have a voice regarding the issues that face them in practice.

Engagement involves people actively participating in their work with energy, attentiveness, and dedication. This means doing more than just the job. It requires people to actively seek out a participatory role in the profession beyond what is required from a basic work role.

Looking at how professional associations influence the socialization of engaged emerging emergency RNs provides further insight into the process of socialization once a professional has entered into practice.

CHAPER III

Research Design and Methods

This chapter describes the overall research design and methods that I used to conduct this study. Design refers to the framework of the study (Creswell, 2003), whereas methods refers to the techniques and procedures used to collect and analyze data (Strauss & Corbin, 1998; Wolcott, 2001). It is necessary to disclose the overall research design and methods used in a study in order to help ensure the reader that this qualitative research study is rigorous, trustworthy, credible, dependable, and confirmable.

Study Overview

I have been an emergency RN for 26 years having served in various emergency nursing roles including staff nurse, nurse educator, and charge nurse. Currently, I am an instructor in a BSN program where I teach critical care nursing (which also includes emergency nursing) as well as supervising nursing students in the intensive care units (ICU) and ED. I was inducted as a fellow in the Academy of Emergency Nursing 6 years ago. I have been active in professional associations since I entered the nursing profession. I am currently a member of the AACN₂, ENA, ANA, and STTI. I have held numerous leadership roles in the ENA including president at the local and state levels and director on the board of directors at the national level. During my 26 years as an emergency nurse I have noticed that emerging emergency RNs who are involved in their professional association seem to be more informed and participatory in the emergency nursing specialty. This has been particularly evident in the ED. My observations have been that these nurses tend to participate more in the development of policies; participate in the implementation of new programs such as triage classification systems; seem more

informed about current trends in practice; and actively participate in their own professional development compared to those who are not involved in their professional emergency association. These observations are what sparked my interest in this study.

There is a significant body of literature that examines the relationship of professional education to the socialization process of new RNs. However, little is known about the socialization of RNs once they are in practice, particularly how professional associations influence this socialization process. The vast majority of studies focus on factors that influence nurses joining professional associations or the role of education on the socialization of nurses. This gap in the literature is what gives this study significance.

My experiences are what afforded me the unique opportunity to explore more fully how engaged emerging emergency RNs give meaning and interpretation to their experiences in their professional nursing association. My experiences differed from those of today's engaged emerging emergency RNs as my experiences occurred 26 years ago. Although our shared experiences differed, they still provided me a unique insider's point of view that could not be obtained by someone who does not know what it is like to be an emerging emergency RN who has actively involved in their professional emergency association. This greatly enhanced my insight into the lived experiences of these emerging emergency RNs, which is one reason this study lent itself to a qualitative approach. I discuss this further in my reflexive statement later in this chapter. This could have also served as a potential source of bias, which I discuss further in the trustworthiness section later in this chapter.

As previously mentioned there is little information in the literature that specifically addresses how professional associations influence the socialization of

emerging RNs. The vast majority of studies focus on factors that influence nurses joining professional associations or the role of education on the socialization of nurses. This gap in the literature is what gives this study significance. The purpose of this exploratory study was to investigate how the professional association for the specialty of emergency nursing, the ENA, influences the socialization of engaged emergency RNs who have been in emergency nursing 5 years or less.

This led to the development of the following research questions: (a) What role does the ENA serve in the socialization of emerging emergency RNs who are active members in the association? (b) How does active participation in the ENA change or influence the clinical practice of emerging emergency RNs? (c) How do emerging emergency RNs describe the impact of active participation in the ENA on themselves as professionals?

Design

Study Design

Determining the overall design of a study is inherently connected to the research questions. Many research questions lend themselves to a quantitative framework where the researcher assumes a post-positivist lens in which there is a need to examine causes that influence outcomes in relationship to quantity, amount, intensity, or frequency (Creswell, 2003; Denzin & Lincoln, 2005). Other research questions lend themselves to a qualitative framework where the researcher assumes an interpretivist (constructivist) lens. In other words the researcher is attempting to answer research questions that require an understanding of how the experience is created and given meaning (Denzin & Lincoln, 2005).

A qualitative exploratory approach was specifically chosen for this study based on the premise that exploratory research has three aims of scientific inquiry: identification, description, and explanation-generation (Miller & Crabtree, 1992). Identification refers to the identification and naming of a phenomenon. Description refers to the exploration of meanings, variations, and perceptual experiences of a phenomenon. Explanation-generation refers to the discovery of relationships, associations, and patterns based on personal experience of the phenomenon. In this case, the research questions that I asked were attempting to describe the meaning and interpretation of the perceived experiences of emerging emergency RNs in their professional nursing associations. Janesick (2003, p. 51) stated that, “questions regarding the meaning or interpretation of some component of the context under study” are specifically well suited for qualitative inquiry.

In order to obtain the data that was necessary to describe these experiences, I needed to conduct field research. This required me to interact with emerging emergency RNs using active interviewing, which I will discuss further in the methods section within this chapter. Miller and Crabtree (1992) believe that field research has no prepackaged research designs. Rather, data collection methods, sampling, and analysis styles are used to create a question-specific design that evolves throughout the research process. This is consistent with my understanding of qualitative research principles that advocate that qualitative studies evolve as data are collected and analyzed by researchers. The lived experience in the real world is not a static process. It is influenced by many variables including our interactions with others and the environment. If the lived experience is dynamic, then research that attempts to generate realistic descriptions, explanations, and

meaning must also be dynamic based on research designs that are unique to the phenomenon under investigation.

Many qualitative studies have emerged from personal experiences or observations of researchers in the field. Marshall (1985) states that good qualitative research is derived from observations in the real world or personal curiosity. While these experiences may serve as a source of bias, Maxwell (1998) advocates that these experiences also provide researchers with a valuable source of insight, theory, and data about the phenomenon under investigation. Therefore reality and meaning are constructed together as researchers interact with participants.

Conceptual Interpretivist Framework

As previously stated, reality and meaning are constructed together as researchers interact with participants. The use of a qualitative approach to examine reality is conducive to an interpretivist (constructivist) framework. The interpretivist perspective recognizes the complexities of reality and meaning. Reality is socially shaped within the context of the participants and their interactions in the world thus creating multiple realities (Creswell, 2003; Denzin & Lincoln, 2003; Glesne, 1999). Therefore, the interpretivist perspective recognizes that the researcher and the participants construct reality together.

A central component of constructivism centers on the assumption that knowledge is not absolute or completely objective. Knowledge cannot exist independently from human knowing or the values that humans place on that knowledge (Gordon, 2009; Hein, 1991). In other words, knowledge is developed within the context of peoples' understanding of reality, as they know it. This means that multiple interpretations of

reality can exist. Butts (2008) espouses that absolute universally held realities cannot exist separate from people's interpretation of those realities. The interpretivist (constructivist) approach lends itself to the idea that knowledge is constructed within the context of peoples' understanding of phenomena. Raskin (2008, p. 5) succinctly captures this viewpoint when he states that "knowledge springs from perspective". This purports that people develop "constructs" of reality as they create, interpret, and reorganize knowledge in individual ways (Gordon, 2009; Hein, 1991).

In order for knowledge to be constructed, authentic interactions must occur between participants and the phenomena (Butts, 2008; Gordon, 2009; Hein, 1991; Marcum-Dietrich, 2008). This allows people to experience the phenomena and develop their knowledge constructs in relationship to their experience and previous knowledge. This continuous interaction with phenomena provides a framework by which individuals can reexamine their constructs and revise them based on previous knowledge and what they have learned. In essence, their constructs can change over time. This is what Hein (1991) refers to as constructing meaning and constructing systems of meaning. This process allows new knowledge to be added to constructs, erroneous constructs to be exposed and corrected, and common constructs to be identified (Butts, 2008). As patterns develop between constructs a consensus of meaning is identified. When constructs are predictive in comprehending an ongoing experience they are more likely to be retained (Raskin, 2008).

So what did this have to do with the design of this study? Ponterotto (2005, p. 129) maintains that "meaning" is hidden and can only be discovered through deep reflection and interaction. He went on to state that dialogue between the researcher and

participants can help to stimulate this reflection, thereby allowing the researcher and participants to jointly construct meaning from their interactive dialogue and interpretation. Lincoln and Guba (1985) identify the relationship of the knower to the known as a central axiom to qualitative research. Specifically, “the inquirer and the object of inquiry interact to influence one another; knower and known are inseparable” (Lincoln & Guba, 1985, p. 37). Marshall (1985) refers to this as seeking to understand the subjective understanding of individuals or the “emic view”. The emic view is the insider’s perspective. Young (2005) defines emic as referring to someone who has a personal or lived experience within a culture or society. Patton (2002) defines the emic view as capturing the perspective of those being studied and being “true” to that perspective. As people participate in the development of constructs, they become more proficient and are able to construct a deeper understanding of phenomena (Gordon, 2009). These constructs change over time as a culture or society evolves. Maxwell (1998) advocates that personal experiences and perspectives are not simply a source of bias but are also a source of insight, theory, and data about a phenomena. Ultimately, the use of an interpretivist (constructivist) approach aims to understand the various constructs that people possess, trying to achieve some consensus of meaning yet always alert to the possibility of new explanations as experience and information develops (Appleton & King, 2002).

Methods

Semi-structured Interviewing

The design of this study required a strategy that allowed me to explore the perspectives and experiences of my participants. I used face-to-face semi-structured

interviews as the primary inquiry strategy to investigate how the ENA influences the socialization of engaged RNs who have been in emergency nursing 5 years or less.

Active interviewing requires the participant and interviewer to interact in such a way that alternate considerations are brought into play resulting in the construction of knowledge and meaning (Holstein & Gubrium, 1999, 2002). This is what Holstein and Gubrium (2002) identify as the meaning-making work of interviewing. If knowledge and meaning are constructed then some flexibility in directing the interview must exist. It becomes the role of the interviewer to explore incompletely articulated aspects of an experience by eliciting participants' answers in such a manner as to bring them to bear on the discussion at hand in ways that are appropriate to the research (Holstein & Gubrium, 1999, 2002).

Face-to-face interviews were conducted in order to help construct the meaning from the interviews. The non-verbal communication that occurs during an interview can contribute to this process. Keats (2000) advocates that non-verbal messages are produced more automatically than verbal messages. Thus, observations of non-verbal messages are an important part in determining the consistence of meaning in the verbal messages. For instance do the tone of voice, position of the body, and facial expressions correspond to the message being delivered by the participants. Miller and Crabtree (1992) espouse that researchers are directly and personally engaged in the interpretative process in order to generate a realistic description and/or explanation of the phenomena under study. By noting the non-verbal messages that occurred during the interviews in my research journal, I was able to better extract the true meaning that was trying to be relayed to me during the session. Wengraf (2001) supports the notion that inclusion of non-verbal

communication is important in the evaluation of interview transcripts during the analysis phase of a study. The inclusion of non-verbal communication can greatly enrich the meaning that can be constructed in qualitative research (Davies, 2006). When discrepancies between verbal messages and non-verbal messages surfaced, it was important for me to seek clarification of these discrepancies. It is the interviewer's task to probe for clarification and elaboration without being confrontational in order to find what the actual meaning of the message is and the reason differences exist (Keats, 2000).

A semi-structured approach allowed me to explore and probe this particular subject more thoroughly. Patton (2002, p. 341) states that interviewing "... allows us to enter into the other person's perspective. Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit". This is consistent with the interpretivist (constructivist) framework, which guided the design of this study. Patton (2002) and Wengraf (2001) assert that semi-structured interviews allow the interviewer to word questions spontaneously and establish a conversation within a particular subject area that has been predetermined. Semi-structured interviews are designed to allow the interviewer to develop some questions in advance that address areas that have been identified in a theorized way, yet allow for flexibility in obtaining a deeper understanding of the perceived reality based on the participants' responses (Wengraf, 2001). The flexibility in the semi-structured format also allowed for a greater degree of understanding of complex behaviors without imposing any preconceived categorizations that may limit the inquiry (Fontana & Frey, 2003). The use of the semi-structured format also provided some benefit in the development of trustworthiness of the study as it provided a means for some consistency

and comparative analysis between interviews. This will be discussed further later in this chapter. I used the interview guide found in Appendix A as part of my face-to-face active semi-structured interviews. The interview guide served as the starting point for the face-to-face active semi-structured interviews. It allowed me the opportunity to explore responses from participants that supported or diverged from what I uncovered in the literature and what I knew from previous experience, while also allowing new information to unfold naturally in the course of the interview.

The development of an interview guide requires careful consideration when constructing interview questions. Interview questions should be examined for logical necessity and sufficiency. It is important that jargon be avoided in order to avoid unintentionally stifling of the interview. Wengraf (2001) stresses that 7% of communication occurs through actual language, the remaining 93% of communication is non-verbal. I was sensitive to the fact that during the interviews I needed to be able to serve as a listener and an observer. The interview guide questions were developed in order to address the three research questions: (a) What role does the ENA serve in the socialization of emerging emergency RNs who are active members in the association? (b) How does active participation in the ENA change or influence the clinical practice of emerging emergency RNs? (c) How do emerging emergency RNs describe the impact of active participation in the ENA on themselves as professionals?

Once the interview guide was developed, I used my dissertation chair and my expert RN committee member to review the interview guide for clarity and to ensure that the questions made sense in relationship to the overall research questions prior to using the guide in the interviews. Each interview guide question was mapped to the

corresponding research question it addressed. During the first two interviews, the participants discussed four additional areas that seemed relevant to the research questions. Subsequently four more questions were developed and added to the interview guide in order to include these areas in the other participants' interviews (Appendix A). These additional questions were also mapped to the research questions.

Identifying Pool of Potential Participants

The ENA is structured in such a way that individual states have the option of having local chapters. If a state chooses to have local chapters then three potential levels of involvement are possible including local, state, and national. These states are referred to as three-tiered states. If a state chooses not to have local chapters then two potential levels of involvement are possible including state and national. These states are referred to as two-tiered states.

Texas, a three-tiered state, is currently the state with the second greatest number of members in the ENA totaling 3,119 members (Emergency Nurses Association, 2010). Since the ENA does not have a computer infrastructure in place to track general demographic information, there is limited data on its members. However, the State of Texas does track demographic information for the community of emergency RNs. There are currently 223,612 RNs licensed in the State of Texas with 11,413 of these nurses identified as specializing in emergency nursing (Texas Board of Nursing, 2011a, 2011b). The Texas Board of Nursing (2011a) collects certain demographic information including ethnicity, age, and gender for these RNs. Information from 2011 reveals an ethnic makeup of 70% Caucasian, 9% Hispanic, 8% Oriental/Asian, 9% African-American, and 0.4% American Indian (Figure 5). Females (89%) comprise the majority of licensed RNs

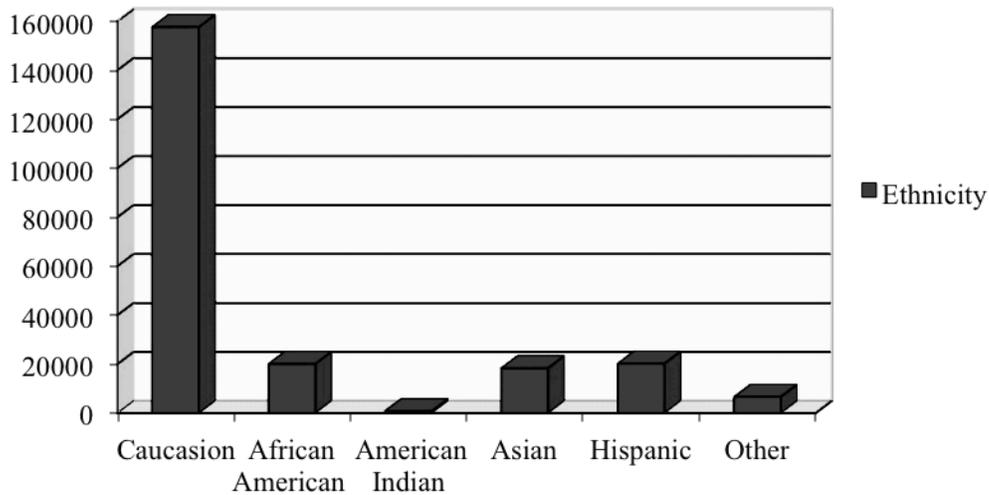


Figure 5: Numbers of RNs in Texas by Ethnicity

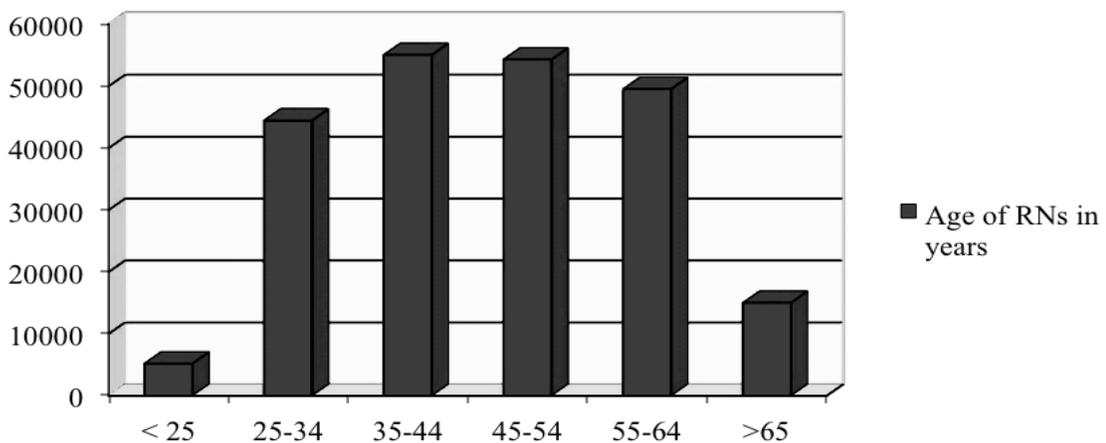


Figure 6: Number of RNs in Texas by Age

in the State of Texas compared to males (11%) with the vast majority of RNs being over 34 years of age with the mean around 44 years of age (Figure 6).

Reasons for selecting participants included: (a) obtaining a rich mix of potential participants (b) the ability to gain access to participants and (c) being able to establish a

trusting relationship with participants (Creswell, 2003; Glesne, 1999; Marshall & Rossman, 1999; Patton, 2002). Having served as the 2000 and 2010 Texas ENA State president and as a director from 2002-2006 for the national ENA, I have made numerous contacts with local and state leaders. I continue to attend the Texas State Council meetings, which afforded me the opportunity to interact with many of these individuals on a regular basis. My continued involvement in the ENA and understanding of its processes helped me to establish a more trusting relationship with potential participants as I was able to better relate to them and clarify points within the interviews more easily than someone who was unfamiliar with the organization. One of the participants, Julia, exemplified this in her interview when she was asked why personal contact was so important. She stated:

I think personal contact. I think coming in. Because you can call me and I can ignore the phone call. You can try and text me or put something on Facebook and I can ignore that. But if you're inviting me to something and you're in my town and I go to it, then we're face to face, I can't, you know what I mean? Um, then I'm more likely to uh, accept your phone call or to respond to you on Facebook, if I've met you face to face. Know what I mean? So. Like if you just emailed me, I would have never done this [referring to participating in the research study]. If I didn't know who you were, if you hadn't been so nice and accepting of me at state stuff, I would have been like, "Who is this guy? There's no way!" But since I knew you and I met you personally then yeah. I was willing, so.

Sampling Process

I used two types of purposeful sampling for this study. First, intensity sampling was used to identify those emergency RNs with 5 years or less of experience that were active at the local, state, or national levels in the ENA. Second, maximum variation sampling was used as a secondary method for sampling in order to ensure variation in the participants regarding age, gender, ethnicity, and geographical practice location.

Merriam (2009a, p. 171) states:

At the outset of a qualitative study, the investigator knows what the problem is and has selected a purposeful sample to collect data in order to address the problem. But the researcher does not know what will be discovered, what or whom to concentrate on, or what the final analysis will be like.

There are no specific rules for determining the number of participants that are needed in qualitative research. The number of participants is based more on the richness and depth of the cases selected as well as the adequacy of the data for gaining an understanding of the research questions. Patton (2002, p. 245) advocates that “the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information richness of the cases selected and the observational/analytical capabilities of the researcher than the sample size”. Lincoln and Guba (1985) recommend a sample size that results in the redundancy of information, also referred to as saturation of the data or when you have exhausted your sources. This specifically occurs when no new information is emerging with the selection of new participants or no new participants are available. I was able to reach saturation with a sample of 14 participants. Furthermore, I interviewed all of the participants who were eligible for the study and volunteered to

participate in the study. In order to better understand how the intensity sampling method and maximum variation method were used together, I have outlined how the sampling process occurred for this study in conjunction with a discussion of how each of these sampling methods was used within the process.

Intensity sampling. Intensity sampling is used for the purpose of obtaining information-rich cases that manifest the phenomenon intensely, but not extremely (Kuzel, 1992; Patton, 2002). In order to address the research questions outlined in this study, I needed to actively interview those participants who could best address the research study questions. In other words, I needed to actively interview those participants who manifested the phenomenon intensely. Therefore, intensity sampling was the primary sampling method used for this study.

Maximum variation sampling. The secondary sampling method used for this study was maximum variation sampling. This type of sampling allows the researcher to purposefully pick a wide range of cases to get variation on the dimensions of interests (Patton, 2002). Maximum variation “invites challenges to preconceived or emerging conceptualizations” by ensuring a wide range of variation on dimensions of interest (Polit & Beck, 2004). In this case, I made every effort to select participants that were representative of the diversity of the emergency specialty in Texas. In other words, I made every effort to try to recruit participants that represented the male and female genders, the varying age groups and ethnicities previously described, and the variation in urban, suburban, and rural practice areas within the Texas regions. However, participant selection was limited to those participants who were eligible for the study as outlined in the intensity sampling section. The use of maximum variation sampling as a secondary

method for selecting participants helped to ensure that variations that occur due to gender, age, ethnicity, and geographical practice locations within the State of Texas were considered. Patton (2002) and Kuzel (1992) state that maximum variation sampling helps to identify important common patterns that cut across variations, thereby reducing the overall “noise” of the variations. Polit and Beck (2004, p. 306) suggest that multiple sampling strategies are appropriate when it is necessary to “...meet the theoretical needs...” of the qualitative research study.

Recruitment methods and participation criteria. At the October 2009 Texas ENA State Council meeting, I informed the state leaders and chapter delegates about my study and asked them to help identify emerging emergency RNs with 5 years or less of experience that were active within their chapters or the State Council. Active participation was defined as involvement in the ENA beyond merely paying dues. This included attending local or state business meetings, participating on work groups or committees, presenting at association sponsored programs, teaching ENA courses related to emergency nursing, development of resolutions or bylaw amendments, or submission of manuscripts on emergency nursing topics in one of the professional publications. In addition I also placed an advertisement that I developed in consultation with my dissertation chair asking for participants for the study in the Texas ENA newsletters for three issues: October - December 2009, January – March 2010, and July – August 2010 (Appendix B). I continued to remind the state leaders and chapter delegates about the need for participants at each of the quarterly State Council meetings through January 2011, which resulted in identifying eight participants who met the criteria for the study

and were willing to participate. At this point in time I was no longer receiving any more telephone calls or emails expressing interest to participate in the study.

After interviewing the eight participants it was not clear that saturation had been achieved. I decided that more participants were needed for the study. In order to reach a greater number of potential participants, I obtained a current list of the 3,119 ENA members in Texas, which included the year that each member joined the ENA and their email addresses. I sorted the list by the year that each member joined and eliminated anyone who had joined prior to 2005. I then looked up each of the remaining members' name on the Texas Board of Nursing website which allowed me to identify when each member was initially licensed as an RN in the State of Texas. This resulted in a list of 800 potential participants. I removed the names of those participants who had already been interviewed as well as those participants who did not have current email addresses listed. This narrowed the potential participant population to 776 members. An email was sent to each of the 776 members, which included a brief introduction followed by the advertisement (Appendix B) that was placed in the Texas ENA newsletter. Eighteen emails bounced back. Twenty ENA members expressed an interest to potentially participate in the study.

Each of the interested 20 members was sent a participant letter outlining the details of the study (Appendix C). They were asked to acknowledge if they wished to participate in the study as well as provide a description of how they were active within the ENA and how many years they had been an RN in the emergency nursing specialty in order for me to determine their eligibility for the study. Out of the 20 interested members, seven members proved to be available for the study and supported the study's

goal of maximum variation sampling. However, one participant withdrew from the study prior to the interview due to family obligations. That participant declined the opportunity to reschedule the interview at a later date.

Table 1 provides an overall summary of the participants (using aliases) based on the maximum variation sampling. Each participant selected an alias name for the study which is described in the data collection section. Every attempt was made to ensure representation from the different ethnicities. However, there were no potential participants who were willing to participate in the study that self-identified as African-American, Native Indian, or Asian-Pacific Islander. The one participant who cancelled the interview due to family obligations, self-identified as Hispanic. But as previously mentioned, this participant was unwilling to reschedule the interview. Thus it did not prove to be feasible to achieve the desired ethnic variation in the sample.

Table 1: Participants by Age, Gender, Ethnicity, and Geographical Practice Location

Participant	Age	Gender	Ethnicity	Practice Area
Alex	32	Male	Caucasian	Urban
Bruce	33	Male	Hispanic	Urban
Emily	31	Female	Caucasian	Suburban
George	36	Male	Caucasian	Suburban
Ginger	28	Female	Caucasian	Suburban
Glo	49	Female	Caucasian	Suburban
Jessie	36	Male	Caucasian	Suburban
Julia	30	Female	Caucasian	Rural

Table 1: (continued)

Participant	Age	Gender	Ethnicity	Practice Area
Kelly	49	Female	Caucasian	Urban
Nate	26	Male	Caucasian	Urban
Stephanie	32	Female	Caucasian	Suburban
Tess	36	Female	Caucasian	Suburban
Thomas	22	Male	Caucasian	Suburban
Vincent	38	Male	Caucasian	Urban

Data Collection

Participants who were selected for the study were emailed a letter outlining the purpose of the study, methods used for the study, confidentiality information, contact information for the researcher, and information on how to address concerns or complaints (Appendix C). This information was similar to the information contained in the consent form (Appendix D). This allowed the participants the opportunity to think about any questions they might have prior to signing the consent form. It also helped to remind participants to bring an item of material culture with them to the interview that highlighted their involvement in the ENA. Items of material culture could be anything that highlighted their involvement in the ENA. This resulted in the participants bringing things such as minutes of meetings, resolutions presented at annual meeting, certification cards, flyers from educational offers attended, and election ballots where a participant was a candidate. This information contributed to the trustworthiness of the study by helping to triangulate data as discussed later in this chapter.

The participants were asked to identify a date, time, and location for their respective interviews. Participants were asked to keep in mind that the interviews would be recorded when selecting a location for the interview. If the participants had difficulty selecting a location, I provided several possible locations for them to choose from. Allowing the participants to choose the location of the interview helped make the interview process convenient, private, and comfortable. Three of the participants chose to be interviewed in their homes, four participants chose their places of employment, five participants chose schools of nursing, one participant chose a library, and one participant chose a coffee house. With the exception of the coffee house, all of the interview locations were quiet, private, and conducive to electronic recordings. The coffee house did not facilitate privacy and resulted in a lot of background noise on the recording. However, the actual interview content was discernable for transcription and the participant was comfortable in selecting the location.

At the beginning of the interview a few minutes were spent establishing a rapport with the participant and reviewing the research process and consent form for the study. Participants were encouraged to ask any questions about the study prior to signing the consent form. I answered all questions that were asked by the participant to their satisfaction before asking them to sign the consent form. All participants who agreed to participate in the study signed two consent forms (Appendix D). I kept one of the signed consent forms as required by the Institutional Review Board (IRB) and I provided the participants with the other signed consent form for their records. Each participant was also asked to complete a demographic questionnaire (Appendix E) before the recording of the interview began. Each participant was assigned a six digit number, which was

used on the demographic form in lieu of the participant's name in order to facilitate confidentiality. In addition, participants were also asked to select an alias name for the purposes of this study. The participant's name, alias, city location, assigned number, and documentation of a signed consent were kept on a master research participant log (Appendix F), which was kept in my sole possession in a secure manner.

Interviews were recorded using two Sony IC-D PX 720 digital recorders. One recorder was placed in front of the participants and one recorder was placed in front of myself in order to ensure clarity in capturing the interview for later transcription. This also provided a way to ensure that the interview was not lost due to equipment malfunction. After the second interview, I also used a voice memo application on my Apple iPhone 3GS, which provided better audio quality with the recordings. As previously stated I used semi-structured active interviewing. Interviews lasted anywhere between 40 minutes to 75 minutes in length. During the interviews, I made notes to myself about anything that struck me as important or helped to clarify the messages that the participants were conveying. However, I tried to keep these notes to a minimum so as to focus intently on what the participants were saying as well as to ask further questions when areas needed to be expanded upon.

Immediately following each interview I took anywhere from 30 – 40 minutes to make notes in my research journal my impressions of the interview, any major concepts that seemed to stand out from the interview, and any points that I wanted to remember as I began data analysis. I also made notes about the participants from personal information that I obtained during the interview that could help me better frame the context from which the participants were speaking as I presented the findings of the study. This helps

to improve the trustworthiness of the study. Merriam (2009a) points out that such memos serve as a form of rudimentary analysis of the data that will assist the researcher in the final analysis of the data. These memos would later be used in my data analysis. These memos also helped me reflect on the interview process and identify any potential biases and/or predispositions that might have occurred during the interview. In particular, I found this helpful in determining how to word questions when seeking greater detail in the participants' responses and later in analyzing the data. This reflective activity contributed to the confirmability of the study, which will be discussed later in this chapter.

Once each interview was completed, the digital recordings were downloaded to my computer, labeled using the participant's alias name, and given password protection in order to protect privacy. The digital recordings were then deleted from the digital recorders and iPhone.

Data Management

Conducting research usually results in large quantities of documents and data. To effectively manage this volume of documents and data, the researcher needs to have systems in place to keep things organized. I was able to do this using several methods. First, I created a notebook that contained a copy of my interview guide, copies of my consent form for participation, copies of the demographics form, copies of the letter to potential participants, the master research participant log, and the six digit numbers that would be assigned to the participants. Another notebook was used to hold the signed consents, completed demographics forms, and items of material culture that the participants provided to me. My research journal was kept in the front of this notebook.

This ensured that I had all of the necessary documents that I needed for each interview as well as helped me make sure that I had collected all of the documents that I needed from each participant. The notebooks were kept with me at all times throughout the interviews. When not in use, the notebooks were kept in a secure filing cabinet at my home.

Second, I used HyperResearch®, a computer assisted qualitative data analysis software program (CAQDAS), to assist in the storing, sorting, and retrieval of coded data during the analysis of the data. Saldana (2009, p. 22) states that CAQDAS efficiently stores, organizes, and manages data enabling the researcher to focus on analytic reflection.

Third, I backed up all of my electronic files to Dropbox®. This program is a secure, Internet based file synchronization and backup service. This also helped me to access my study information outside of my home setting in a secure manner.

Data Analysis

Data analysis is the process by which you are able to answer your research questions (Merriam, 2009a). As previously stated, I began my preliminary data analysis during the collection of the data through the use of field notes recorded in my research journal. This process continued during the preparation of the interview transcripts. I initially planned on performing my own transcription of the interviews based on recommendations found in the literature of several qualitative researcher experts. These researchers advocated transcribing your own research data because it engages the researcher in the process of deep listening and immerses the researcher in the data which will facilitate analysis and interpretation (Hesse-Biber & Leavy, 2011; Patton, 2002). As

soon as I could after each interview, I transcribed the interviews. Each interview took approximately 10 hours per one hour of recording time to transcribe. I was able to transcribe three interviews before it became necessary to consider another approach. I found that during the transcribing process, I was so focused on the mechanics of the transcribing that I was not listening deeply enough to what the participants were saying to really understand the meaning they were conveying. It was at this point that I decided to hire a transcriptionist to complete the remaining interviews. Once I received the transcripts from the transcriptionist, I compared the written text to the digital recordings, making corrections to the transcripts as necessary to ensure that the transcripts accurately reflected the interviews verbatim. I also assigned aliases to the names of any persons, hospitals, schools, businesses, cities, and ENA chapters in order to alleviate the possibility of any of this information inadvertently identifying the participants. At this point the transcripts were uploaded to the HyperResearch® software for storage.

Once transcripts were imported into HyperResearch®, I listened to each interview again while reading the transcript. I made notations to myself in my research journal about any areas in the transcripts where the textual data did not truly reflect the tone and affect of the participants on the digital recording. This was important in order to maintain meaning of the participants and not impose my own interpretations onto the data. Listening to the interviews in their entirety once more also helped me to be very familiar with the data prior to coding. At this point I began the process of coding the transcripts. Hesse-Biber and Leavy (2011) describe coding as identifying and labeling meaningful “chunks” or “segments” in your data. Merriam (2009a, p. 178) defined coding as the “process of making notations next to bits of data that strike you as potentially relevant for

answering your research question”. Initially, I had planned on using descriptive codes and “in vivo” codes to identify similar words or phrases that expressed similar ideas (Hesse-Biber & Leavy, 2011; Saldana, 2009). As this process allows the researcher to identify repeating ideas that can be used as a starting point to develop themes which serve as an abstract grouping for the development of a theoretical construct (Auerbach & Silverstein, 2003; Miles & Huberman, 1994).

However, once I started coding, I found that using descriptive and “in vivo” coding exclusively was too restrictive in identifying those “meaningful segments” of data. In the end besides using descriptive and “in vivo” coding techniques, I used two other additional techniques, simultaneous coding and subcoding, to initially code the data. Simultaneous coding refers to assigning two or more codes to a single portion of the text, whereas subcoding refers to coding a smaller portion of the text within a larger coded portion (Saldana, 2009). These coding techniques allowed me to more fully work with the data.

At the same time as I was coding the text, I also began the process of data reduction. Throughout the coding process I kept a piece of paper with the purpose of the research study and the research questions in view. Auerbach and Silverstein (2003, p. 44) recommend keeping a copy of your research concern, theoretical framework, central research question[s], and goals of study on one page in front of you to focus your coding decisions. This helped me to stay focused and not get lost in the data. If I were unsure about coding a particular piece of the text, I would refer back to this piece of paper to remind myself what the research questions were. Seidman (2006) suggests that it is not uncommon for many researchers to feel that only the most salient portions of the text

warrant intensive data analysis leaving potentially up to one half of the total record to be summarized or deleted. In this case, if I was still unsure about whether a particular piece of text related to the research questions I erred on the side of caution and coded the text. Ultimately, I as the researcher had to make judgments about coding which is what lends this process to an interpretivist (constructivist) framework. Ultimately “all coding is a judgment call” since researchers have “our subjectivities, our personalities, our predispositions, our quirks” that affect the research process and by “embracing the contradictions we can draw on multiple lenses and construct a richer, more complex analysis” (Sipe & Ghiso, 2004, pp. 482-483). I revisited each transcript a second time to make sure the codes continued to make sense in relationship to the text, refining the coding scheme as needed. At this point in the study, I had a research colleague from a university in West Texas who has no background in healthcare review my coding. The participants’ confidentiality was maintained. My research colleague selected ten codes of her choosing. Each segment of data associated with these codes was reviewed to determine whether the segment clearly defined the code. There were 32 segments of text associated with these ten codes. There was agreement between my research colleague and the codes I had assigned in 30 of the 32 segments (94% agreement). The differences identified in the two outlying segments were resolved through discussion. This process of peer review contributes to the confirmability of the study. In the end, there were 299 codes identified within the 14 interviews.

At this point, I began looking at the overall frequency that each code occurred across all of the interviews. Guba and Lincoln (1981) identified that the frequency with which something occurs in the data is indicative of an important dimension that should be

considered when developing themes. I also printed out each code with the actual text associated with that code in order to better compare if any codes were similar in concept. This proved to be useful in the development of my themes. It also helped me in data reduction by allowing me to determine the relevancy of the data to the research questions. As I reviewed the codes and text I also looked for those codes that stood out as something “unique” or codes that did not fit within the “normal pattern” defined in the literature. This data often provides insight for the researcher. Data that stand out because of its uniqueness should be retained when developing themes (Guba & Lincoln, 1981). I continued to work with the codes, comparing the data across interviews and the literature until I felt I had achieved themes that were unique to each other. I then laid out each of these themes as they related to the research questions. This constant comparative data analysis method is “inductive and comparative” and is widely used in qualitative research even when not building grounded theory which was the originally described purpose of this analysis method (Merriam, 2009a, p. 175). Merriam (2009a, pp. 183-184) also stated that devising themes is “largely an intuitive process, but it is also systematic and informed by the study’s purpose, the investigator’s orientation and knowledge, and the meanings made explicit by the participants themselves”. This resulted in 13 overall themes.

A copy of the transcript for each individual participant along with a summary of the themes was provided to each participant to review. In this data audit (Appendix G) participants were asked whether they agreed, disagreed, or were neutral with the summary of themes and were provided an opportunity to comment on the summary. In addition, each participant was asked if they had maintained their ENA membership. A

total of six completed data audits were returned after multiple attempts were made to solicit participation by all 14 participants. The completed data audits assisted in further refinement of the themes. In the end, five themes were uncovered along with 12 subthemes. These member checks helped to establish the credibility of this study as discussed later in this chapter.

Trustworthiness

The “traditional” quantitative approach to research requires that the researcher address issues of validity and reliability in order to establish that the rigor of a study was sufficient enough to reduce any error in the study and improve the chances that the findings are meaningful and generalizable. Qualitative research does not espouse that interpretations are generalizable in the traditional sense. However, qualitative research does require rigor to be established within a study to improve the chances that the findings will be meaningful for others. This process is referred to as trustworthiness in qualitative research. Lincoln and Guba (1985, p. 290) maintain that trustworthiness helps to establish, “How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of? What arguments can be mounted, what criteria invoked, what questions asked, that would be persuasive on this issue.” The four basic tenets of trustworthiness include credibility, transferability, dependability, and confirmability (Denzin & Lincoln, 2005).

Credibility. Credibility helps to establish that interpretations can be believed and trusted. This is what Lincoln and Guba (1985, p. 290) designate as the “trust value.” This requires that the researcher utilize strategies that help to establish the integrity of the data and the interpretations. These strategies include the use of low inference descriptors,

presentation of discrepant information, pattern matching, and participant feedback (Creswell, 2003; Glesne, 1999; Pattern, 2000). Low inference descriptors involve using descriptions provided by participants and research field notes to develop interpretations. This process begins during the initial coding of data and is verified by having participants review initial interpretations for accuracy. This participant feedback is an essential component in establishing trustworthiness of the interpretations. As described previously participants were provided a copy of their individual interview transcript along with a summary of the initial themes I had uncovered and provided an opportunity to comment on the interpretations. This feedback was used in the determining the final thematic schema for the research questions. As I began the coding process, it was important to document how coding of the data occurred and how the themes were uncovered from the data. It was equally important to identify and document those cases that did not support the codes and themes. By including patterns and discrepancies found in the data, I am providing documentation about how my interpretations were made. This helps to preserve the data and help others to see how the analysis of the data occurred. Marshall (1985) discusses this process as a component of trustworthiness in that it preserves the data and makes the data analysis semi-public. Furthermore, I provided rich, thick descriptions of the data and interpretations. This adds to the trustworthiness of the study by providing others a context from which to evaluate the research (Creswell, 2003; Glesne, 1999). By recording the interviews, taking field notes, and memoing during coding and analysis, I made every effort to maintain the overall context of the participants' experiences.

Transferability. Transferability refers to the ability of the interpretations to be used within other contexts. This is sometimes correlated to the concept of external validity (Patton, 2002). While qualitative research does not lend itself to the traditional concept of generalizability, findings can be used as a source for comparison if the researcher provides enough context of the study for others to evaluate the applicability of the findings to similar situations. In order to provide this context, I have attempted to provide clearly written descriptions about the study. Denzin and Lincoln (2005) equate this to framing and bounding the interpretive study. In essence, the rich descriptions used to describe the context of the study and its participants allows readers of the study to make their own inferences about the degree to which my findings can be transferred to the context of their situation (J. Ross-Gordon, personal communication, November 19, 2008).

Dependability. Since qualitative research is based on an interpretivist paradigm, it is unlikely that researchers will obtain the exact same interpretations if they replicate a study. First, the researchers differ within their tacit knowledge and experiences. This affects how they interact with participants and how they interpret the data. Second, the participants will not be exactly the same even if the same individuals were used, as lived experiences will affect their understandings and constructed knowledge. Therefore, it is more important for qualitative researchers to determine whether the interpretations are consistent with the data collected (Merriam & Simpson, 1995). By providing sufficient descriptions and details about the study as well as information about myself as the researcher and the decisions I made in conducting this study, others can determine whether my interpretations are consistent with the data I collected. Furthermore, the use

of thick, rich descriptions as well as member audits help in adding strength to the interpretations of the data.

Confirmability. Confirmability refers to the objectivity of the study (Patton, 2002). Lincoln and Guba (1985, p. 290) refer to this as neutrality describing this component of trustworthiness as “how can one establish the degree to which the findings of an inquiry are determined by the subjects and conditions of the inquiry and not by the biases, motivations, interests, or perspectives of the inquirer.” Several strategies can be used to optimize the confirmability of a study. These include triangulation, peer review, audit trailing, and reflexivity (Creswell, 2003; Glesne, 1999; Merriam & Simpson, 1995; Pattern, 2000).

Triangulation. Triangulation provides a means to corroborate data and interpretations. I used several methods of data triangulation within this study. Pattern (2000) defines data triangulation as the use of multiple data sources to help understand a phenomenon. In this case, I used a semi-structured interview guide that included questions to help triangulate data (Appendix A), collected demographic data (Appendix E), and materials of cultural interest to help clarify active participation within the ENA. I also used participant feedback as described previously.

Peer review. Another method for maintaining neutrality is to engage in peer review. This required that I discuss my interpretations and conclusions with other people (Creswell, 2003; Glesne, 1999; Merriam & Simpson, 1995; Pattern, 2000). My dissertation advisor and committee members served as my peer reviewers. This was an important consideration in the selection of my dissertation advisor and committee members. In an effort to ensure a broad perspective two members have expertise in

qualitative research including interviewing strategies and two members have expertise in quantitative research. Furthermore, three members are not healthcare providers thus providing an outside objective perspective, while the fourth committee is a RN with experience serving in leadership roles in nursing associations (other than in the emergency nursing specialty) at the local, state, and national levels. This provided multiple lenses from which to review and critique this study. I also had a research colleague randomly review a selection of codes for accuracy in relationship to the segments of text as previously described.

Audit trail. As previously mentioned providing detailed descriptions of the study, data, analysis process, and interpretations increases the trustworthiness of a study. It also provides a means to create an audit trail. Merriam and Simpson (1995, p. 102) describe an audit trail as a means to ensure consistency in a study in which, "... the investigator must describe in detail how data were collected, how categories were derived, and how decisions were made throughout the inquiry." The details provided in this chapter serve as the audit trail for this study.

Reflexivity. Reflexivity requires that the researcher be engaged in critical self-reflection regarding potential biases and predispositions that can affect the research study (Creswell, 2003; Glesne, 1999; Pattern, 2000). Disclosure of potential biases and predispositions is an important component in the development of constructed knowledge as the researcher is involved this process. Failure to recognize personal biases severely undermines the ability of the researcher to listen to participants and engage in effective qualitative research. My reflexive statement was a dynamic statement that evolved

throughout the course of this study, as critical self-reflection is not a static process. What are presented below are those biases and predispositions that I recognize at this point.

In qualitative research the researcher constantly reflects on who he is in the inquiry and is sensitive to his own life history and how it shapes the study (Creswell, 2003). This requires the researcher to acknowledge those factors that potentially can affect the outcome of the study. In this case, my involvement in the ENA must be acknowledged. Having served in various leadership roles at the local, state, and national levels I am very familiar with the structure of the organization. I am an advocate for nurses to participate in their professional association but see the value in having members who pay dues but choose not to participate. I also serve as a faculty advisor to the University of the Incarnate Word Student Nursing Association (UIW-SNA). As a faculty advisor, my role is to mentor students into the various roles of professional associations and help them to understand how professional association governance works and how professional associations affect their practice.

I believe my involvement with the students and professional nurses who are active in the ENA provided me a unique lens from which to conduct this study and to analyze the data. My understanding of the organizational structure and nuances of the multiple cultures that exists within the ENA helped me to better understand the complexities and challenges that face new members entering the profession. However, knowing that these experiences could contribute to researcher bias, I made every effort to hold at bay those biases that I brought to this study which could have clouded my ability to accurately interpret the data.

Ethical and Political Considerations

The IRB of Texas State University at San Marcos approved this study. Additionally, approval was obtained from the Texas State ENA and the national ENA. Confidentiality of the participants was essential during data collection, analysis, and dissemination. Any negative statements about the ENA, if linked to participant identity, could potentially affect how participants are treated within the association. Participants selected an alias for the interviews. Additionally, aliases were provided for any names of persons, hospitals, schools, businesses, cities, and ENA chapters that could inadvertently identify the participant within the text of the interviews. Any documents that contained the actual name of the participants were kept in a secure location in order to maintain the confidentiality of the participants. Each participant was provided information regarding the nature of the study and their rights in agreeing to participate in the study (Appendix C). Signed consents were obtained prior to the interview (Appendix D) and participants were provided the opportunity to ask questions prior to the interviews. Patton (2002) identifies that all kinds of complications can arise when dealing with real people in the real world. Informed consent helps to minimize these complications and ensures the protection of the participants. This study posed no foreseeable risk to the participants.

Summary

This chapter describes the methods that were used to examine how the ENA influences the socialization of engaged emerging emergency RNs. Socialization is a complex process that is not well defined particularly as it relates to how nurses transition in practice as a new nurse to an experienced nurse. A qualitative exploratory approach

was specifically chosen in order to describe the meaning and interpretation of the perceived experiences of emerging emergency RNs in their professional associations.

My past experience as an emerging emergency nurse who was active within the ENA provided me a unique perspective by which to study this question. This led to a constructive interpretivist approach in the design of this study. Through our shared lived experiences, the participants and I were able to construct meaning as to the realities of how the ENA influences the socialization of emerging emergency RNs. The use of face-to-face active semi-structured interviews allowed me to explore alternate perspectives of the participants resulting in greater depth of meaning.

The participants in this study were selected using two sampling strategies: intensity sampling and maximum variation sampling. The participants were selected based on their years of experience as an emergency nurse and their active participation in the ENA. Age, gender, ethnicity, and geographic practice locations within Texas regions were used as a secondary strategy for participant selection. Saturation of the data was achieved with the 14 participants who agreed to participate in the study.

The interviews were transcribed and imported into HyperResearch® to facilitate the coding of the data. Four coding methods were used to identify those meaningful “segments” of data. These methods included descriptive coding, “in vivo” coding, simultaneous coding, and subcoding. Independent peer review of the coding was performed to add to the confirmability of the study. Codes were reviewed for frequency of occurrence, similarity in concepts, uniqueness, divergence from “normal patterns”, and relevance to the research questions in order to develop themes.

Using articles of material culture and demographic information to help triangulate data from the participants enhanced the trustworthiness of this study. Participants were provided a copy of their interview transcripts along with a summary of the initial themes in order to allow them an opportunity to comment on my interpretation of the data. The use of peer evaluation and detailed descriptions of my methods contributed to the trustworthiness of this study. In addition, my reflexive statement identifies my experiences that make me uniquely qualified for this study but which also may be a source of personal bias. I made appropriate efforts to hold at bay any of these biases, which could have clouded my ability to accurately interpret the data.

CHAPER IV

Participant Profiles

As stated in Chapter III, the use of rich, thick descriptions is one method that adds to the credibility of a study by providing others a context from which to evaluate the research (Creswell, 2003; Glesne, 1999). It is that context that allows others to determine whether the researcher's findings are congruent with the data. The participant profiles in particular provide an opportunity to understand the perspectives from which the data was derived based on the participants' own stories. I also used my field notes and my memoing that I recorded in my research journal to ensure that I captured information in the profiles that appeared important to the participants based on my observations.

Table 1 which was included in the methods chapter and is presented again below provides a demographic overview of the participants. What is missing from Table 1 is certain demographic information that could potentially lead to the identification of the participants. In order to protect the identity of the participants, I chose to report this collected demographic information as an aggregate rather than connecting this specific data to the participants. Figures 7-9 provide this aggregate demographic information. Participants represented all of the major geographic areas of Texas. All but one of the participants worked full time. Full time status equated to working 32 hours or more per week. Salaries of the participants fell into four groupings ranging from less than \$30,000 annually to \$60,001 - \$70,000 annually.

Demographic information that was collected was incorporated into the participants' profiles if that information did not pose a significant risk of revealing the identity of the participants. However, the remaining demographic information is reported

Table 1: Participants by Age, Gender, Ethnicity, and Geographical Practice Location

Participant	Age	Gender	Ethnicity	Practice Area
Alex	32	Male	Caucasian	Urban
Bruce	33	Male	Hispanic	Urban
Emily	31	Female	Caucasian	Suburban
George	36	Male	Caucasian	Suburban
Ginger	28	Female	Caucasian	Suburban
Glo	49	Female	Caucasian	Suburban
Jessie	36	Male	Caucasian	Suburban
Julia	30	Female	Caucasian	Rural
Kelly	49	Female	Caucasian	Urban
Nate	26	Male	Caucasian	Urban
Stephanie	32	Female	Caucasian	Suburban
Tess	36	Female	Caucasian	Suburban
Thomas	22	Male	Caucasian	Suburban
Vincent	38	Male	Caucasian	Urban

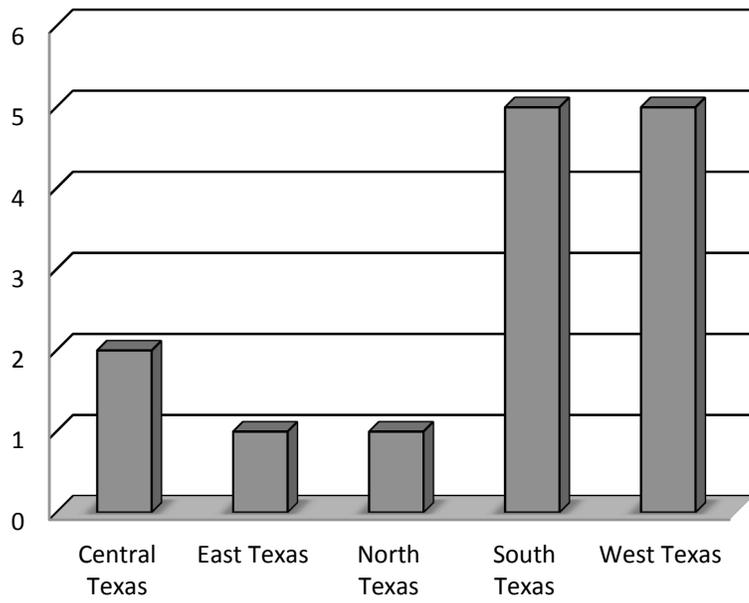


Figure 7: Geographic Practice Location in Texas

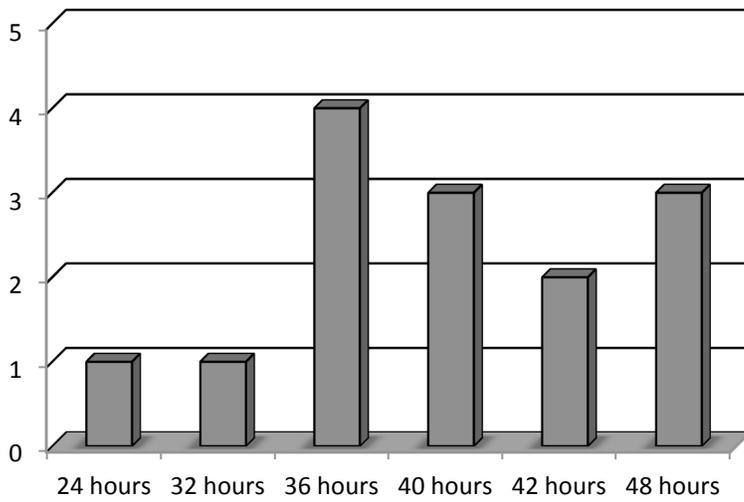


Figure 8: Number of Hours Worked per Week

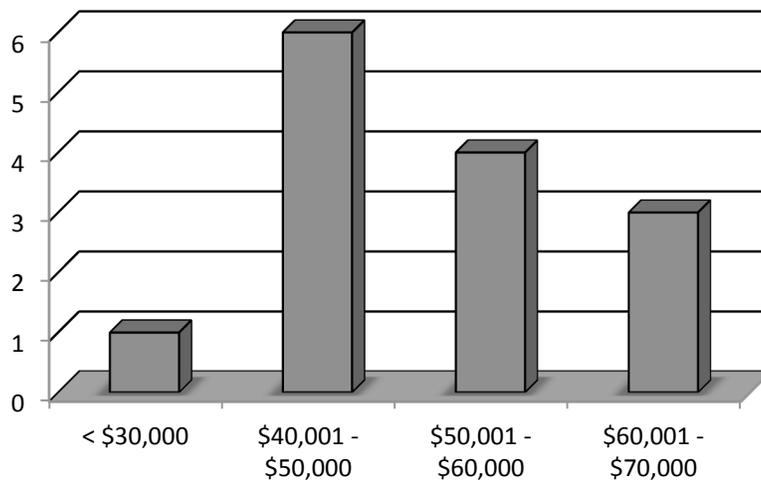


Figure 9: Participants Annual Salaries

in an aggregate format to help the reader understand the participants collectively as a cohort.

Participants represented all entry levels into practice that are currently available for RNs. Two participants had diplomas in nursing; four participants had associate degrees in nursing (ADN); and eight had BSN degrees. Participants ranged in experience as RNs from 6 months to 5 years with a mean of 2.9 years of experience. Participants ranged in experience as emergency RNs from 6 months to 4.5 years with a mean of 2.4 years of experience. Participants ranged from 3 months to 4 years as members of the ENA with a mean of 1.8 years. All of the participants were employed by a hospital system. Twelve of the participants worked as staff nurses while two of the participants worked as charge nurses. One staff nurse also worked part-time as a charge nurse and one charge nurse also worked as an informatics resource nurse.

Three participants maintained affiliations with other nursing associations; two of the three participants held membership in STTI, two of the three participants held

membership in ANA; two of the three participants held membership in the Texas Nurses Association (TNA); and one of the three participants held membership in the Southern Nursing Research Society (SNRS). All of the participants maintained certification or verification in courses that encompassed content beyond the basic undergraduate nursing program; 12 participants held verification in the trauma nursing core course (TNCC) with one participant also completing the TNCC Instructor verification process; six participants held verification in the emergency nurse pediatric course (ENPC); all of the participants held certification in Advanced Cardiac Life Support (ACLS); 10 of the participants held certification in Pediatric Advanced Life Support (PALS) and one participant held certification as an instructor in PALS; one participant held certification in the neonatal resuscitation program (NRP); four participants obtained their certification as certified emergency nurses (CEN), and one participant obtained certification as a certified pediatric emergency nurse (CPEN). Two participants held certification in other areas of practice that complimented their emergency practice; one participant was certified as an emergency medical technician – basic (EMT-Basic) and one participant was certified as a sexual assault nurse examiner in both adults and pediatrics (SANE CA/CP). Table 2 highlights the items of material culture that were viewed from each participant. These items were compared to information provided in the demographics and interviews thereby aiding in triangulation of the data.

While demographic information provides an overview of the participants for this study, it is the individual participant profiles that really provide the descriptions needed to put the findings in context. The 14 profiles that follow are based on the participants' own words as well as my field notes and my memoing as recorded in my research journal.

Table 2: Items of Material Culture Viewed for Data Triangulation

Participant	Items of Material Culture Viewed
Alex	TNCC certificate of completion
Bruce	TNCC card
Emily	State council meeting minutes
George	ENPC and TNCC cards
Ginger	Violence resolution
Glo	Local chapter meeting minutes
Jessie	ENA membership card, ENPC card, TNCC card, CE certificates, and BCEN card
Julia	Local chapter meeting minutes
Kelly	Candidacy on local chapter election ballot
Nate	CEN certificate
Stephanie	TNCC card
Tess	TNCC card
Thomas	TNCC card
Vincent	TNCC card

Alex

Alex is a 32 year old, married, Caucasian male who began his career in health care as a paramedic. Alex enjoyed his work as a paramedic but felt there was little respect for his title and position. Furthermore he felt like his salary was not adequate compensation for the work he was doing. At the time, he was also experiencing some

financial hardships. He was looking for something that would help him earn a decent salary in order to meet his financial obligations. Alex's mom, who is a nurse, helped to direct him to consider nursing as a career change. This is what ultimately led him to consider becoming an RN. Alex was living in the northern Midwestern part of the U.S. at the time and one of the local universities was beginning a pilot program for paramedics who wanted to transition into the RN role. Alex was in the inaugural class of that program.

Alex enjoyed nursing school. In particular he like the thought processes that were involved in nursing. He stated, "Paramedics are very algorithmic in thinking. Uh, yet nurses have such a way of thinking about things the patients and situations, critically and holistically, that just really appealed to me." Alex admitted that he did experience some difficulties with the instructors in the nursing program.

The role, the toughest part was really the roles that the instructors played versus the paramedics. Because you know we were experts in our own field, and when we came up to things like, cardiology or at least you know some, we knew what we were talking about. Ah, matter of fact, a lot of times we were asked a couple of times to guest speak in our pharmacology class when it came to emergency cardiology drugs.

Overall, Alex felt that nursing school broadened his perspective beyond the paramedic role once he finally slowed down and really focused on what the faculty were trying to teach him. Alex graduated 5 years ago with his ADN and moved to Texas.

After graduation Alex knew he wanted to work in the ED but there were no positions available so he began working on a progressive care unit. He was not happy

working on this unit and became very disillusioned with the role of the RNs while on the unit. He felt like there was “a culture of failure to a certain extent” and that the RNs “had a lower expectation” despite the fact that they were competent in their care. Overall it “blew my mind on how inefficient it was and just how complicated and convoluted it was. It was just ridiculous.” This was one of the times that he reconsidered his choice to go into nursing. He eventually transferred to the ED, which made him a lot happier.

A colleague of Alex’s in the ED was the one who initially introduced him to the ENA. She explained what the ENA was and what the ENA did. She invited him to a local meeting. Alex was appreciative of the “camaraderie thing” that he felt when his colleague invited him to attend a meeting. He stated, “I had a lot of respect for her as a nurse and as a person.” So he decided that he would check it out. His first meeting was both confusing and educational. The first part of the meeting started with a continuing education (CE) offering. The second part of the meeting focused on the business aspects of the association. Alex’s lack of knowledge regarding the ENA’s structure, workings, and resources contributed to his confusion.

Well the financial aspect of the meetings and what kind of tax title we have. It was over my head completely. I didn’t understand any of it and I felt very inadequate for that but it was kind of fascinating to watch.

Ultimately he ended up attending several meetings. Alex felt like the CE he received from the ENA meetings was useful in his practice. He stated, “...every CE offering that I’ve had, I’ve put into practice and I used it.” During his first 5 years as a RN, Alex obtained two certifications from the ENA, TNCC provider and ENPC provider.

Currently, Alex is working full time in the ED as a staff nurse and functions as a part-time charge nurse and preceptor in the unit. He is also going to school part time to obtain his Masters in Nursing (MSN). His studies are helping to prepare him to become a nurse practitioner. In addition to participating in the ENA, Alex has also considered joining the ANA.

Bruce

Bruce is a 33 year old, married, Hispanic male who is originally from South America. He and his wife have several children. Bruce considers himself a family man and has a strong sense of family. He initially majored in industrial engineering in South America. In the late 1990's his father developed a medical condition, which required an organ transplant. Bruce accompanied his father to the U.S. in order to serve as a translator for his father who did not speak English. His father had a lengthy recovery process. In order to help with expenses, Bruce took a job at the hospital. Since he had no previous experience, it took him a while before he gained enough training and experience to become a critical care technician at which time he transferred to the transplant ICU where his father had been a patient. This is how he initially became interested in health care. Bruce excelled at this position. While performing his duties as a critical care technician, he had the opportunity to observe how RNs provided care in the unit. One RN in particular caught his attention. She served as the charge nurse for the unit but also took full patient loads. Bruce noted,

I could see how she was so good with the patients, super skill [sic]. And I saw how she helped all the staff members. She was never sitting down reading a

magazine. She was always involved. And I'm like "Oh my God! She's fantastic!"

At the same time Bruce noticed that the hospital always seemed to give the RNs a raise or cost of living adjustment but failed to provide the same type of compensation for the non-licensed personnel. These factors sparked his interest in becoming an RN. He decided to approach the RN that he admired and asked her about nursing school. She stated, "You know, anybody can go to school". This is what Bruce needed to keep him motivated to learn all that he could prior to applying to nursing school. Eventually, he obtained a scholarship from the hospital and began nursing school.

Bruce obtained an ADN and became an RN 3 years ago. Initially, Bruce wanted to work as an RN in the transplant ICU. However, there were no available positions in the unit or any other unit as a matter of fact in the hospital other than the ED. So he went to work in the ED and became hooked. Bruce has never reconsidered his choice to become an RN. However, he has reconsidered his choice to become an emergency nurse. He stated,

...where I work here the in this ED. Sometimes it's unavoidably dangerous for your patient and your license. So there's been a couple of minutes [sic] in every year where, where you're like, "Oh, do I really want to do this kind of nursing where I kind of jeopardize my license?"

Bruce admits that most of the time this relates directly to the acuity and volume of patients seen in his ED rather than the structure or dynamics of the ED itself.

Um (pause), the dynamics of the, we have a great team here. I work with a very strong team, team players: nurses, and support staff, and my bosses. So I know it's not just me that goes through those difficulties.

Overall, Bruce enjoys working in the ED and feels like he makes a difference in the lives of his patients.

As a new RN, Bruce wanted to become the best possible RN he could. In order to do this, he read a lot of the journals that focused on emergency care such as the Journal of Emergency Nursing (JEN) and attended CE programs. It was the JEN that first introduced him to the ENA. Bruce was unaware of all the different professional organizations as a new RN. He had not been exposed to any of them in his nursing educational program. Eventually he obtained his TNCC provider status. He took a CEN review course and is currently studying to take his CEN examination later this year. Bruce has plans to take the ENPC course next year and eventually wants to obtain his CPEN certification.

Bruce enjoys the discounts he receives on emergency nursing resources because of his membership with the ENA. He is interested in attending the national annual meeting but has yet to do so because of the cost of the meetings. He also recognizes the role that the ENA has in helping shape policy but readily admits that he is not interested in politics. He does not want other activities to interfere with his family time.

Emily

Emily is a 31 year old single Caucasian female who lives alone with her cats. She had recently become engaged to be married. Emily considers herself to be a "good" Christian person. She was a public relations person in marketing while she was in

college. She had a difficult time trying to decide on a major. She initially wanted to become a nurse but was talked out of it by the college counselor. During her time in college, her college roommate developed acute myeloid leukemia (AML). As she helped care for her friend, she watched how the nurses treated her friend. Emily remembers,

...they did everything in the exact same order, every single nurse that did something to her, they did it in the exact same order every time and it was almost like an art form and I just kind of fell in love with nursing.

It was this experience that contributed to her deciding to become a nurse. Although, Emily was quick to point out that the nursing care provided to her friend varied depending on who was working. She stated,

Some [nurses] were very kind, some [nurses] were pieces of crap. The kind ones treated her like a human and an individual. The unkind ones treated her like a robot that they manipulated to get their job done. They treated her like nothing. They went in, they said their script wording that didn't mean anything, they had no passion - they had no compassion, they had no - they didn't even care.

These negative encounters and the fact that her roommate ended up dying really had an impact on how Emily would decide to practice nursing after she graduated nursing school.

Emily initially went to school to become a licensed vocational nurse (LVN). She worked for 3 years in a surgical trauma step down ICU. On occasions she would be pulled from the ICU down to the ED to help with staffing. This was how she became interested in emergency nursing. She eventually transferred from the ICU to the ED full-time. Her abilities to work in this environment were self-evident which led her boss and

colleagues to encourage her to go back and get her RN license. Emily finally caved in to the peer pressure and enrolled in a diploma school of nursing. It would not take long for her to complete the program. By this time, Emily knew she wanted to be an RN but more specifically an emergency RN. She views nursing as her calling and passion. She stated, “I love what I do”, “I’m made for ED nursing”, “It’s what I’m meant to be.” Emily graduated and became licensed as an RN 1 month ago. She is currently working full-time as a staff RN in the ED. During her tenure in the ED, Emily has been a victim of violence in the workplace. Despite the workplace violence she has experienced, Emily remains upbeat and positive about working in the ED. She considers herself to be a caring, nurturing, and stubborn change agent that will make a difference in how care is provided in her department. She denies ever having reconsidered her choice to become a nurse.

While she was working in the ED, a colleague approached Emily telling her she should become a member of the ENA. Emily had never heard of the ENA. In nursing school the only organization that was mentioned was the TNA. Based on the information her colleague provided, Emily decided to join the ENA while she was in RN nursing school. She has been a member for 1 year. During this time she has regularly attended local meetings, attended one state meeting, and was selected as a delegate for the national annual meeting. Her interest centers on injury prevention including the prevention of violence in the workplace.

George

George is a 36 year old, Caucasian male who is married to another RN. He had many jobs before entering into healthcare including installing air conditioners, fixing

copying and fax machines, working for safety companies, and working in the oil fields. It was his decision to enter healthcare that actually got him out of the oil fields. George initially began his career in healthcare as an Emergency Medical Services (EMS) Firefighter, a position he held for 11 years. He remembers that his wife often noticed that he would become “giddy” when talking about patient care. George grew up with some exposure to nursing. His grandmother was a nurse. Perhaps this is why nursing always had a “tug on my heart.” However, it was his wife who really encouraged him to consider going to nursing school. George graduated with his ADN and immediately went to work full-time in the ED. It would not be long before he decided to go back to get his BSN degree. At the time of his interview, George had been an RN for 1½ years and was working on obtaining his MSN. Interestingly enough, he had already had plans to begin the coursework to obtain a Doctorate of Nursing Practice (DNP) degree later in the year. George enjoys working as an emergency RN. At this point in his career he could not see himself in any other specialty.

George became an ENA member about 6 months before the interview. He first heard of the ENA during his orientation to the hospital. In actuality he knew that professional associations existed from nursing school. He recalls:

... they [nursing school faculty] always push on you, you need to be part of an association and the benefits of it, and whenever I got in here, a couple of people that were in it were also beginning members, and I just felt like it was something I needed to do and wanted to do, and I felt like I had something I could offer in some point and way.

So he and two of his colleagues from hospital orientation decided to join.

George has been very active at the local level of the ENA. He assumed the role of injury prevention chairperson 3 months ago. In an effort to better function in this role, he attended an injury prevention CE program sponsored by the Texas ENA and stayed for the state council meeting. George admits that he does not fully understand the structure and workings of the ENA, nor is he aware of all of the resources that the ENA provides. However, he is interested in the fact that the ENA is focused on injury prevention as part of its activities. George has taken both the TNCC and ENPC provider courses offered by the ENA.

Ginger

Ginger is a 28 year old, married, Caucasian female who began her nursing career quite by accident. When she applied for college, the university required that she choose a major. Ginger had decided that she wanted to be pre-law. However, her father actually decided her major for her. He had told her, “Well, pre-law is not a major. You gotta [sic] pick something else ... How about nursing? You always have a job in nursing.” Ginger did not object and recalls, “I was like, yeah, yeah, whatever! Nursing's fine. I can always change it.”

Ironically, while Ginger was taking her prerequisite courses for the nursing program, her younger sister developed an autoimmune disorder that resulted in the development of congestive heart failure (CHF). Her sister was in the children's hospital for two weeks and “almost ended up dying.” This was where Ginger got her first exposure to the nursing role. It really made her consider the career choice she was making to become a nurse. After this incident, Ginger decided that she really wanted to work in a children's hospital so she became a volunteer for the local children's hospital.

She was assigned to the ED because it was the only open position in the evenings for volunteers in the hospital. Within 15 minutes of being in the ED, Ginger knew, “I am supposed to do this. This is what I am going to do.”

As a student, Ginger maintained a grade point average that allowed her to be eligible for the STTI, the international honor society for nursing. She was inducted into STTI prior to graduating from nursing school. Ginger completed her BSN 4 years ago and immediately began working in the ED. Interestingly enough, she began her emergency nursing career in a primarily adult ED. Since she has been in the ED, she has been a victim of workplace violence. Despite the dangers she still considers emergency nursing a privilege and enjoys working with her colleagues. But these acts of workplace violence have prompted her to take the initiative in addressing the issue.

After graduation, Ginger was accepted into a specialty apprenticeship program for the ED. As part of that program a one-year membership to the ENA was provided. Ginger was not really aware of all the different professional nursing organizations that existed. She remembered that the ANA was the most visible association she was exposed to in her nursing program. The other professional nursing organizations were not as visible. However, in addition to providing a one-year membership to the ENA, the specialty apprenticeship program also paid for attendance to the national ENA conference if you were successful in the program and remained engaged in the ED. Ginger recalls how she viewed this opportunity:

So I looked at ENA as helping me to become a better nurse. And I sought out the, I didn't wanna [sic] be an average nurse. And that was a gateway to get there.

And I was just happy that they paid for me to get there and told me when the meetings were!

She credits the apprenticeship coordinator for encouraging her to get involved in the ENA beyond being a dues paying member, "...she's an absolute advocate for professional involvement. That you need to be involved in your specialty organizations. And how important it is to success in your career." Even though Ginger readily admits that she does not fully understand the structure and workings of the ENA, nor is she aware of all of the resources that the ENA provides, she has been active at all levels of the organization.

A couple of years ago Ginger was selected to be a delegate to the Annual Meeting of the national ENA. At that meeting she was complaining to her delegate mentor that there should be a resolution on workplace violence. After she was finished "whining, I mean honestly, I was whining", her delegate mentor told her she should write a resolution about it. Despite her reservations she wrote a resolution on workplace violence that was presented the next year and passed. This led her to serve on an ENA taskforce at the state level that introduced legislation on violence in the ED to the Texas Legislature.

Workplace violence continues to be a passionate cause for Ginger. Ginger has obtained her CEN as well as her TNCC and ENPC provider status.

Since Ginger graduated, she has become aware of the various nursing associations that exist in the profession. In fact, she currently maintains membership in ANA, STTI, and the SNRS.

Glo

Glo is a 49 year old, married, Caucasian female who entered nursing as a second career. She obtained an associate's degree prior to entering nursing and was licensed as an insurance agent in another state. However, when she and her husband decided to move to Texas there was no market for insurance agents. Glo's husband was an ex-marine who went into nursing after his service in the military. Glo saw how much her husband enjoyed nursing and decided to pursue nursing. Glo said that since she had no children and only had to worry about three dogs, it was an easy decision to tackle a second career.

Glo was an active nursing student who participated in numerous school functions including being involved in the local chapter of the NSNA. While in nursing school, Glo would often read journal articles from the JEN that her husband received as a member of the ENA. She felt that the ENA "provided a broader perspective" than the NSNA so she joined as a student member. Glo completed her diploma in nursing and immediately went to work in the ED where she has worked full time for 7 months. In the 7 months that she has worked in the ED, Glo has been a victim of workplace violence. Despite having experienced workplace violence, she still enjoys working in the ED. Glo noted, "Man, they're [emergency nurses] a special breed of people (laughs)! Far different from, and I'm not trying to undermine the staff nurses or the ICU nurses or anyone, but, boy, it's a whole 'nother [sic] ball of wax here in the emergency department."

Glo works opposite shifts from her husband but attends local meetings and reads the JEN regularly. Her husband serves as the local chapter president of the ENA. Glo

states it is not uncommon for her and her husband to discuss local ENA activities when at home:

And it's nice to be able to kick things around with someone at home when you're working, 'cause he [husband] does a lot for the ENA and he'll kick things around with me and he goes a lot to all the meetings, in other states and across the State of Texas, and he said it's good to have that support from me, 'cause I know what he's doing.

Glo feels that the ENA has provided her an opportunity to spend time with her husband because they can do something together.

Jessie

Jessie is a 36 year old, married, Caucasian male who entered nursing as a second career. Prior to nursing, he was enlisted in the United States Marine Corps working as an artillery operations chief for 8 ½ years. Once he left the military, he had to find a job that would support himself as well as his wife and daughter. In order to help him decide what to do, he took several online personality job inventories, which suggested that he was best suited to be a “teacher, fireman, or nurse.” But it was not until he visited his 82 year-old cousin in Maryland while meeting his grandmother’s side of the family that he really considered nursing. His cousin was a retired colonel in the Army Nursing Corps. Jessie recalled how this visit really directed him towards a career in nursing:

I do enough instruction in the Marine Corps, I can see teacher, I can see the excitement of a fireman but I couldn’t really figure out okay, how am I gonna [sic] translate being an artillery operations chief in the Marine Corps to being a nurse. There just seemed to be a real disconnect. And then so it was over that

week of spending with her, lots of conversations and everything. Okay! Well, maybe I'll give it a shot.

When Jessie returned from his visit, he decided to enroll in nursing school.

Jessie found nursing school to be challenging. Despite the fact that he considered himself to be an analytical thinker, he struggled with the care plan aspect of the nursing program. His rotations in medical-surgical nursing, pediatric nursing, and obstetrics nursing gave him pause about whether nursing was really the profession for him.

However, when he began his critical care nursing rotation he knew he had made the right choice. Critical care nursing provided him a connection between his prior career as an artillery operations chief and nursing. Jessie described the connection as, "The adrenaline rush of having to do multiple things and multi-tasking, thinking about all the different things, that put me back into kind of a world I could relate to. That's what we do in artillery operations." Jessie completed his BSN degree and went to work in the ED. He has worked in the ED full time now for 4 years as a staff nurse and charge nurse. In addition to his role in the ED, he also serves as an informatics resource nurse helping to implement a computerized charting system in his facility.

Jessie became involved in the ENA about 6 months into his employment within the ED. The nurse educator for the unit really encouraged him to become a member since it resulted in discounts for the ENA courses he needed to take. The nurse educator also stressed that, "it's a good way to get involved in the department and within the healthcare system." Jessie served as the pilot group for his healthcare system in utilizing the emergency nurse orientation program offered by the ENA for his orientation.

Eventually he would end up taking both the TNCC and ENPC provider courses and later becoming certified in emergency nursing.

Jessie's active involvement in the ED continued and he eventually ended up attending the national ENA leadership meeting where he presented a poster on an evidenced based practice project. When it came time to renew his ENA membership, Jessie decided that it was important to remain a member of the ENA and paid for a lifetime membership.

Julia

Julia is a 30 year old, married, Caucasian female who wanted to be a doctor when she was younger. As she entered college she found that the biology courses were more challenging for her than she had anticipated. This led her to consider other possible majors including nursing. Several times she transitioned between nursing and pre-medicine as she was trying to decide her career path. It was during this time that Julia formed her family. She married her husband and acquired their pet dogs. The fact that she had gotten married and needed to work is what finally tipped the scales for her to finish her nursing degree. Julia knew that she could always go back to medical school at a later date if she chose to in the future. As a student, Julia maintained a grade point average that allowed her to be eligible for the STTI, the international honor society for nursing. She was inducted into STTI prior to graduating from nursing school. Julia ended up graduating with a BSN and became licensed as an RN 5 years ago.

Julia did not initially start in the ED following nursing school. In fact she began working on a cardiology unit initially and continued to take some college credits in order to complete some courses she needed in order to apply to medical school. After one year

she transferred to the ED. This is when Julia decided that nursing was the right path for her. She enjoyed the autonomy and collaboration that she experienced with the physicians in the ED as well as the decision-making that occurred but also admitted that she did not want the “buck” stopping with her:

I don't like the buck stopping at me. I decided trauma was a big indicator. I liked being involved. I even like leading, but I don't want to be the one that answers ultimately for what's going on. I don't want to be the one calling the shots, I guess. I'm more of a follower.

After 3 years working as a staff nurse in the ED, Julia assumed a charge nurse position, which she has held for the past year. She concedes that she likes the leadership role that charging provides yet still prevents the “buck stopping with me.”

In those first 3 years in the ED, Julia worked hard on improving her knowledge base. After about 2 years she decided she would take the CEN examination. She joined the ENA in order to obtain the discounted rate for the CEN examination. She paid for a three-year membership. Julia felt like the CEN would help her “become a better nurse” and “make her more competitive.” As part of that membership she decided to attend a local meeting at the behest of some colleagues. Julia had already established herself as a leader within the ED. Her colleagues had warned her ahead of time that she might be approached to assume a leadership role within the chapter. You see the local ENA chapter was struggling. The chapter was looking for more involvement from area nurses as well as looking for nurses who could serve in leadership roles within the chapter. When Julia arrived at the meeting a little late, there were five people including herself. The other four nurses knew that Julia was coming to the meeting and prior to her arrival

had elected her to the position of president-elect. When Julia finally arrived she was informed of the election and reluctantly agreed to assume the position.

Shortly thereafter, the president resigned and Julia ended up completing his term before beginning her own term as president. Julia feels that her local chapter is isolated from the other nearby urban chapters in regards to networking. However, she has attended both the Texas ENA meetings as a delegate and the national ENA meeting as a delegate bringing the information she has gleaned from these meetings back to her local chapter. Julia admits that she does not fully understand the structure and workings of the ENA, nor is she aware of all of the resources that the ENA provides but is interested in learning more about the association. She confesses that she appreciates what leaders have to do in professional associations. Julia finds that the structured setting for sharing experiences and networking that the ENA provides helps to decrease the “jadedness” and “cynicism” among the area ED nurses. In addition to serving in the role of president, Julia has obtained her TNCC provider status, ENPC provider status, CEN, CPEN, and is currently an instructor candidate for TNCC.

Kelly

Kelly is a 49 year old, divorced, Caucasian female who entered nursing as a second career and relocated to Texas from the northern part of the country. Her previous degree was in elementary education. Kelly remembered that she always wanted to be a nurse even as a kid. As a child she watched General Hospital with her mother. The image that the nurses portrayed appealed to her, especially the hats that RNs wore, “I liked the hat.” Despite wanting to be a nurse as a child, Kelly obtained her initial degree in elementary education. This provided a means for employment that helped to maintain

a source of income for her family as she raised her children. Unfortunately two of her children ended up dying from unspecified causes. It was not until her youngest child went off to school that she decided to enter in to healthcare. Initially, Kelly pursued education as a physician's assistant (PA). However, the school she was attending decided to discontinue the program. Kelly considered her choices and elected to switch to nursing. It did not take long for her to complete her ADN.

Shortly after entering the workforce as an RN, Kelly began to realize that nursing was "not all glamorous like television." Her initial practice area was on an oncology unit. This is where she gained her initial experience as an RN. Despite working on a unit where many patients die, Kelly stated that she was "proud to be a nurse" and that "nursing makes me feel good about myself." She feels like she makes a difference in people's lives. But after 6 years of working on an oncology unit, the frequency of death took its toll, "that [oncology] can really tear at your heart", and made it necessary for her to transition to emergency nursing. Kelly readily admitted that she easily becomes emotionally attached to patients, "... I find that I get very emotionally attached so the ED is easier for me."

As a "Yankee in the South with different mannerisms," Kelly felt that patients have a difficult time relating to her in the ED. This sometimes results in conflict, which has on occasion made Kelly reconsider her choice of nursing as a career. This is a bit ironic since Kelly stressed "caring" as an essential component of emergency nursing. This sense of caring is extremely personal to her as it directly related to the death of her father. When her father was in the ICU up North, Kelly was not able to leave Texas. She knew her father was critical and was expected to die soon, so she called the hospital

I called the hospital and I got the ICU nurse on the phone and I wanted to talk to my mom because I wanted her to tell him something [I loved him] before he passed away. And she put me on hold and I guess I was on hold ten minutes and my mom came back to the phone, err, got on the phone and she said he's gone. So I felt like it was a little late.

Kelly felt that the ICU nurse lacked “caring” in relating to families. Despite this challenge with patients in the ED, she still considers nursing an excellent career in order to earn a living.

As an emergency RN in the State of Texas, Kelly is required to obtain dedicated CE hours in forensics. This is what initially led her to join the ENA. Kelly was due for license renewal and was desperate to find a forensics class in her local area to attend. She went online and discovered that the local chapter of the ENA was offering a class. While she was reviewing the information about the course, she began to also read about the local ENA chapter. Kelly recalled that she did not even know that the ENA existed. The only professional organization that she had heard of in school or as a new nurse was the ANA.

When she arrived at the forensics course she began to talk with one of the officers of the local ENA chapter. It was after she talked with him that she decided to join the ENA. Within one year, Kelly let her membership expire. However, she “... would read the little magazines and all that and then ah, I went back and it was like I think I'm trying to better educate myself.” This led her to rejoin the ENA.

Since that time, Kelly has attended numerous local ENA meetings. Despite her lack of knowledge regarding the structure, workings, and resources of the ENA, Kelly

found the networking with other emergency RNs important. In addition, she likes the focus on injury prevention activities with children. This is what has kept her involved. She eventually felt pressured to place her name on the ballot to run for the local ENA secretary position. Despite the fact that Kelly was not elected, she continued to remain involved by attending local meetings. Currently, Kelly is not a member of any other professional nursing organization. However, she appreciates leaders in professional associations recognizing the time and dedication that they give to their respective specialties. Kelly has completed the ENA TNCC provider course.

Nate

Nate is a 26 year old, single, Caucasian male who originally wanted to be a physician. When he started college, the plan was to take pre-medicine coursework so he initially started a biology degree. While he was working on this degree he decided that he did not want to spend the money nor the time that was required in the hospital to become a physician but wanted to have interaction with patients, therefore he opted to pursue nursing. Interestingly enough, I have a personal connection with Nate, as I was his instructor for critical care nursing when he was in his BSN program. Nate was active in the student nursing association (SNA) serving as an officer on the board of directors for his local chapter.

After graduating with his BSN, Nate went to work as a new staff nurse in the ED. He has been working in the same department for 2 years now. He felt that his orientation to emergency nursing was good, “I was fortunate to have really great preceptors and everyone kind of respected me enough when I actually hit the floor. But, you know they kept me under their wing but they didn’t coddle me too much.”

Nate first became involved in the ENA when his preceptor bought his first year's membership during his orientation. This preceptor would also be influential in getting Nate to renew his membership the following year. Nate does not consider his involvement in ENA as important and does not see himself as an active member. When asked whether he sees his involvement in ENA as important he stated:

I really don't so much. I mean, I should go to more meetings, I should. I'm kind of trying to fish out the meetings where they have the best food. The one at the Palm [restaurant] was killer. I didn't go to the Roaring Fork [restaurant] the last one they had so. I was out of town. I read, you know, the newsletters that they send and I get their daily post or daily thing on my on my phone, um, so I try to keep up with that, but I think my involvement and actually seeing my involvement in there, I don't. But I mean, I'm an active member but not an active member. You know, I guess I never put forth the effort.

Despite the fact that Nate does not consider himself an active member of the ENA, he has attended several meetings and has stayed informed about ENA happenings through electronic postings on the social media sites and through email. Nate admitted that he does not "put forth an effort" when it comes to his involvement in the ENA. It actually took prompting by his preceptor before he finally committed to taking his CEN, which he passed. He would also go on to obtain verification in the TNCC provider course. Nate also expressed interest in obtaining ENPC verification in the near future.

It is interesting to note that Nate does not consider his involvement in the ENA as important but values the courses and certifications that are offered by the ENA and the Board of Certification for Emergency Nursing (BCEN), a previously affiliated

organization. He reported that his preceptor encouraged him to renew his membership in the ENA but did not pressure him to do so. When asked why he finally decided to renew his membership, he stated:

It's kind of for selfish reasons. I'm trying to build everything now for, ah, I'm trying to build up my CV [curriculum vita] and stuff like that for a master's program and NP [nurse practitioner] program. So I want to keep everything looking good on paper. I think, I mean one, it shows dedication to your profession and the willingness to participate, even though I haven't been. But just having that, I think looks good.

This contradiction in expressed beliefs about the value of the ENA is of interest for this study. It is clear that the perceived value of his ENA involvement has not been recognized or internalized despite the fact that Nate considers the certifications important in regards to preparing his curriculum vita for graduate nursing school.

Stephanie

Stephanie is a 32 year old, married, Caucasian female who works part-time as an emergency RN so she can be home to take care of her children. Six months prior to this interview, Stephanie had given birth to one of her children. Prior to entering nursing, Stephanie had obtained a bachelor's degree in advertising and was working in an office for a computer corporation. At the time she was unhappy with life and her career opportunities. She was tired of sitting in a cubicle, "I was just really unhappy with life, in general, and a friend of mine suggested, like, 'well, maybe you just don't need to be in an office!' So, I kind of made a list of things that I could do." Stephanie's list initially included physician, teacher, and nurse. She eliminated the teaching role due to the low

salaries and she eliminated the physician role due to the length of time it would take to complete as well as the inflexibility with the schedule, which would affect her time with her children. Stephanie grew up around nursing. Her father was an ED nurse and her stepmother was a medical-surgical nurse.

Stephanie decided to pursue a BSN. As a second-degree student, the length of time to complete the BSN degree was shorter than for someone who was entering the undergraduate program without any college credit. Upon graduation, she went straight into emergency nursing. Stephanie considers herself to be an “organized”, “caring”, and “empathetic” person. This is what helped contribute to her becoming a charge nurse in the ED within one year of starting in the ED. Stephanie also feels her experience at the computer corporation helped her to bring a business perspective to her role as an ED nurse. She has been an emergency nurse for 3 ½ years now. While Stephanie enjoys working in the ED she typically does not socialize with her co-workers outside of work due to family obligations.

Stephanie became active within the ENA as a result of her personal relationship with her preceptor in her BSN program. Her preceptor was a former ED nurse. She explained the benefits of joining ENA including the personal contacts and practice resources that could help in decision-making that could prevent potential legal actions. Shortly after becoming a member of the ENA, Stephanie started attending meetings. She found the educational opportunities helpful for her practice and enjoyed reading about what others were doing across the country. Her activity within the ENA also helped her connect with her colleagues at work:

It's totally different to see the nurses that I work with outside of work. Um, there's actually one person in particular, who I cannot stand to work with. But I love seeing them in meetings. We get along very well and we're cohesive and I feel like I can carry on a conversation. Their personality changes completely when they're in their job to where they're very cold and I feel very awkward around this nurse when we're working together to the extent that I don't want to work day shift 'cause I don't want to work with this person. But, you know, when we're doing meeting stuff, it's fine. We're good! So, I think, you know, on a personal level, it's allowed me to relate more to the nurses that I work with on a personal level. And, you know, just allows to let people relax a little bit ...

As Stephanie became known within her local chapter of the ENA, the members began to recognize her leadership qualities. At one meeting she was nominated for the office of secretary-elect. Even though she had not volunteered for the position, she accepted the nomination and was elected to the position. Shortly after assuming the office the secretary resigned and Stephanie had to assume the role of secretary.

The demands of serving as an officer on the local board of directors were compounded by two factors. First, Stephanie had recently had a baby. Second, the president of the local chapter had developed some serious medical problems and died. The other officers struggled to keep the chapter afloat. Stephanie recognizes the challenges that lie ahead for the chapter and strives to maintain her involvement despite the demands on her time. She has also obtained her TNCC provider status.

Tess

Tess is a 36 year old, married, Caucasian female who obtained her associate's degree in occupational health prior to considering nursing as a career choice. She had decided to take some time off from her occupational health career in order to stay at home and raise her children. Once her youngest child started kindergarten, Tess decided that she wanted to get out of the house and start working. It was a friend from church who unknowingly influenced Tess to decide to pursue a career in nursing. Tess's friend at church was a nurse and would share experiences with her. This is what piqued Tess's interest in nursing. Eventually this led Tess to return to school to obtain her BSN. While she was a nursing student, Tess really enjoyed her clinical rotations through the ED. In fact, she enjoyed the clinical experience so much she sought out employment in the ED where she worked while she was in nursing school. When she finally graduated from nursing school, Tess was not initially hired in the ED. Instead she was hired to work on a step down cardiac unit and was trained in managing left ventricular assist devices for heart-lung transplant patients. After about 6 months on this unit, her husband got a job in Texas, so the family relocated. This would be the opportunity that led to Tess being hired into an RN role within the ED. She has been in the ED now for 1½ years.

Tess is an upbeat person who feels like her positive attitude is one of the contributions she makes to the profession of ED nursing, "I always try to be, I don't, I always try to have a smile on my face and down to earth, and not go in like 'what do you want?' You know, I try to be personal." Currently, Tess is enrolled in a MSN program. Her ultimate goal is to become an ED NP.

During Tess's orientation to the ED, her preceptor told her about the benefits of joining the ENA and encouraged Tess to become active. Tess's preceptor explained to her that ENA would benefit her as a new nurse:

Oh, it was more of a it's going to help you understand what the emergency department is about and it will actually help you, being new to, it'll just give kinda [sic] give you more information instead of just the day-to-day, it's kind of an extra benefit and it will help you. And she said also it'll help you with your career as well, as far as you'll get out, you kinda [sic] get to meet people and it's kind of a, oh, kinda [sic] not a social thing, it's just more of a I don't know [get to meet other nurses in the field] and to get a feel for how they do things there and how they do and then you can incorporate that and bring that back.

So Tess joined the ENA and started attending the local meetings. Since joining the ENA 1½ years ago, Tess has attended the national annual meeting and was elected treasurer of her local chapter. She has also obtained her TNCC and ENPC provider status and is currently working on becoming a TNCC and ENPC instructor.

Thomas

Thomas is a 22 year old, single, Caucasian male who decided to enter nursing because it ran in the family and he knew that he wanted to be involved in patient care. In actuality it was his two great aunts that influenced him to become an RN. Both of them were RN's and Thomas noticed how they "took care of their family" and the "compassion" they showed towards others. His great aunts would often talk about their work. Thomas noticed how "satisfied" and happy they were with their careers. This

provided Thomas the direction he needed to decide that he would pursue nursing as a career.

While in nursing school, Thomas became involved in the local chapter of the SNA. His involvement led him to become elected president of the local SNA chapter. This would afford him the opportunity to attend the NSNA national convention. While at this meeting, Thomas visited the ENA exhibitor in the exhibit hall where he became acquainted with the ENA. Thomas knew from his clinical rotations in nursing school that he wanted to be an emergency nurse. This provided him an opportunity to get information on the specialty.

Thomas graduated nursing school with his ADN and immediately sought employment in the ED. He was hired as a new RN directly into the ED. He remembered his encounter with the ENA at the NSNA national convention and the impression it had made on him.

I was a member of the National Student Nurses Association when I was in school and I was president of my SNA club. And when I went to NSNA conference in Nashville last year, ENA had a booth. And I thought, you know, 'cause [sic] they were promoting second year students, or fourth year BSN students to kinda [sic] come out, get a job, be a part of these organizations, and I thought 'well, you know, I wanna [sic] be an emergency nurse' and I thought 'well, heck, I can just transition from being a NSNA student, or NSNA member, into another organization' which I like to be involved in organizations so, hey, there's ENA! So, I went ahead and signed.

So, Thomas joined the ENA. As of this interview, Thomas has been an ED nurse and an ENA member for one year.

Thomas obtained his TNCC provider status and also began to attend local and state meetings of the ENA. This would expose him to the concept of injury prevention. This concept was the niche that really interested him:

Mm, I think going to local meetings was kind of, you know, it wasn't really a breaking point, but it was like 'hey, these, you know, they're gettin' [sic] involved, they're doing some community work'. Um, but definitely this last few last couple of weeks, I think, in regards to being a part of injury prevention with George (alias), and also going to the state meeting kind of made me you know, I was there with the ENA, going to local meetings, but then when you get out there and you see the exposure that you have, that the ENA has both on a state and national level, it kind of makes you realize "hey, this is pretty important." So, you hear those topics that we discussed at state, and go to the course and see other people there and hear their ideas and know that it's a pretty big deal.

Thomas's interest in injury prevention led to his appointment as the local ENA chapter injury prevention committee co-chair. It also afforded him the opportunity to attend a statewide injury prevention training course hosted by the Texas ENA.

Vincent

Vincent is a 38 year old, married, Caucasian male, who is the father of a teenage daughter. Vincent began his career in healthcare as a medic in the United States Air Force where he worked in the ED. After his stint in the military, Vincent became certified as a paramedic. He would work in this role for 12 years before he took a job as

an ED technician. During his 6 year tenure as an ED technician, Vincent discovered that he really enjoyed the ED environment. However, he felt like there was “ ... there was no support for me ... ” in the paramedic role in the ED. This is not an uncommon experience for paramedics in the ED as Texas law does not allow paramedics to practice to the same degree in the hospital as they can in the pre-hospital setting. This is often a difficult transition since the paramedics have a skill set that they are unable to use in the hospital setting. Vincent was a motivated individual and wanted to “progress” in the ED. All of these factors contributed to his decision to pursue a nursing degree.

Vincent chose to pursue a BSN degree. While he was a student, Vincent became active in the local, state, and national SNA. His involvement led him to become elected president of the NSNA. This was when Vincent first became aware of the ENA since the ENA always exhibited at the NSNA annual conference. Furthermore, the president or designee for the ENA is always invited to speak on emergency nursing at the NSNA annual conference. Even though Vincent was aware of the ENA, he did not join as a student member. Vincent had only recently graduated from his BSN program 11 months prior to this interview.

Vincent knew even as a student that he wanted to work in the ED. He recalled, “Well I thought about what it would be like to work in the ICU or med-surg or step down and I just can't see myself doing that.” Vincent was able to secure employment in the ED immediately after graduation. The ED where he started was a very busy unit. He saw four to five high acuity patients every shift. Vincent recalls that the first 6 months were very difficult. In fact, it brought to mind that he felt underprepared for the RN role in the

ED in regards to the knowledge that was required to care of the patients despite the fact that he had previous experience as a medic and paramedic. Vincent stated:

I mean a broad example in nursing school we're taught how the heart works and the circulatory system works. Okay, I've a good grasp on how that works but when I have somebody having a heart attack for the first time, I felt very overwhelmed, I know what's going wrong, how do I fix it? What am I suppose to be doing?

This quest for knowledge to help with practice is what led Vincent to take the TNCC provider course.

During the TNCC course, the course director spoke to the participants about the ENA and the benefit it provided for emergency nurses. This grabbed Vincent's attention. Vincent was familiar with the ANA from his experience in the NSNA but he felt that the focus of the ANA was too broad and did not meet his needs for emergency nursing practice. With his experience as a medic, paramedic, and as a new emergency RN for 8 months, Vincent knew that he wanted resources that would help him with his knowledge base as an emergency RN and keep him up to date on his skills. The fact that the ENA provided these resources at a discounted rate for members was a bonus for him, so he joined. At the time of the interview, Vincent had been a member of the ENA for 3 months.

Interestingly enough, Vincent believes that he is the only RN in the ED who is an ENA member. Despite the fact that Vincent does not believe that the ENA has benefitted him personally, he does believe that his involvement in the ENA has benefitted him

professionally. Vincent readily admitted that he tries to keep his personal life and his professional life separate.

Summary

As mentioned earlier the use of rich, thick descriptions is one method that adds to the credibility of a study by providing others a context from which to evaluate the research (Creswell, 2003; Glesne, 1999). By providing detailed participant profiles, the reader can better understand the perspectives of the participants and have a better foundation to evaluate the findings. Merriam (2009b, p. 255) highlights that it is “an interesting and readable report that provides sufficient description to allow the reader to understand the basis for an interpretation.” It is this context that allows others to determine whether the researcher’s findings are congruent with the data.

CHAPTER V

Findings

The purpose of this exploratory study was to investigate how the professional association for the specialty of emergency nursing, the ENA, influences the socialization of engaged emergency RNs who have been in emergency nursing 5 years or less. This led to the development of the following research questions: (a) What role does the ENA serve in the socialization of emerging emergency RNs who are active members in the association? (b) How does active participation in the ENA change or influence the clinical practice of emerging emergency RNs? (c) How do emerging emergency RNs describe the impact of active participation in the ENA on themselves as professionals? Since there is a lack of literature on the role of professional associations in the socialization of emerging RNs it was important to investigate the lived experience of a group of these emerging emergency RNs who were active within their professional association.

As previously mentioned in the review of the literature, socialization is a complex process that requires individuals to acquire specific knowledge, skills, and sense of occupational identity that are characteristics of members within the specific profession (Arndt, et al., 2009; Clark, 2001; Cohen, 1981; Hentz, 2005; Hershey, 2007). It is through this process of socialization that personal, cultural, and ideological ideas of individuals are influenced by professionals already in the discipline. Socialization helps new members internalize group values, attitudes, and interests that are important to a profession and teaches individuals how to function within the profession (Christian, 1986; Clark, 2001; Coudret, et al., 1994; Faison-Britt, 1999; Hentz, 2005; Weis &

Schank, 2002). As emerging emergency RNs enter into practice they are faced with significant role changes from their previous roles as nursing students to actual RNs. Benner (1984, p. 21) states that new nurses “have little understanding of the contextual meaning” that occurs as they transition into a new clinical setting. This can at times create a difficult transition period. Walsh (2009, p. 4) states that during this time of transition, individuals develop a “realistic perception of the role” and a realistic perception of the individual “self” that is “incumbent of that role.” This can be difficult for the emerging emergency RNs. In addition to learning how to cope within the chaotic environment of the ED they must also learn how to adjust to their role as new RNs.

In this chapter I present the findings from the data analysis of 14 emerging emergency RNs who were active within their professional specialty association, the ENA. Since the main themes and subthemes answer more than one research question, the findings are organized around the main themes and subthemes that were uncovered from the data analysis rather than around the individual research questions. How the findings answer the research questions will be presented in Chapter VI.

Emergent Themes

Five main themes were uncovered from the data analysis along with several subthemes that supported four of the main themes. The five main themes that were uncovered from the data were *allows connections with other professionals, advocates for the profession and patients, provides professional development, fosters a sense of identity, and encourages community involvement*. Several subthemes were also discovered during the data analysis that supported each of the main themes with the exception of *encourages community involvement*. There were no subthemes that were

discovered during the data analysis to support the theme of *encourages community involvement*. Within the first theme of *allows connections with other professionals*, four subthemes were discovered during the data analysis. These four subthemes were *supports RN role transition, networking, sharing of advice and experience, and promoting a broader perspective*. Within the second theme of *advocates for the profession and patients*, three subthemes were discovered during the data analysis. These three subthemes were *sets the standards of practice, provides legislative resources, and keeps the profession safe and current*. Within the third theme of *provides professional development*, three subthemes were also discovered during the data analysis. These three subthemes were *improves and validates knowledge, career advancement, and leadership development*. Within the fourth theme of *fosters a sense of identity*, two subthemes were discovered during the data analysis. These two subthemes were *provides a voice for the specialty and promotes a sense of belonging*. As previously stated no subthemes were discovered during the data analysis for the fifth theme of *encourages community involvement*. Figure 10 provides a graphical representation of the relationship of the five themes and the respective subthemes.

Allows Connections with Other Professionals

This section describes the findings that were uncovered during the analysis of the data that supports the theme of *allows connections with other professionals* including the four subthemes of *supports RN role transition, networking, sharing of advice and experience, and promoting a broader perspective*. The theme *allows connections with other professionals* referred to the ENA helping the participants to establish relationships with experienced emergency RNs who assisted them by supporting *RN role transition*,

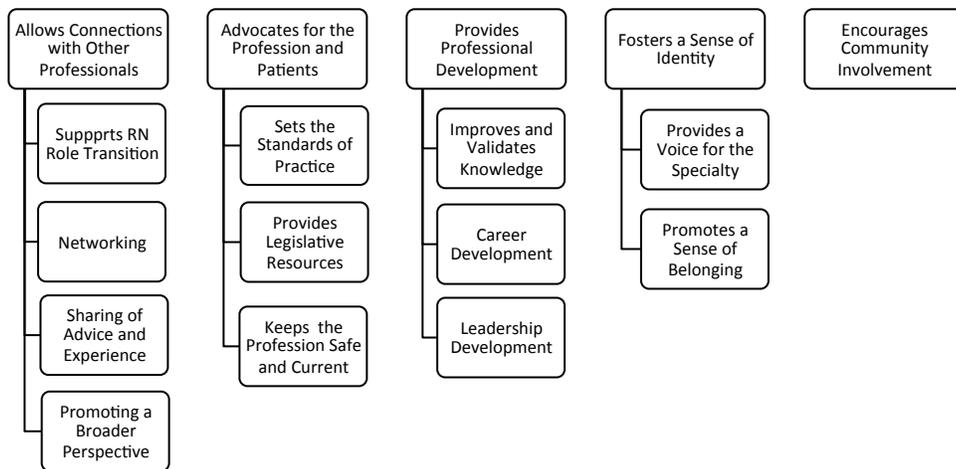


Figure 10: Themes and Related Subthemes

networking, sharing of advice and experience, and promoting a broader perspective.

While the participants identified that some of these relationships were formed within their employment setting, more often than not they identified the ENA as a venue in which relationships could be established with experienced emergency RNs both within their respective employment institutions as well as outside their respective employment institutions. Julia highlighted this when she stated:

But to actually function in the ED, I think the ENA would be a good resource for that. A vast network of people that she [the new RN] could post something on the various things they have to talk to them about, "hey, is this even the right role for me? Um, this is my personality. Do you think I'd be fit for the emergency department?" or a safe place to ask questions maybe that she [the new RN] might not feel comfortable asking in her brand new place of employment because it might affect your job somewhat if she asked something that she might think is a

dumb question or like "why do we do this?" that not wanting to feel stupid. I think it would be a great organization to use for that.

Four subthemes were discovered during the data analysis that supported the overall theme of *allows connections with others*. The first subtheme was *supports RN role transition*. The participants viewed connecting with other experienced emergency RNs who were involved in the ENA as a means to help them transition from a novice RN role to a higher level of expertise. The participants felt that experienced emergency RNs helped them to not feel alone, validated their decision-making, and provided a way to ask questions. As new RNs begin to practice their new roles, they often times feel unprepared (Farnell & Dawson, 2006). This is especially relevant for emerging emergency RNs, as emergency nursing requires the ability to rapidly respond to urgent situations and take decisive action. Since most schools of nursing do not provide extended clinical rotations in EDs, new nurses feel unprepared to function in the emergency RN role without some kind of support. The second subtheme that supported the theme of *allows connections with other professionals* was *networking*. Ibarra and Hunter (2007, p. 42) define personal networking as “contacts that provide important referrals, information, and, often, developmental support such as coaching and mentoring” to individuals. Ibarra and Hunter (2007, p. 43) go on to state that personal networking is oriented towards contacts that are “external and oriented toward current interests and future potential interests.” The participants felt that the ability to develop contacts in order to obtain information and establish a network of mentors that could assist them in developing as emerging emergency RNs was important. The third subtheme that supported the theme *allows connections with other professionals* was

sharing of advice and experience. This subtheme focused specifically on experienced RNs sharing advice, knowledge, and experience with the emerging emergency RNs in order to help improve the practice of the emerging emergency RNs. The participants identified that the ENA was a resource that allowed them to share advice and experiences with experienced emergency RNs that directly impacted how patient care was provided in the ED. The participants identified the importance of having other experienced emergency RNs available to share advice and experience with as they expressed concern about being able to adequately take care of their patients in the ED. The fourth subtheme that supported the theme of *allows connections with other professionals* was *promoting a broader perspective.* This subtheme referred to participants interacting with other emergency RNs, who were ENA members, outside their own institutions in order to gain a greater understanding of emergency nursing from a perspective that differed from their own employment institutions.

As previously stated, the participants identified the need to connect with experienced emergency RNs who were involved in the ENA as important. The relationships that were established helped the participants in four different ways as supported by the four subthemes. Each of these subthemes will now be presented in detail to better explain their importance in relationship to the theme of *allows connections with other professionals.*

Supports RN role transition. Limited experience in emergency nursing is one of the challenges that emerging emergency RNs face as they enter the specialty. Basic nursing education prepares individuals to become general medical-surgical nurses. Exposure to nursing specialties is limited at best, if it exists at all, in undergraduate

nursing curriculum. New RNs rely on the “rule-governed behavior” that was learned in nursing school (Benner, 1984, p. 21). Benner (1984, p. 21) states that:

The rule-governed behavior typical of the novice is extremely limited and inflexible. The heart of the difficulty lies in the facts that since novices have no experience of the situation they face; they must be given rules to guide their performance. But following rules legislates against successful performance because the rules cannot tell them the most relevant tasks to perform in an actual situation.

This lack of contextual meaning requires that the emerging emergency RN gain meaning either through direct experience or through interacting with others who have that experience. It was a common participant perception that emerging emergency RNs lack knowledge of how to fully implement the emergency RN role. This lack of knowledge combined with a lack of confidence often can lead emerging emergency RNs to question whether this specialty is right for them.

The desire to connect with other professionals was central to the participants’ ability to work in the ED environment. As the participants talked about the importance of connecting with more experienced emergency RNs, the ENA was consistently identified as a means to that connection. Bruce shared how the information he obtained from experienced emergency RNs involved in the ENA had benefitted him personally by giving him confidence that he knew what he was suppose to know as an emerging emergency RN, “Just through feeling better that I know of what I’m supposed to know.” Glo described how she felt when she first graduated from nursing school, “So, you’re in nursing school, you’ve got the deer-in-the-headlights look as you come out to start

practicing as a new nurse.” She went on to explain how having a good support system helped with this transition:

... I really had this vision of just being thrown to the wolves when I would start as a new nurse and I was not ... You can't just throw a nurse in there and expect her to know how to practice right as she becomes a new graduate it's not going to happen that way.

Glo identified the ENA as making a difference in that transition, “It [ENA] does make a difference.” Ginger describes what it was like when she came to the emergency department as a new nurse and what she needed as a new nurse, “I need the modules [ENA online orientation modules] that you already have. I need a mentor that’s an ENA member, which we don’t consistently have.” Alex emphasized the importance of connecting with experienced emergency RNs as soon as possible pointing out the need for the experienced emergency RNs to practice according to the ENA’s mission, “... make sure you jump into it with a mentor at your side with a facility that has an educational program based on the ENA’s mission.” These participants corroborated that emerging emergency RN’s encounter situations that require the assistance of experienced RN’s as the transition from the student role to RN role occurred and that the ENA was a means for them to have access to experienced emergency RNs. It was interesting to note that all but three of the participants decided to join the ENA because they were encouraged to do so by other RNs. Table 3 highlights the role that the experienced RNs were in when they encouraged the participants to join the ENA.

The importance of the ENA in helping to make connections with other professionals was further emphasized when participants were asked what advice they would give new RNs who were considering entering into the specialty of emergency

Table 3: Roles of the RNs Who Encouraged Participants to Join the ENA

Participants	Collegial RN Roles
Bruce	ED Nurse Educator
Emily	ED RN Staff Nurse
George	ED RN Staff Nurses
Ginger	RN Apprenticeship Coordinator
Jessie	ED Nurse Educator
Kelly	Local Chapter ENA Officer
Nate	ED RN Preceptor
Stephanie	ED RN Preceptor
Tess	ED RN Preceptor
Thomas	ED RN Staff Nurses
Vincent	TNCC Course Coordinator

nursing. Alex identified the need to find an experienced emergency RN as a mentor whose values mirrored those of the ENA:

Find a mentor. Latch onto them. Actually find a mentor, latch onto them and make sure this mentor has some of the same values or at least parallel values that the ENA does, you know, care based on evidence-based outcomes ... To

understand that working as an ED [nurse], have them pair with a mentor and colleagues to understand that work in the emergency department is not just a job.

It's not just a career; it's a lifestyle, a mind set.

Both Jessie and Vincent suggested that the ENA should establish a formal mentoring program for emerging emergency RNs that utilized experienced emergency RNs, which would "make the transition a little easier." Jessie stated:

I think the one thing that the organization [ENA] could do and this is something I think we try and do here, everybody tries to do, but as you're coming out and you're getting your feet wet you go through kind of the six-month transition period of your first day out by yourself. You're scared to death ... I think that might be an opportunity for communication on a national level, you know, whether it's anecdotal stories of "Hey, when I was in month four, this is what was going on." Or just, uh, you know, whether it's a blog for new nurses, "Oh my gosh, you wouldn't believe what happened to me today" and then people can offer support.

Vincent explained why he felt this was important:

Just someone, like if I had a very bad day at work and there were things that I didn't know how to do I could shoot them [the mentor] off an email or a phone call and they could point me in the right direction where to find the information or a resource, basically. I don't mean somebody to walk with me and hold my hand and pat my head and tell me it's going to be okay kind of thing. I mean a resource. A practice resource.

This perception by the participants of feeling supported is one of the critical elements that Kahn (1990, 1992) identified as facilitating an individual's ability to be psychologically present within their work role. He went on to stress how important it is for an organization or the environment to be supportive in allowing people to engage in their roles (Kahn, 1990, 1992).

The participants frequently looked towards the ENA as a way to get confirmation from experienced emergency RNs that the feelings they were experiencing as emerging emergency RNs were normal and to obtain acknowledgement for their contributions to the care provided in the ED. Glo stated:

It [ENA] provides structure, validation and I think providing information for us to let us know that what we are doing is appreciated. What we feel, everyone else is feeling as emergency department nurses.

Stephanie shared how the ENA reassured her that what she was experiencing was not isolated just to her:

... there's like I said that bigger group kind of thing and you know, being able to read some of the stories and feeling like "I'm that triage nurse, too", you know. It just kind of gives you, I don't know of any other place that I can go except for message boards, which you know that would really give me that level of understanding and feeling that it's not just me.

Julia not only talked about how the ENA provides recognition for emergency nurses but also how emergency nurses have a different personality and can sometimes be negative because of what they have seen in practice. She identified that the ENA helps mitigate this:

I just think it's awesome that a bunch of emergency department nurses can be kind of crazy and chaotic, you know; I don't know, we're just so different than other nurses in my opinion. I mean because of what we see and how we deal with patients and just the personalities are just so different to me. So the ENA kind of makes me proud to be an emergency department nurse ...

The participants also identified that not feeling alone helped them feel more secure in the ED environment. It was evident from the data that the participants felt their involvement in the ENA was important to them. Glo stressed how she felt that the ENA helped her to see that she was not alone.

Just knowing that I'm not the only emergency nurse out there first and foremost [helps to make a difference]. There are a million of us out there. Um, and what I go through, I can read about other people who go through the same thing.

Glo went on to say how the ENA provided support for her as an emerging emergency RN, "I just think that, uh, the overall support I think that's validation in itself." Kelly emphasized this point further by stating that if she had not been involved in the ENA she would have probably left the specialty:

I think I would've probably left the ED. Um, one of the things we were talking about, networking, one of the things that I can really appreciate when I go to a meeting is every time I've been to a meeting I've always heard somebody not necessarily openly talk about it during the meeting but talked about a difficult situation they've dealt with. Um, not necessarily something you would talk about at work but it's a group of nurses that come together, throwing things out there at

each other; their discussing experiences and it's kind of nice to know that I'm not alone.

In fact, Kelly advocated for emerging emergency RNs to join the ENA because of the support it provided, "I would tell them [new RNs] to join because I think it's a really good support system. Actually I would encourage it." George echoed this sentiment when he maintained that the ENA served as a resource for emerging emergency RNs to interact with experienced emergency RNs who were willing to help them:

I think the ENA shows new nurses togetherness. That other people have gone through it can do it. I think it's a real big support for them, you know ... And that association [ENA], um, other nurses that are part of it are willing to back them up. You can do this. You can get through this. I see the association [ENA] working through its individual members helping them get it through ...

Alex expressed a sense of comfort knowing those experienced emergency RNs who are members of the ENA were available in his department when he was working. He identified this as one of the ways that the ENA influenced his commitment to stay in emergency nursing. Alex stated:

During really rough times that I've been an emergency nurse where things have gone really wrong and made you think a long while, I think it helps to know that people [ENA members] that have had more experience than me are very knowledgeable and have been emergency nurses for sometimes longer than I've been alive. I think it's if not comforting at least reassuring to know that these people are here and not only have they made it, they worked as an emergency

nurse and dealt with it, but they exist solely for the fact that they're trying to make things better.

Shafter (2006) found that people tended to actively seek out role models that could help shape their own professional personas. Sometimes socialization is a formal process as when an RN develops a relationship with a preceptor. Other times socialization is an informal process whereby the RN observes more experienced RNs in the practice setting in an attempt to determine what is valued by the group. For these participants, the ENA provided a means by which they could connect with others both within their own facility and with others outside of their facility. Several of the participants talked about how the ENA brought nurses together and encouraged them to interact with each other. Julia noted:

I think that just getting together as professionals and associating outside of work in a professional atmosphere through the ENA meetings, I think definitely, um, to me has, um, I think that some of the more professional people can be more of the quiet people ... So it's given me a lot more respect for my colleagues that I work with that I probably would've seen but not heard ...

Stephanie discussed how being able to connect with others outside of her own facility actually helped the group to identify mistakes that occurred in practice that could potentially affect patient outcomes.

I have talked with the SANE nurses outside of the ED, you know, in the meetings [ENA meetings] and stuff, is some of their experiences and things that ED nurses have done wrong in the past that compromise their ability to collect good evidence ... so I think, and I feel more accountable because I know those nurses.

I don't want them to be disappointed in me, so I want to make sure that their patients are in the best possible role that they position that they can be for them to complete their part.

Rather than identifying how to avoid mistakes Alex noted that the ENA was a means to surround himself with a “culture of success and growth” from experienced emergency RNs. He stated, “I think the ENA was one way to really, um, kind of seek people that have a lot more experience and knowledge than me and surround myself with more of a culture of I guess a culture of success and growth.” Interestingly enough, this need to connect with other professionals also occurred when Julia assumed a leadership role within the ENA at the local level. She stated:

The only thing that I would say is I wish for our chapter, that a big chapter would adopt us, in that I think we've grown a lot in the year that I've been doing it [serving as president of the local chapter] just because I've been trying to kind of figure out stuff through little areas ... Whereas from the beginning if I had somebody else kind of partnering up or even just kind of touching base, "Hey, how is your chapter doing?" Because I think we get kind of, especially in the big State of Texas, we kind of get lost in the big group.

This subtheme highlights the fact that these emerging emergency RNs felt it was important to establish relationships with more experienced emergency RNs. The ENA served as a conduit by which the participants could begin establishing these relationships. The participants felt that by connecting with experienced emergency RNs they were provided support in their roles as emerging emergency RNs. In addition, the experienced emergency RNs provided confirmation for the participants both from a practical point of

view in how they implemented the emergency RN role as well as from an emotional point of view by acknowledging that the feelings of fear and anxiety are a normal occurrence for emergency nurses. The experienced emergency RNs also provided the participants a “safe place to ask questions” as exemplified by Julia. The participants valued being a member of the ENA and the support it provided in implementing the emergency nursing role.

Networking. Ibarra and Hunter (2007, p. 42) define personal networking as “contacts that provide important referrals, information, and, often, developmental support such as coaching and mentoring” to individuals. Ibarra and Hunter (2007, p. 43) go on to state that personal networking is oriented towards contacts that are “external and oriented toward current interests and future potential interests.” This definition of networking refers to professional relationships. The participants in this study identified networking as important. When the participants referred to networking, they were referring to networking within the context defined by Ibarra and Hunter. Kelly exemplified the importance of networking when she expressed what she liked about being a member of the ENA:

I really liked the network. I'm not politically inclined. But I liked the professional network that I can go and talk to people ... Professionally I find it [ENA] a very good resource.

She went on to elaborate what this network she had established within the ENA meant to her personally:

Well it's given me a good network. Um, people to call on especially Jozette Hamilton (alias), and I've called her before with different questions. Professional

type questions, almost like a mentor. She's not my mentor but, but she's been a good resource for me. You know a very experienced nurse. I don't work with her but I get along well with her and I respect her opinion you know when I talk to her about things.

In this case, Kelly valued the coaching that Jozette provided her as a more experienced emergency RN.

Stephanie reflected on how her involvement in the ENA allowed her to meet other emergency RNs from different facilities:

For the period of time that I was very active in the Cedar Cove Chapter (alias), I did get to meet a lot of other nurses from the other facilities and kind of put faces and names together. I think that part is kind of interesting.

Nate recalled how being involved in the ENA helped establish a network of other emergency RNs outside of his own department that he could talk with about the profession:

I think that [referring to the importance of receiving tangible benefits from ENA membership] and the networking, you know. I mean being able to go somewhere and you can kind of talk shop with someone else who's not in your department is cool because then you have the exchange of ideas ... I think you know, when you're at a setting with the ENA, within a meeting, you kind of throw things like that.

He went on to highlight what he thought about the last ENA meeting he attended, "The conversations and everything were great and I think it was great networking." Both

Stephanie and Nate expressed an interest in establishing a relationship with other emergency RNs that were external to their own facilities.

It was not uncommon that the participants identified the importance of knowing what was going on in the specialty beyond what was happening in their own institutions and how the ENA provided a network for the participants to gain this understanding.

Ginger highlighted this sentiment when she elucidated what advice she would give to an emerging emergency RN:

Well, first of all I would tell them that if they wanted to be successful they need to join the ENA ... Also I would tell them, that this is where you're going to network. And do you want to work here forever? Of course not.

Julia provided similar advice when she explained what advice she would give to an emerging emergency RN:

... to actually function in the ED, I think the ENA would be a good resource for that and just the networking. A vast network of people that she could post something on the various things they have to talk to them about, "hey, this is" you know "is this even the right role for me?"

Tess stressed how the ENA could help the emerging emergency RN to meet people and obtain information about emergency nursing when she was asked what advice she would give a new emergency RN:

It'll help you with your career as well as far as you'll kind of get to meet people. It's not a social thing, it's just more of a, I don't know. And to get a feel for how they do things there and then you can incorporate that and bring that back.

Besides allowing the participants to see what is going on in the specialty, networking also allowed the participants to connect with others in the specialty. Emily talked about the importance of networking since she was planning on moving after she was married, “But the fact that I’m having to move, it kind of makes it difficult, but I am excited to go to nationals [ENA annual meeting] so I can do some networking.” She went on to explain how networking benefitted her:

... I have a high potential to have to move somewhere else, but instead of looking at other nursing jobs, I know this ENA and I know I’m going to the ENA national conference and I’m going to meet some other Texans and other people, and all this other stuff, and I feel like I’m still in my family, so you know what I mean?

It is not uncommon for ENA members to utilize their connections with other ENA members to obtain referrals or leads for employment opportunities.

Networking within the ENA also allowed some of the participants to meet other emergency nurses who were making a difference in the specialty. Ginger recalled when she met one of the leaders in emergency nursing:

The first time Sara Skies (alias) talked to me, I almost fell out of my chair. I was like, “That’s Sara Skies (alias)!” My husband was like, “Who are you talking about?” And I was like she’s like famous, okay? She’s famous in the world of emergency nursing. It was kind of a big deal. But it’s very overwhelming because you’re like these people really know what they’re doing and I don’t. And as a new nurse, even if you’re competent, I mean, it’s still intimidating. It is. It was like going to a new club the first time in your life. “Will you be my friend? I want you to like me.”

Networking through the ENA also allowed the participants to discover resources that were available to them that they might not have otherwise known about. Julia recalled how her involvement in the ENA allowed her to identify contacts and resources she needed to better perform within her role as a local president:

My first state meeting in San Antonio networking was important because our ENA chapter was flailing and I just had no idea what I was getting into. So that meeting and just getting support knowing that there are all these resources out there that I could tap into for our ENA chapter or for questions about our SANE program, like we're talking about, doing different things for the community or the ENA.

Ginger talked about the resources the ENA provided her including networking with some of the “smartest nurses in the field” and how her involvement opened doors for her.

I love being involved with the local level, I love going to conferences. I tell people, every time I come back from a conference “it’s refreshing”. It’s like, “Wow. I’m around the best and the smartest nurses in this field.” I get clinical information but I also feel like I could still do my job, you know? I’ve got tidbits that can help me. But it’s so rewarding for me. Professionally, I have so many things on my resume, I mean; I can get a job anywhere I want. I’ve been offered jobs. I can go work anywhere I wanted to and I will never have a problem getting a job. I promise you I’ll go interview for a job and I’m the most competitive applicant for a staff nurse job. And for a lot of other positions as well. So it’s opened a lot of doors for me.

The ability to obtain information is one of the components of personal networking as defined by Ibarra and Hunter (2007).

Networking within the ENA provided the participants a way to establish relationships that revolve around common goals and directions. George characterized this when he stated:

You have to keep each other's back, uh, not that that's changed anymore, but the association [ENA] there's a tie between us other than emergency nursing it goes as something that we have in common, those common goals, common direction, and we understand each other and how we think and do things and I think that's helped professionally. Those associations have helped me professionally just part of the networking thing, part of the education, just making myself better.

In addition to establishing relationships that revolved around common goals and directions, the ENA helped to prevent the development of “cliques” within the emergency departments. Kelly and Stephanie both discussed how cliques could form in an emergency department but involvement in the ENA helped to prevent these cliques from forming because it promoted interaction among nurses. Kelly stated:

I'm quiet and I'm older. I'm not part of the clique. I don't gossip. I really make an effort not to slam others when I see them fail at something or make a mistake. I'm just not real cliquy and I'm a little bit older so a lot of times I'll see them all grouped together and they're all talking about Saturday night out of the club or these different things. I think every nursing unit has little cliques of people. And I've seen that everywhere I've worked, pretty much ... But there's always that group that's always been together no matter where they go that they'll leave one

hospital, they'll all end up at the other hospital and they just kind of move as a group ... I don't get the cliquy feeling [with the ENA].

Stephanie elaborated on how her practice would be different if she had not been in the ENA and how it would have impacted her interaction with her colleagues. She averred:

I don't think I'd like most of the nurses that I work with. I wouldn't have a lot of opportunities [to interact with them]. I don't really go to happy hours and I'm not invited to the birthday parties. I wouldn't say that our ED is cliquish, but there are definitely little groups of people that socialize a lot outside of work and I don't socialize with those groups, so I wouldn't have that so I think I would feel more like it was just a job. Whereas, that makes me feel like these people are my friends.

While most of the participants responses fell within the established definition of personal networking as identified by Ibarra and Hunter (2007), there was one major area where participants' responses differed. This centered on the fact that networking encouraged the establishment of personal relationships that were more geared towards establishing a social network. Unlike Ibarra and Hunter (2007), McCallum (2008) identified the establishment of social networks as a core outcome of networking behavior. This social network contributes to social capital which leads to the development of trust, goodwill, and reciprocity facilitating action within the social network (Adler & Kwon, 2002; Coleman, 1988). Ginger articulated how the development of a social connection with other emergency RNs improved her respect for them and their employers:

So I think it would be nice to have like an okay, this is like our information meeting we're going to do business and all this. And then it's like maybe we can

all have a fun night too. It's like we're going to go bowling. You know? We're going out. We're going to do karaoke. Um, to make that a priority also.

When asked what was the benefit of having a fun night, Ginger stated:

It's kind of like going out to drinks after your thing. But it's a sense of community. You know, and locally that would be, I mean I do that anyways but I'm, um, just thinking of ways that you could get people together. And it's and it's also nice to get together for people, like I love the meetings ... And it's nice I think to hear from other people, ... I think it's nice for people to hear that it's not just their facility ... I have a lot more respect for the other facilities.

Similarly, Stephanie pointed out how the ENA promoted social networking that improved her working relationship with her colleagues:

I think seeing people outside of work and having that one-on-one contact kind of allows you to complete that relationship with the people around you and it makes working with them day-to-day easier and you feel more comfortable, kind of, you know, given that, you know, just having an extra knowledge behind, you know, what the what they're going through and, you know, what they know too.

She expanded on this, stating how this was particularly important when there was a disconnect between colleagues and herself:

I think socializing is a big part of the local ENA chapters and it's something that helps strengthen the bonds between nurses, much like it has for me, with people that I otherwise, like oil and water with in the ED, you know I actually relate very well to in the personal setting.

Interestingly enough, Stephanie was able to share a personal account where this social connection outside of work helped her deal with a particularly demanding colleague in addition to helping her colleagues relate to her:

It's totally different to see the nurses that I work with outside of work. Um, there's actually one person in particular, who I cannot stand to work with. But I love seeing them in meetings. We get along very well and we're cohesive and I feel like I can carry on a conversation. Their personality changes completely when they're in their job to where they're very cold and I feel very awkward around this nurse when we're working together to the extent that I don't want to work day shift 'cause I don't want to work with this person. But, you know, when we're doing meeting stuff, it's fine. We're good! So, I think, you know, on a personal level, it's allowed me to relate more to the nurses that I work with on a personal level. And, you know, just allows to let people relax a little bit ... And you know, it just kind of lets people see you with your hair down when you're at the meeting, just eating some food and chit-chatting and stuff. You just have an easier time talking to people than being so I think, too, you know just the stress of being in the emergency department doesn't really leave a lot of room for, um, certainly not usually a lot of time for chit-chat. And so you get to hear some of those more personal stories, you know, when you're sitting down with people at meetings.

Kelly found it interesting to learn about other nurse's backgrounds, "Actually it's kind of nice because everybody comes from different backgrounds. And I kind of like it because there's all different kinds of people there." Tess echoed the sentiment that the social

networking that the ENA fostered improved the working relationship with her colleagues in the ED.

It [ENA] has drawn me closer to my colleagues at work and being able to go to the national meetings and to the state meetings with my colleagues at work, it's, you know, when we get to work, it kind of breaks down the walls to where, you know, 'cause we're doing a function outside of work as well. I think it facilitates interaction with my co-workers and it facilitates teamwork, as well. I think, because it just kind of the ENA is kind of, I don't know, it just kind of brings us all together, if you will.

Alex found that the social networking that the ENA fostered helped him develop a relationship with a more experienced emergency RN that later afforded him the opportunity to expand his participation within the association.

I think there's a social networking there that's involved in going to the ENA. I mean, at the last meeting I met with Ramona Smith (alias) and a bunch of other people that I just really needed to see. And, I mean even from the last meeting, I spoke with Ramona (alias) about being a TNCC instructor and if she needed help. So I think it also makes me available to my colleagues.

The participants consistently identified the personal connections that they made as members of the ENA as important in helping them interact with other emergency RNs. Julia exemplified this when she identified personal contact as one of the most important pieces in getting emergency RNs involved in the ENA:

I think personal contact. I think coming in, because you can call me and I can ignore the phone call. You can try and text me or put something on Facebook and

I can ignore that. But if you're inviting me to something and you're in my town and I go to it. Then we're face to face, you know what I mean? Then I'm more likely to accept your phone call or to respond to you on Facebook, if I've met you face to face. Know what I mean? So. Like if you just emailed me, I would have never done this [the research study]. If I didn't know who you were, if you hadn't been so nice and accepting of me at state stuff, I would have been like, "Who is this guy? There's no way!" But since I knew you and I met you personally then yeah, I was willing.

While the social network was considered an important part of being active within the ENA, Stephanie highlighted how a social network that is centered around one individual can deteriorate if that individual is no longer present:

I think, um, at the time that she [referring to Phyllis (alias)] got sick, that was definitely the beginning of the decline as far as, you know, things being more organized and put together ... I don't know if people were drawn to the ENA because they were drawn to her. And maybe we lost a lot of people coming in because she was kind of their inspiration for going and that when she wasn't going, then they weren't going.

This subtheme highlights how the establishment of a network helped the participants connect with other professionals by creating a group of emergency RNs that the participants could interact with usually outside of their respective employment institutions. The participants felt that networking served as a professional resource for them. Many times this network of emergency RNs identified resources that the participants were not aware existed. These networks provided a safe venue for the

participants to ask clinical questions outside their employment institutions. The network also promoted social interaction among colleagues in the emergency specialty and helped to prevent the formation of cliques. Participants were able to make a personal connection with other emergency RNs. The participants felt that this helped to improve working relationships within their respective EDs. One issue that was identified as problematic with establishing a network revolved around the fact that if one individual was the pillar of the network and was not longer able to participate, other members of the network may no longer participate. This could lead to the dissolution of the network.

Sharing of advice and experience. *Sharing of advice and experience* is a subtheme of *allows connections with other professionals* that focused specifically on experienced RNs sharing advice, knowledge, and experience with the emerging emergency RNs in order to help improve the practice of the emerging emergency RNs.

The participants identified that the ENA was a resource that allowed them to share advice and experiences with experienced emergency RNs that directly impacted how patient care was provided in the ED. Glo classified the sharing of advice and experiences as “priceless.” She stated, “The information that y’all [ENA] share is just priceless. There's so much room for growth. You can see that in there and they offer so much in the way of continuing education. I would just first and foremost, just become a member.” Julia described how attending the ENA annual meeting resulted in the sharing of information:

So the ENA kind of makes me proud to be an emergency department nurse. Look at this national group of people that can get together and, you know, I mean

especially going to the annual meeting it's just so organized and so beneficial to the group of people that are there learning.

Jessie talked about how attending the ENA leadership conference and interacting with other emergency nurses helped to improve an extensive quality improvement project, referred to as a Lean Six Sigma, that his ED was initiating. He also highlighted how attending the ENA leadership conference prodded his ED to consider applying for the Lantern award. The Lantern award is given to EDs that, “exemplify exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy, and research”(Emergency Nurses Association, 2013). This award is conferred by the ENA as a “visible symbol of an ED s commitment to quality, presence of a healthy work environment and accomplishments in incorporating evidence-based practice and innovation into emergency care”(Emergency Nurses Association, 2013):

We had started a Lean [Lean Six Sigma] project probably two weeks before we went to Portland [leadership conference]. And we came back with a couple of ideas rolling around our heads because there were a couple of other people that had done Lean projects. And so we are considering this year, we’ve got all of our documents downloaded and we’re looking at doing our Lantern award, um, application.

Tess, who served as the treasurer of her local ENA chapter, revealed how her involvement in the ENA allowed her to get advice from other treasurer’s across the State of Texas which helped her perform her role better at the local level:

It [Texas ENA meeting] was very...it was a lot of business and it was very interesting because it actually helped me out as far as the treasurer report. Now I

kind of understand how I need to set it up and how I need to do my meetings. It was really very interesting.

Interestingly, the sharing of advice and experience was not unidirectional. Several of the participants identified instances where they were empowered or encouraged to share their opinions or information with experienced nurses. Jessie planned on submitting the outcomes of his Lean Six Sigma project for presentation at a future ENA leadership conference, “We’re also looking at maybe putting in to present at one of the conferences. Probably leadership conference next year after we finally can get enough data wrapped up on our Lean project.” Ginger reflected on the impact that submitting a resolution to the ENA annual meeting had on her in regards to her perceptions of making a difference in practice at the institutional level, “Also doing my resolution, I feel like the things I do locally are more educational and it’s harder to see an impact ... People may complain and whine but they have a chance to make a difference.” Both George and Emily reported on how receptive the experienced ENA nurses were when both of them offered their own opinions at one of the Texas ENA meetings. George noted that he felt “accepted.”

I mean, even in some of the committee meetings [Texas ENA committee meetings], they would look at me and ask a question. I'd say, "well, I'm new, I don't know, but this is how I see it and how I feel about it" and that was based on the information I knew then and everybody accepted it.

Emily felt that that the experienced ENA nurses were receptive to the new ED nurses, “I thought it was nice that they were reasonable about it. I was expecting them to be old

sticklers and stuck in their ways and whatever, but they were actually receptive and open to new ideas ...”

Many of the participants reported that there was limited participation of emergency RNs in the ENA within their respective EDs. When asked if there were ENA members in their EDs, Alex stated, “Not that I know of. Not active. I think maybe a few are ENA members”; Stephanie reported, “I think we’re like 50/50 on members but they’re not very active members”; Vincent acknowledged, “I’m not aware of anyone.” However, when ENA members were available in their own ED or even in other facilities, the participants found them to be useful resources for sharing of advice and experience. Alex explained his relationship with an experienced co-worker, who was an active member of the ENA that worked with him in the ED:

I do pick Penelope’s (alias) brain quite a bit while we’re at work. I’m fortunate enough to usually work the same shift as she does. I’m usually trying to glean any kind of knowledge from her whenever I’m like, ah, if I’m making like a charge nurse decision or I’m making a patient decision, I’m like, "Hey, Penelope (alias) let me pick your brain for a while.” And inevitably like if she doesn’t give me the right answer, usually I arrive at a better answer than the one I would have without her help.

Despite the fact that ENA members were not readily accessible within the participants’ EDs, that did not prevent them from seeking out those experienced emergency RNs who were ENA members. Nate remarked about what it was like to exchange ideas with other ED nurses who were not in his own institutional department:

You know, I mean being able to go somewhere and you can kind of talk shop with someone else who's not in your department is cool because then you have the exchange of ideas of how, you know, they're doing this one system and how you can do it over in your system and see what works.

Kelly shared an instance in which she reached out to another ENA member who was not affiliated with her institution in order to solicit advice about how to handle a situation:

I had a conflict and I wasn't really given the opportunity to respond. So I called her and I asked her if I could talk to her off the record and how she felt I should handle it and what would be the best way to handle it. I thought that was a really good resource because it wasn't somebody I would've called in my own place of employment. And she's really good on educational advice.

Glo, who's husband is actively involved in the ENA as well, relayed how her husband used her as a sounding board to discuss issues that he was facing in the ENA:

'cause [sic] Jacob (alias) does a lot for the ENA, he'll kick things around with me. He goes a lot to all the meetings in other states, uh, across the State of Texas, and he said it's good to have that support from me, 'cause I know what he's doing.

Glo stressed how she enjoyed these discussions because it allowed her to have “family time” since she and her husband work opposite shifts within the ED.

Several of the participants felt that experienced emergency nurses had an obligation to share their advice and experiences with all ED nurses but especially the newer ED nurses. Jessie exemplified this position when he stated:

I think our duty on the opposite end of that is to share what we learn with the younger generation or the people that just don't know, even if they're 20 years

more experienced. They're like, "Where did you learn that?" "Well, I learned it because I went and got my CEN [certified emergency nurse designation]. It was one of the questions on the test I had to study for because I didn't know the answer when I looked at it the first time." So, I guess that's the role I see it in for me.

George observed that ENA members were more helpful than non-ENA members when he was asked to describe the difference between the two:

... the ones that I know that are members of the ENA, their perception, I think, in how they handle new grads and their willingness to help them improve, help educate them, help get them to where they need to be and stand behind them and say, like "I know you're scared, but you can do this; go ahead", and push them out there. Um, I see a difference in, I know, between some of the ones that are members ...

Most of the participants felt an obligation to provide the newer emergency nurses with support and advice. Jessie embodied this notion when described how the ENA could help newer emergency nurses based on his own experience:

I mean especially with the younger generation, they do that now on Facebook. "I had a terrible day at work today!" And it's hard for them; especially on Facebook and with everything that facilities and systems are doing about you can't talk about this about patients. It's hard for all of the rest of their friends and their support group to relate to what they're saying because they don't have that perspective. And so that might be an opportunity to provide support for the younger nurses.

This subtheme draws attention to the importance that emerging emergency RNs place on the sharing of advice and experience with experienced emergency RNs. Sharing of advice and experience allowed the participants to learn new practice techniques, improve on institutional projects, seek advice on how to handle difficult situations, clarify roles, and to become empowered to share their own advice and experiences with other emergency RNs. The ENA was consistently identified as a resource that fostered the sharing of this advice and experience. ENA members were often sought out specifically for their advice and experience.

Promoting a broader perspective. *Promoting a broader perspective* is a subtheme of *allows connections with other professionals* that referred to participants interacting with other emergency RNs who were ENA members outside their own institutions in order to gain a greater understanding of emergency nursing from a perspective that differs from their own employment institutions. When emergency RNs only know what occurs within their own employment institutions there is a risk of stagnation and failure to keep up with the new developments that occur in nursing at a record pace. A couple of participants labeled this the “silo effect.” Emily succinctly identified the need to be able see the bigger picture when she identified some of the characteristics that were needed to be an emergency RN, “You need to see the big picture.” It was interesting that the participants identified the ENA as a means to connect with other emergency RNs in order to see what was going on around the country. Ginger clearly articulated this when she explained what advice she would give an emerging emergency RN:

This is the place [ENA] where your opportunities are expanded. Otherwise, you have a silo. You have this department and this hospital and that's all you're ever going to know. And that's part of the problem is that I think a lot of nurses that's all they have. And it's limiting. And even if even if you love your job and you're happy ... I love my hospital. I'm not leaving! But the more education I have and the more I'm exposed to, the stronger nurse I am.

Emily added that the ENA immerses the RN in a culture of emergency medicine giving the RN a broader picture of emergency nursing, "It [ENA] immerses them [emergency RNs] in the culture of emergency medicine, and it gives them a wider picture of emergency nursing as a whole versus just that one little hospital and the way they do things." Stephanie specifically addressed the fact that she likes being able to see the bigger picture:

I like seeing the high level kind of stuff, so when you get the emails and some of the publications that you get, being able to see, like "hey, this happens in Massachusetts too. That's awesome! It's not just our crazy patients!"

The ENA was consistently identified as a resource whereby information was disseminated to emergency RNs. When asked how the profession of emergency nursing would be effected if the ENA did not exist, the participants unswervingly vocalized stagnation in the way emergency care would be provided. Tess stated:

If you didn't have it [ENA], I think the ED, it would just kind of, you wouldn't learn the new stuff out there and it would just be kind of a day-to-day process. I just don't think you would ever learn anything new, we would always be stuck in one area and not be able to go forward.

Nate identified that there would be a lot of variation in patient care if the ENA did not exist, “I think if they [ENA] weren’t there to set that standard, you’d have a lot of variations depending on, you know, I think it would be department specific, systems specific, or hospital specific.” Jessie concluded that if the ENA did not exist there would be a failure to deliver advances in emergency nursing around the world:

So you would have all these pockets across the country and across the world that are doing their own little thing and maybe what they're doing up in New York is just revolutionizing the way they deliver care up there. What is the method of transport for that knowledge? What does it get published in? Does it get published in the Journal of Emergency Nursing? No, 'cause that doesn't exist. You know, stuff like that. You know, that's what I think professional organizations bring to the table. It's that national and international view of this is what's influencing aspects of care throughout the whole continuum globally.

Stephanie raised the concern that emergency RNs would become isolated if the ENA did not exist resulting in poorer quality patient care:

I think it would isolate them and I think it would be to the detriment of patient care ... So without the ENA, I think a lot of the things that we struggle with, we would never improve upon. We would just all individually in our own emergency departments or own organizations, Hospitals of the United States of America (alias), whatever we would all just continue to fight those same battles day after day.

The participants time after time expressed a concern about the “silo effect” within institutions if there was no means to share information with other emergency RNs. Jessie described the importance of preventing this “silo effect” in order to improve patient care:

We run the risk of building the silo around our single facility and what we do is right and what everybody else is doing is wrong. The hard part about that is making that impact.

Connecting with other emergency RNs outside one’s own institution really helped the participants to get a better idea of what was going on in their own community in regards to healthcare as well as around the country. Additionally, by participating in the ENA, the participants were provided with opportunities to interact with other emergency RNs. Julia called to mind why she thought participation in the ENA was important for her:

It [interacting with people from Northeast General Hospital (alias)] gives me more respect for them. I mean we've both had a very competitive nature ... So, just knowing what they're doing over there, I think will help grow our practice, you know, they're doing something new, but they may have been doing hypothermia for a while. I don't know, but, just through the connection [via ENA], I know our SANE program, their SANE program went away completely and then our SANE program has helped rebuild their program.

Julia was asked if this had facilitated communication between facilities:

I think so ... but through it [ENA], now we have baby SANE nurses over there that we're, um, the president-elect is actually a brand new SANE nurse herself. So, definitely, I think that gives the resource. And, you know, kind of trying to

function this hospital is almost in like a little tunnel where we don't want anyone to come in with us, you know? They can do their thing and we can do ours but I think it's definitely opened our eyes

Tess recalled how she felt when she returned from the ENA annual meeting, “It was really interesting talking to other people from different parts of the country, and kind of what they do and how they do things.”

Participants frequently identified seeing what others were doing around the country as valuable to their own practice and improving patient care in their own facility. Again most of the participants identified the ENA as a resource for sharing of that information. Kelly identified the ENA as helping her to see what is occurring in the emergency nursing profession, “I think that everybody has to have and it's just my experience so far it's just been the ENA exposure to what's out there.” Kelly went on to state that joining the ENA would benefit the emerging emergency RN because, “Well they [new emergency RNs] would be more aware of what's going on out there.” Kelly reflected on how the ENA helped expose her to a broader perspective of what was happening in emergency nursing, “Oh the ENA opened a whole new world to me. I mean, I sit in those meetings and I hear of these things that I have no clue about.” Stephanie also shared how the ENA helped expose her to issues that were facing emergency nursing:

The two main parts of the ENA, for me, are meetings. You know, going and hearing what's going on in the community and what's going on at the state and national level when you hear about some of the initiatives and recommendations that are being pushed through.

Thomas discussed how attending the local ENA meetings helped him to see what issues were being addressed at the state and national levels:

Um, but definitely these last few last couple of weeks, I think, in regards to being a part of injury prevention with George (alias), and also going to the state meeting kind of made me you know, I was there with the ENA, going to local meetings, but then when you get out there and you see the exposure that you have, that the ENA has both on a state and national level, it kind of makes you realize "hey, this is pretty important." So, you hear those topics that we discussed at state, and go to the course and see other people there and hear their ideas and know that it's a pretty big deal.

The ability to see the broader perspective was not limited to face to face interactions; the participants viewed the publication of information in journals and newsletters as a means to connect with more experienced emergency RNs in seeing the broader perspective. As Stephanie identified, the JEN was another venue besides actual ENA meetings that helped disseminate information to emergency nurses. Tess also discussed the importance of the JEN in helping to disseminate current information to emergency nurses, "The articles, um, just the different stuff out there, the new stuff that's out there and that you read and I've looked at it and I read it and I'm like 'well, I didn't know that'." Glo also valued the JEN articles in helping her to see what was occurring across the country:

I would say when I read the journals they have a lot of specific articles on what's going on across the country. Comparing that to what we're doing here, whether

it's research, whether it's equipment, it just helps you to understand if we're keeping up here.

Glo also identified the importance of the ENA in helping her to see how other emergency nurses are treated across the country and how that might impact her commitment to stay in emergency nursing:

... if I knew that there were folks somewhere else being treated differently, they're practicing differently over here. It might impact that [her commitment to stay in emergency nursing]. I feel good having the ENA out there helping us all. It is it's like an umbrella.

Jessie identified the weekly newsletters and emails as another venue by which information was shared that kept him up-to-date on what was happening around the country:

I get their [ENA's] weekly newsletters and emails and you'll read about what's going on across the country and things that are going on and it's ... you're reading an article and maybe it's just one word or one sentence in that article that goes, hey, I wonder if we could do that here? What would that look like if we tried it here? That's the benefit for me.

Participants shared specific instances where having that broader perspective of what was happening in emergency nursing influenced sharing of that information within their respective employment institutions, thereby helping to minimize the “silo effect”.

Jessie identified a couple of instances where information gleaned from the ENA leadership conference was brought back to his employment institution. One example of this dealt with how triage was performed:

One of the things we've brought back from leadership conference this year, um, and the way they put it in the class we went to that has probably struck a note with me more and something we're very guilty of, I think, in the whole profession, we think of triage as a place. Triage is a verb; it is a process. So the theme of this particular presentation was blowing up triage. I mean, literally blowing up triage ... So we've come back with that same thought process. You know, when we designed our new areas. In the class they said, "Triage is really simple at the front door. As their walking by, are they sick or are they not sick? If they're not sick then they go over there. If they're sick, then they need to go here. And you can finish everything there". You know, that whole, it's a verb, it's a process, it's not a place. They don't have to go through the place.

This subtheme highlights the importance that emerging emergency RNs place on knowing what is happening in the profession of emergency nursing beyond what is occurring in their own employment institutions. Participants felt it was important that emergency RNs be able to "see the big picture" and avoid the "silo effect" within their employment institutions. This required that the participants interacted with more experienced emergency RNs and shared information. The ENA was identified as a resource that promoted these interactions and sharing of information.

As previously stated, the participants identified forming relationships with experienced emergency RNs as important to them as emerging emergency RNs. This lead to the overall theme of *allows connections with other professionals*. The participants discussed how these connections helped them transition from the novice emergency RN to a more experienced emergency RN. This was encompassed in the subtheme of

supports RN role transition. The participants also discussed how connecting with the experienced emergency RNs helped them to develop a network of experienced emergency RNs who provided them with clinical information, contacts, mentoring, and social interactions. This was captured in the *networking* subtheme. Participants identified that connecting with experienced emergency nurses afforded them the opportunity to seek out advice or share their experiences in the ED. This was captured by the third subtheme of *sharing of advice and experience.* The participants talked about the importance of connecting with other professionals outside of one's own employment setting in order to avoid the "silo effect" and to see the "bigger picture" of emergency care. This led to the development of the fourth subtheme of *promoting a broader perspective.* Throughout the theme and subthemes, the participants identified that the ENA was indispensable.

Advocates for the Profession and Patients

The second main theme that was discovered from the data was *advocates for the profession and patients.* Three subthemes also were uncovered from the data that supported the main theme. The three subthemes that were uncovered from the data were *sets the standards of practice, provides legislative resources* and *keeps the profession safe and current.*

The main theme *advocates for the profession and patients* referred to the participants' perception that the ENA promotes the interest of the specialty of emergency nursing and the patients that are cared for in the ED. The participants identified the ENA as the entity that focused on the interests of emergency nurses and patient care. Several

of the participants described how the ENA affected them at the hospital or departmental level. Jessie stated how care within his ED would be affected if the ENA did not exist:

... that source of knowledge and power has proven to be the ENA. It's not that we're doing things wrong here within our healthcare system or it's not that I feel we're a shining light, but that's what it would mean to me. It would make the stuff we try to do, to improve the delivery of care, that much harder.

Kelly talked about how emergency care would be affected if the ENA did not exist expressing concern that hospital administrators would be more in control of care. She also identified how the ENA provided a means to oversee care that is provided within institutions, "I think it [emergency care] would be more controlled by administrators within hospitals. I don't think that's such a good thing because it's always nice to have another set of eyes looking in." Alex identified how the ENA focused on the interest of emergency nursing and patient care whereas hospitals focused more on the financial aspects, "The viewpoint of the ENA isn't the financial aspect at all like a hospital would be. They're solely interested in emergency nursing and patient care." George described how he thought new emergency nurses would join the ENA once they understood how the ENA affected emergency nursing:

Once they understand that they're [ENA] there to work on improving patient care or working on improving nursing care, then it becomes one of those, "oh, it's a no brainer. I should join the association, because it really does make a difference and make a change. It benefits me, it benefits my patients."

The participants also talked about how the specialty of emergency nursing would be affected if the ENA had never existed, focusing more on the specialty as a whole.

Stephanie stated:

I think it would isolate us and I think it would be to the detriment of patient care. Because you wouldn't have anybody in emergency nursing driving a lot of the initiatives that I've seen being done over the years and obviously you still have the nurses association, but I think emergency nursing is just such a specific aspect of nursing that it needs its own focus. So without the ENA, I think a lot of the things that we struggle with, we would never improve upon.

Thomas explained that without the ENA, emergency nurses would be neglected and the quality of patient care would suffer:

I think it would've been one of those neglected fields in nursing. There is a lot of, as far as how emergency nurses are treated, as far as their practice, how it's guided. How are we providing good quality care to our patients?

Alex went as far as saying that emergency nursing would not be a specialty at all if the ENA never existed and that nurses would be relegated to the role of a technician:

Oh, quite simply it wouldn't be a specialty at all. Nurses would be very much like ED techs ... We'd be yes sir, no sir to the doctors. We wouldn't be encouraged as much to think critically. It'd still be a very new system but it would be a very flawed system compared to what it is now. Patient throughput wouldn't be thought of in a holistic aspect. It'd be thought of in medical terms of see disease, treat disease, go home. I think that emergency nursing as a whole would be sent back years. I mean, it'd be most primitive in comparison.

Alex elaborated further talking about how ENA member involvement would improve the nursing profession as a whole as well as patient outcomes because members were more involved in nursing, “I think potentially it will affect at least, well pretty much every level. It possibly affects nursing as a profession and patient outcomes simply because they’re going to have such a professional level of involvement in their nursing career.” Vincent felt that the ENA helped to make emergency nursing more professional as a specialty, “I think the ENA is trying to make emergency nursing more professional.”

Three subthemes were uncovered from the data that supported the main theme of *advocates for the profession and patients*. The first subtheme was *sets the standards of practice*. In this subtheme the participants identified the ENA as the entity that determined how emergency nursing should be practiced. The second subtheme that supported the main theme of *advocates for the profession and patients* was *provides legislative resources*. Within this subtheme the participants felt that the ENA provided the emergency nursing profession the legislative resources that were needed to facilitate legislation that improved practice. The participants recognized that there was a need to have an organized group to influence legislation that impacted the specialty of emergency nursing. The third subtheme that supported the main theme of *advocates for the profession and patients* was *keeps the profession safe and current*. This subtheme focused on the participants’ views that the ENA is the primary source of current practice information that is based on current evidence and strives to disseminate this information to emergency nurses. The participants valued the ability to remain safe and current in practice.

As previously stated, the participants perceived the ENA as promoting the interest of the specialty of emergency nursing and ED patients. This was accomplished in differing ways as identified by the three subthemes. Each of these subthemes will now be presented in detail to better explain their importance in relationship to the main theme of *advocates for the profession and patients*.

Sets the standards of practice. *Sets the standards of practice* referred to the participants identifying the ENA as the entity that determines how emergency nursing should be practiced. Peddicord (2009) identified the ENA as one of the specialty nursing organizations that supports the interests of the specialty clinical environment. Peddicord (2009) also identified one of the roles of a professional nursing organization as influencing healthcare standards. This is consistent with perceptions of the participants. George identified that the ENA setting the standards probably occurred more often than offering legal protections to emergency nurses, “I think the standards more than the legal ...” Ginger noted that the ENA ensured consistency in emergency nursing practice, “I think that their [ENA] role is to ensure that there is some consistency.” Ginger explained how she used the standards set by the ENA to change her practice within her employment setting:

Well, I look at the ENA’s guidelines. I actually look stuff up. And one of the things I’m going to be doing, like whenever I have a question about, “Is this right?” “Is this...” you know, “What are the standards on this?” I will go back to that ... That is a practice changing thing to say. “My national organization says this. These are the standards.” I can take that to administration. That’s a

powerful thing. That's changed practice at my facility. That's directly changing my practice.

Glo mentioned that the ENA set the precedents for emergency nursing practice, "I think the ENA help to establish, um, set precedents across the board in this industry and I've never read anything or heard anything in one of the meetings that I didn't agree with as an emergency department nurse." Glo went on to compare the ENA to the Texas Board of Nursing in regards to providing emergency nurses with protection and ensure that we practice emergency nursing the same across the country:

I would like to know that the way we practice here, specifically in Shelter (alias) right now is the way that emergency care is being practiced across the board, across the states. That we have an agency out there protecting us [ENA], like the Board of Nursing, and they're going to continue to protect us. That we're practicing safe patient care the same as everyone else in the United States.

The participants felt that the ENA provided the emerging emergency nurse a means to understand what is expected of an emergency nurse. Tess identified the ENA as facilitating this process, "I guess as a facilitator [ENA] to what the ED nurse is all about. To kind of show the new nurse what is kind of expected in the emergency department setting." Ginger provided specifics of how this process might occur in an emergency department and the importance of having a uniform approach to patient care:

... but you should not be a new nurse in the ED and not have these skills. You should have this in your orientation. I think that is so important. So, it's not just this educator going, "Oh yeah, Bob got to do these things and he's good. Now he get's to go to work." I think having that uniform approach to these are the

absolute necessities. Having classes like TNCC and ENPC and ensuring that you're covering the bases. Like yes, you may not be a trauma hospital but you're still going to need to know these things. I think that's really, really helpful.

Without the ENA setting the standards of practice for emergency nursing, the participants expressed concern for how emergency nursing would be practiced. Nate described the variability that would occur in practice if the ENA did not exist:

I think they set a standard for what an ED nurse should be. I think if they weren't there to set that standard, you'd have a lot of variations in it, depending on, you know, I think it would be department specific or systems specific, hospital specific. What you have for your requirements to practice would be different.

George maintained that without the standardization of practice emergency care would not move forward like it should:

What's happening in here doesn't always affect what's going on in Austin or what happens in Austin happens in Houston, where it doesn't make sense that if a standard practice is working very well in one hospital that it shouldn't be working very well in all the hospitals and I think without an association there to help educate the members to help with legislative change that those processes won't move like they should.

Ginger expressed a similar concern about having standards for emergency nursing practice:

I feel like the ENA does direct a lot of the practice in the ED. I think if we're going to be an emergency nursing profession, we need to have standards. And we need to say in one voice, and I get that different states have different practices and

you can do this in one place and you can't in another, but there are some guidelines. You can say, "This as a whole we need to be doing this." I think that's really, really helpful. And also it helps us to have a stronger base to stand on.

While Alex also identified that the ENA sets the standards for emergency nursing practice, he also felt that the ENA was able to bridge theoretical "book" knowledge with "real world" practice:

... I think the ENA represents the kind of ideal way of emergency nursing, as an association. You and I both know there're two different ways of functioning or understanding reality. There's book reality and there's street reality. I think what the ENA has done and has exemplified for me, is that they've understood that either one or the other isn't correct in the way of thinking. It's a combination of both book learning and street smarts or real world experiences. I think that combining those two has been kind of one of the main things ENA's best interests is. And I think positively that if I follow that vision that the ENA sends forward, I think professionally it's guided me a lot more positive in professional areas of nursing ...

Glo remarked that her practice would have definitely been impacted if the ENA had never existed because she would not have known how things should be done:

Um, maybe I wouldn't be as happy about being an emergency department nurse as I am. Because I would always question as to whether or not this is the way things should be done. Are they doing it the same way here, it would be like having a

monkey on your back. You know, could this be done differently? ... So yeah, it would. It would definitely impact the way you practice.

Several participants disclosed that they had attended the general assembly of the ENA as a delegate. The general assembly is the body that adopts policies and positions that affect the profession of emergency nursing (Emergency Nurses Association, 2012). For those participants they felt like they were helping guide the standards for emergency nursing. Ginger exemplified this when she stated:

I'm voting for the first time when I went to general assembly and I was like, "These are the people that are deciding what happens in my emergency nursing practice." So they're the ones that decide what the priorities of the ENA are. So when we change our strategic framework and said that workplace violence, psychiatric, and crowding were the priorities, this is where the stuff comes from. Oh my God! I can be a part of that.

Despite the fact that the participants felt that the ENA sets the standards of practice, there were two participants who identified the need for the ENA to do more particularly in regards to the development of clinical guidelines. Ginger noted the ENA provided some clinical guidelines, "... but it's like we have actual clinical guidelines you could use as well." However, she felt this was an area that needed further development for emergency nurses, "I wish they [ENA] had more clinical guidelines that were useable. And that's something that I actually would be interested in presenting a resolution on that. Because that's one of the things I feel like we're lacking." Thomas echoed this sentiment, "Well, like just having some, um, maybe some more guidelines, clinical guidelines." He acknowledged that the ENA was involved in clinical practice but as an

emerging emergency RN we did not see how the ENA was changing clinical practice, "... I see their [ENA's] involvement in clinical practice, but I don't see how they're changing it. That's not evident to me as a new GN." He expressed a desire for the ENA to take a more active role in improving emergency nursing:

I'd like to see the ENA say not only are we involved in your clinical practice, but here's how we're improving emergency nursing to new GN's ... If there was some way to say "hey, this is what emergency nurses are doing and this is how we're improving our patient outcomes."

This subtheme highlights the perception of the participants that the ENA determines how emergency nursing should be practiced by setting the standards of practice for the emergency nursing specialty. This provides the emerging emergency RNs consistency in how emergency care is delivered to patients. The participants felt that overall the setting of standards of practice improved how patient care was delivered thereby improving patient outcomes. As Vincent stated, "I think it's [ENA] trying to raise it [emergency nursing specialty] up a little bit and make it kind of standardized."

Provides legislative resources. *Provides legislative resources* referred to the ENA working within the political system to educate and influence politicians in the development of policies and laws that benefit emergency nursing and patient care. Alex described the importance of having the ENA going to "bat" for emergency nursing in politics in order to influence practice in a positive manner, "... in order to positively affect nursing, you have to find the people that go to bat for you in politics [ENA]." Bruce echoed the importance of the ENA in changing legislation to benefit nurses, "I know the ENA's involved with a lot of national activities trying to make changes in

Congress for nurses benefits. I know they do that.” This is a function of professional associations identified in the literature. Peddicord (2009) and Vioral (2011) both describe political advocacy as one of several resources provided by professional nursing associations. Emily agreed that the ENA provides legislative resources when she stated, “As far as I understand it, the ENA is an organization of your profession that provides continuing education and ways to lobby for the things that we need. That's my understanding ... I would say education and lobbying ... “ Emily went on to stress that the ENA was a good organization to be part of because it focused on the specialty of emergency nursing in addition to providing legislative resources, “I would say that the ENA is a really good organization to be a part of because it is in your field...you're going to learn stuff you didn't know before and they also lobby for things that we need.” Thomas who was involved with the NSNA as a student, described the ENA's as “ ... it's [ENA] a professional organization. Therefore you have officers, they have a voice as far as maybe politics go or they have a voice as far as implementing new things nationwide as far as emergency nursing goes.” Thomas went on to describe the membership of the ENA provided direction for those legislative resources, “... but I think that the ENA has a lot of different, um, what am I trying to say to influences practice in a lot of different areas. Like the committees, like the goin' to nationals and havin' a voice there. Debating things that are going to go to the Capitol and therefore it involves lawmakers and then they know the ENA's influence on it, so maybe that influences practice as well.” Thomas was one of the few participants involved in the NSNA prior to becoming an emergency nurse. This would help explain his understanding of how the legislative agenda for an association is determined.

The participants asserted that knowing how policies and laws influence the specialty was important for emergency nurses to understand. Kelly stressed the importance of knowing how laws are created:

I think that everybody has to have, and it's just my experience so far ... it's just been the ENA exposure to what's out there ... you need to see what's there. You need to see the resources; you need to see how things are started; you need to see how laws are created ...

George went as far as to advocate nursing students attending a state ENA meeting to better understand how the legislative process worked:

I think once they understand the purpose that it is a way to legally change, to make law changes, to make things like that, they'll understand. You know it's like if you could take every new student, run 'em [sic] up to a state meeting let 'em [sic] see what's really happening, what they're talking about, how it's working, run through a couple of committees, see what they're talking about, how they're working, then they understand, "oh, this is how this works. This is what will happen.

Alex associated membership in the ENA with power in the legislative process particularly since he perceived that money was needed to influence the political process:

I think it's very important [to join the ENA] for the simple fact that understanding that the ENA represents me on a national level ... But for affecting policy at a national level, if politics is power then what power is politics? What's behind politics is money. I think when it comes down to it, I think the more membership,

the more members that go into the ENA, the more power is provided to the cause of emergency nursing.

Without the ENA providing legislative resources, the participants felt that the specialty of emergency nursing would suffer. George stated, “I think without an association there to help educate the members to help with legislative change that those processes won't move like they should.” Ginger agreed, describing how the specialty would not have achieved favorable legislation if the ENA had never existed, “I think we would have a lot less favorable legislation passed. I think of all the things that we got passed as far as safety things, um that we're supporting.” Ginger who was the only participant to have submitted a resolution to the national general assembly of the ENA, gave the example related to violence against emergency personnel as one of the pieces of legislation that required the legislative resources of the ENA to protect emergency nurses and how she was proud to have been involved in that process:

I'm also really proud of that resolution [violence against emergency personnel] because every time a state changes their legislation, that strengthens the penalties for assaulting a healthcare provider, every organization that had a statement saying, we support felony legislation, we support stronger penalties. It's just more backing for those things and if I can have a hand in convincing a legislator, in convincing an organization to support us, that gives me great pride. That just, I feel very happy about that.

This subtheme highlights the importance that the participants place on the ENA providing legislative resources to emergency nursing. The participants also identified the

necessity for emergency nurses to know how the legislative process works and how these policies and laws affect the practice of emergency nursing.

Keeps the profession safe and current. *Keeps the profession safe and current* focused on the participants' views that the ENA is the primary source of up-to-date practice information that is based on current evidence and strives to disseminate this information to emergency nurses. Nguyen (2008) identified that a major factor for individuals to join their professional associations was the desire to learn new tools and techniques that were relevant to their jobs. Vincent supported this assertion when we stated:

... I need a strong organization [ENA] behind me or to be part of a strong organization that has good educational resources and helps keep me up to date on my skills ... I took a little break and I can see a lot of things we used to do we don't do anymore and if I didn't have up to date resources and research backing that up and going forward I wouldn't be providing good patient care.

The participants frequently identified the ENA as the organization that helped them stay current and safe in practicing emergency nursing. Kelly captured this sentiment when she remarked, "So they're [ENA] really looking at keeping our profession as current and safe and knowledgeable as possible for what's out there." Julia referred to the ENA as the "gold standard" resource for her practice, "I'm sure there might be other sources but to me, it [ENA] seems to be the kind of gold standard ... " The participants pointed out their desires to remain up-to-date on trends in emergency nursing and identified the ENA as a primary source for that information. Nate said:

I know that the ENA wants their nurses to be up-to-date with the newest information possible and I think they do an amazing job of it. Whether it's the study and all the published articles and stuff they have in the journal or just the mobile updates and such.

Nate went on to described the “evidence-based practice and all that kind of research stuff” that the ENA generated as “fascinating stuff.” Jessie communicated how the ENA gathered all of the information related to emergency nursing and put it out there for the emergency nurses, “The ENA does a very good job of coalescing all of that [information] and putting it out there in front of you.” Tess credited the ENA for helping her to learn the new evidence-based practices that she tries to incorporate into her own practice as an emerging emergency RN, “I've learned like the new evidence-based practice and I see that and I try to incorporate that into my day-to-day stuff.” Glo explained that she reads the information that the ENA disseminates through the JEN to compare what she is doing in her own ED with what others are doing around the country:

I would say when I read the journals they have a lot of specific articles on what's going on across the country. And comparing that to what we're doing here, whether it's research, whether it's equipment, it just helps you to understand if we're keeping up here.

Glo went on to stress the importance she placed on knowing that she was practicing safe patient care in her local ED compared to other nurses across the country:

I would like to know that the way we practice here, specifically in Shelter (alias) right now, is the way that emergency care is being practiced across the board ... That we're practicing safe patient care ...

The participants viewed the ENA as being responsible for providing emergency nurses with evidence-based practice and research findings that affect emergency nursing practice. Ginger noted that this was the ENA's responsibility when she stated, "We're [ENA] here to provide our members with evidence-based practice, with research ... " Stephanie echoed this when she identified the ENA as a driving force behind some of the evidence-based practices and research studies, "The ENA kind of drives some of those evidence-based practice, research studies that says 'this is not good. This is not decreasing patient outcomes, um, worsening patient outcomes' and can do some of those things that make it better." When asked how emergency nursing would be affected if the ENA did not exist, the participants expressed a concern that patient care would suffer since emergency nurses would not be using current evidence-based practice and research to guide their practice. Emily explained:

I don't think we [emergency nurses] would serve the patients as well as we do, because a lot of the teaching that goes on in the ENA reminds you of why people are the way they are or the correct help that they need, evidence-based practice, stuff like that. We would just be going off our own little judgment, so I think it helps us give better care to our patients and the most evidence-based in recent care.

George felt that without the ENA change in practice would be harder, "I think without it, without the ENA, it would make the process of change even with evidence-based backing harder, community-wide, statewide and national ... " Vincent noted that the reason the ENA was important to him was the ability to keep up with changes in emergency nursing. According to him failure to keep up with changes resulted in poorer patient care, "If you

don't keep current with changes then you're not providing good patient care.” Ginger questioned how emergency nurses would obtain current information if the ENA did not exist, “It’s kind of like if you know how to do it, great! If you don’t, you don’t. I feel like without a professional organization or education how do you learn how to do the latest and greatest?” Jessie questioned how practice changes would be disseminated if the ENA did not exist:

So you would have all these pockets across the country and across the world that are doing their own little thing and maybe what they're doing up in New York is just revolutionizing the way they deliver care up there. What is the method of transport for that knowledge? What does it get published in? Does it get published in the Journal of Emergency Nursing? No, 'cause that doesn't exist. You know, stuff like that. You know, that's what I think professional organizations bring to the table. It's that national and international view of this is what's influencing aspects of care throughout the whole continuum globally.

The participants frequently talked about change in practice and identified the ENA as a means to keep up with the changes. Alex expressed reassurance knowing that the ENA was keeping up with the changes:

I think that if anything else, I know that emergency nursing, no matter how bad it is, it’s constantly improving. And people that have a lot of respect for emergency nursing are right there in the middle of it then. I guess it’s reassuring that no matter what happens, it’s still going to be improving. It’s not stagnating. I think that's the main positive effect that the ENA has on this is the realization of the fact that we’re going move forward regardless.

Glo also identified the ENA as doing a good job in moving forward with change related to emergency nursing, “Like I said, things change every day, every week, every month and they seem to be changing and rolling and they're always updating. I'd just say ‘keep up the good work’.”

The participants associated their ability to keep current in emergency nursing with their participation in the ENA thereby helping them to develop as an emerging emergency RN. Stephanie relayed how being involved in the ENA helped ensure her ED director that she could be counted on to stay current in the specialty, “I definitely do think that professionally my level of involvement in the ENA gave my director the impression that I was a serious nurse and that it was something that I could be counted on to stay current ... “ Glo, Jessie, and Nate accredited their involvement in the ENA for helping them to become better nurses because they were able to remain current in practice. Glo said:

Professionally, I think it's going to help me develop as a nurse. If I keep reading those journals, keep going to the meetings, stay up to date on everything happening, specific to emergency nurses that's going to help me become a better nurse.

Jessie specifically acknowledged that obtaining certification as an emergency nurse helps emergency nurses remain current in practice, “By offering the certifications and the challenges out there, it forces us to become better ED nurses.” Nate also felt that in addition to reviewing the updates from the ENA that obtaining certification as an emergency nurse helped emergency nurses improve their practice:

I would say it [updates from the ENA] kind of tailors your patient care.

Especially with the re-certifications and stuff I mean, there's some things, little things you forget, but with new studies and new technologies available, I think that tailors your nursing and your practice better, you know, to a higher standard that patients and hospitals and everyone else around you should expect. You know you shouldn't be practicing old medicine.

Nate went on to describe what it would be like for him if the ENA had never existed, "I don't think there'd be a real strong push for me to get extra certifications and for me to stay updated with a lot of with all the information that's being put out now."

The ability to obtain this current information in a timely manner was essential for the participants. The most commonly identified methods of dissemination were the JEN and annual meeting. Nate pointed out that he reads most of the content of the journals, "I read most of the stuff that comes in the journal. You know they [journal articles CE] keep me up to date with all my certifications. I'm great with them. I think they're doing an awesome job." Julia also identified the JEN as a source of staying current in practice, "I think the main thing would be just staying up to date on stuff through the magazines that they send out, the articles." Tess shared that the JEN articles helped her to identify the new content in practice that she needed to improve on, "The [JEN] articles, just the different stuff out there, the new stuff that's out there and that you read and I look at it and I read it and I'm like 'well, I didn't know that'." Ginger and Tess both attended annual meeting and felt that this was another venue to obtain the most current practice information. Ginger shared:

I go to a conference and I get the newest information about cutting edge things. You know, I take back things to my unit. I also feel like every meeting I go to I'm getting more tidbits on the latest and greatest. I'm sharing that with my department.

Tess also discussed how she obtained information about the most current evidence and research on emergency nursing practice by attending annual meeting:

Going to the national conference and sitting through some of the classes that talked about the best evidence-based practice and hearing that, it was really neat to come back and to hear about the new research out there and then coming back here and seeing kind of how we do things and being able to say "hey, well, you know, the new best evidence-based practice says this" and having people be like "oh, let's try that", and then it working out.

Because the participants were involved in the ENA, they were acutely aware of emergency nursing practices that were outdated or "old school". The participants shared that it was important for them to share this current information with their own EDs. Nate stated, "... 'cause there's some nurses that still practice old school way. I'm like, I read this or I did this or I learned this. And they're like, 'Oh, okay.' And it kind of changes it a little bit." Emily remarked how she liked the emergency response team (ERT) vault information found in the JEN and how it provided direction for better practice, "I always look for the ERT vault, I think there are so many things that are done old school that could be improvised better and I think the ENA provides the new way." Emily was referring to a section found in the JEN. However, she did not accurately remember the name of the section she was referring to during the interview. Nevertheless, Emily found

the information in JEN useful in keeping her up to date on current emergency nursing practices. Tess also talked about how her involvement allowed her to bring information back to her ED and incorporate it into departmental practice, “And to get a feel for how they do things there and how they do and then you can incorporate that and bring that back.” Numerous clinical examples were provided by the participants that highlighted how their practice had changed based on new information they obtained from the ENA. In fact, Ginger shared what she would tell emerging emergency RNs about the ENA:

Well, first of all I tell them that if they want to be successful, you need to join the ENA. It’s not an option. Then I tell them that in order to stay current and in order to, um, grow and not stay stagnant, that you need to be involved.

This subtheme explains the participants’ views on how the ENA serves as a primary source of current practice information, which in turns helps to keep their practice safe. Several methods of information dissemination were identified including certification, attendance at annual meeting, and reading of the JEN. The participants acknowledged that the new information that they obtained was shared with their own individual EDs resulting in changes that affected patient care.

In summary this theme of *advocates for the profession and patients* highlights the participants’ perception that the ENA promotes the interest of the specialty of emergency nursing and the patients that are cared for in the ED. Three subthemes emerged from the data that supported the theme of *advocates for the profession and patients*. First, the participants identified that the ENA *sets the standards of practice* by determining how emergency nursing should be practiced. Second, the ENA *provides legislative resources* by working within the political system to educate and influence politicians in the

development of policies and laws that benefit emergency nursing. Third, the ENA *keeps the profession safe and current* by providing current practice information that is based on current evidence and strives to disseminate this information to emergency nurses.

Collectively these three subthemes contribute to the ENA's ability to *advocate for the profession and patients*.

Provides Professional Development

The third main theme that was uncovered from the data was *provides professional development*. Three subthemes were discovered from the data that supported the main theme. The three subthemes that were discovered from the data were *improves and validates knowledge, career development, and leadership development*.

The main theme *provides professional development* referred to the growth of the emerging emergency RN as a professional through the obtainment of knowledge, skills, and experience owing to involvement in the ENA that helped them carry out their roles. This definition is consistent with Swanson's and Holton's (2001) definition of development which is defined as growth and expansion of knowledge and expertise beyond current job requirements. As previously stated, emerging emergency RNs do not feel prepared for the role of an emergency RN right out of nursing school. In fact, this is not an uncommon experience for most new RNs. Walsh (2009) noted that nursing education is rarely enough to prepare new nurses for the realities of practice. A study by Turner and Goudreau (2011) specifically examined first year emergency nurses and found that even with a seminar specifically designed for first year emergency RNs, new emergency RNs

experienced feelings of loneliness, vulnerability, insecurity, lack of knowledge, and insufficient preparation or organization.

The participants of this study frequently identified the ENA as the organization that they turned to seek out information, knowledge, and skills. Emily stated, "I would say that the ENA is a really good organization to be a part of because it is in your field, it's going to teach you things that you need to know." Ginger talked about how she looked to the ENA to help her become a better RN, "So I looked at ENA to help me to become a better nurse. I didn't want to be an average nurse. And that was a gateway to get there." Ginger went on to report that she had more confidence in her role as an emergency RN through her involvement with the ENA, "I feel like I have more confidence through my involvement with ENA. I have resources available to me." Both Julia and Glo identified the ENA as helping them to grow as emergency RNs. Julia stated, "It's [involvement in the ENA] encouraged me to grow more." Glo shared, "Because what it's [ENA] doing is helping me build as a nurse, grow as a nurse." Kelly described what she would tell new emergency RNs about why it was important to join the ENA:

I think that everybody has to have, and it's just my experience so far, its just been the ENA exposure to what's out there ... you need to see what's there. You need to see the resources, you need to see how things are started, you need to see how laws are created, it's just knowledge and it's a good network ... It's professional growth ...

It was interesting to note that several of the participants identified that even though they felt it was important to grow as a professional they recognized that many

emerging emergency RNs are more focused on the here and now. Yet the participants expressed the need to share with new emergency RNs the importance of the ENA in their professional development. Thomas exemplified this when he talked about his own professional growth through the ENA:

So I think that professional growth through organizations like the ENA is good.

Um, definitely education like TNCC or ENPC, to have those qualities, 'cause, you see a lot of GN's, they're all about the moment and getting stuff accomplished but they're not real focused on "hey, I need to be a part of the ENA, and I need to get involved in that aspect too". So, I think not only the nursing aspect of it, but the professional organization aspect of it to are good qualities.

Julia felt like the ENA was a good resource to help emergency RNs function in the ED, "But to actually function in the ED, I think the ENA would be a good resource for that." Ginger also talked about how the ENA could help new emergency RNs grow:

Well, first of all I would tell them [new emergency RNs] that if they wanted to be successful they need to join the ENA. It's not an option. Um, then I would tell them that in order to stay current and in order to grow and not stay stagnant, that they need to be involved.

Glo expressed that emerging emergency RNs have a lot of room for growth and that the information that the ENA provides is "priceless":

Um, and the information that y'all [ENA] share is just priceless. Uh, and there's so much room for growth. You can see that in there, and they offer so much in the way of, you know, continuing education. Um, I, I would just first and foremost, just become a member.

Four of the participants specifically identified the ENA as helping them to establish a professional goal for themselves as emerging emergency RNs. Bruce identified the need to educate himself further in order to achieve his professional goals, “... get myself educated from the beginning, it’s key to any of the goals that I want to achieve as a professional.” Bruce then went on to identify the ENA as important in that process. George described how his involvement in the ENA helped him to grow in his decision-making and helped him to establish goals to work towards, “I realized how I’d grown professionally in decision making, how to approach things. It’s given me, you know, other than the goals I’ve already pronounced, given me a goal to go work towards, a direction, a goal.” Both Jessie and Julia decided to take the CEN examination as emerging emergency RNs. Even though the BCEN is a separate corporation from the ENA, most members do not distinguish the difference between the two entities since until the last couple of years the BCEN had ENA representation on the management board of the BCEN and had an affiliate relationship with the ENA. Jessie shared how the ENA provided him the challenge of obtaining his CEN, “... but that [obtaining the CEN] was a challenge, I kind of set for myself, but it was something that ENA provided me. It was a challenge that ENA provided me ...” Julia described how she thought taking her CEN would help her become a “better nurse”, “I decided to take my CEN. For various reasons, I thought it would help me become a better ED nurse.” Julia went on to share that she felt that by obtaining her CEN she challenged other RNs within her ED to take the examination as well and to grow in the process:

Well, I think in our healthcare system, just through doing my CEN, a lot of people felt challenged to do that, so our numbers have grown in that. So in turn, I think

they've had to study for it, they've gotten the information. So I think that's made them probably better nurses.

While not all of the participants were able to credit the ENA for helping them to establish professional goals, most provided specific examples of how the ENA helped them to grow professionally. Areas of growth included the clinical, business, and educational aspects of emergency nursing. Emily described how the articles in the JEN helped to prepare her for what to do next in a clinical situation:

... They [articles] like, open your mind to things you've learned in nursing school, but maybe didn't fully understand and now that you've had experience with the situation, the article makes more sense and it prepares you with what to do with the next one so maybe you didn't, you know, do so badly.

George elaborated on how his involvement in the ENA helped him become a better nurse by improving his recognition, diagnosing, and treatment of patients in the ED, “So, professionally, it's made me better, as a better nurse whenever it comes to treatment, recognizing problems and diagnosing and, you know, that kind of stuff where I'm working with the patients.” Glo shared George’s perspective that the ENA will help her to become a better nurse but in her case by helping her to remain informed:

Professionally, I think it's [ENA] going to help me develop as a nurse. If I keep reading those journals, keep going to the meetings, stay up to date on everything happening, specific to emergency nurses that's going to help me become a better nurse.

As mentioned earlier, professional growth occurred in areas other than clinical. Alex talked about how he was exposed to the financial aspects of emergency nursing including Internal Revenue Service regulations:

Well the financial aspect of the meetings and what kind of tax title we have. It was over my head completely. I didn't understand any of it and I felt very inadequate for that but it was kind of fascinating to watch.

Both Ginger and Julia expressed how their involvement with the ENA influenced how they felt about their education and learning. Ginger remarked:

I think that the more involved I get, the more conferences I go to, the more exposure I have to other issues, I think it just strengthens that passion for "I'm with the right people. I'm on the right cause. This is the right thing to be in. And I'm going back to school for my PhD. I may not always be a staff ED nurse but I will always be an ED nurse. I will always be involved with ED issues. You cannot take that out of me.

Julia discussed how attending the ENA annual meeting was beneficial for learning as it involved a national group of people which made her proud to be an emergency nurse:

So the ENA kind of makes me proud to be an emergency department nurse, I guess. Because look at this national group of people that we can get together and, I mean especially going to the annual meeting it's just so organized and so beneficial to the group of people that are there learning, so.

As previously stated three subthemes were discovered during data analysis that supported the main theme of *provides professional development*. The first subtheme was *improves and validates knowledge*. In this subtheme the participants described how the

ENA both helped them to improve their knowledge about emergency nursing and validate the knowledge they already possessed through their involvement in the ENA or through by obtaining certifications offered by the ENA or BCEN. The second subtheme discovered that supported the main theme of *provides professional development* was *career development*. Within this subtheme the participants talked about how the ENA helped to develop and/or advance their careers in emergency nursing. The third subtheme discovered that supported the main theme of *provides professional development* was *leadership development*. This subtheme primarily was identified from the data of those participants who were most active within the ENA particularly those participants who were involved at the state and national levels. Within this subtheme the participants talked about how the ENA helped them to develop their leadership skills.

The participants perceived the ENA as helping them to develop professionally as emerging emergency RNs. This was accomplished in differing ways as identified by the three subthemes. Each of these subthemes will now be presented in detail to better explain their importance in relationship to the main theme of *provides professional development*.

Improves and validates knowledge. The first subtheme *improves and validates knowledge* that was discovered from the data analysis dealt with the participants descriptions of how the ENA both helped them to improve their knowledge about emergency nursing as well as validate the knowledge they already possessed through their involvement in the ENA or through the certification process. The educational support provided by the ENA was identified by almost all of the participants as a major benefit and was the major component of this subtheme. Jessie described it this way, “ ...

I'm a firm believer in knowledge is power. So for me, that source of knowledge and power has proven to be ENA.” Several of the participants shared Jessie’s sentiment regarding the role the ENA played in improving their knowledge. Julia stated, “ ... it's [ENA] huge; to me it's the resource to go to.” Vincent echoed this thought when he stated that “education” was the biggest benefit of being a member of the ENA. He further stated, “Professionally, it has increased my knowledge.” Tess identified the educational aspect as helping her professionally, “Professionally, it's really the educational aspect.” Stephanie also voiced her opinion that the education that ENA provided had been helpful to her, “ ... education has been helpful.”

The participants consistently identified the need to continue learning. Several of the participants reported that the information they obtained from the ENA helped to ensure that everyone was practicing in a similar manner. This idea of improving and validating knowledge began for many of the participants from the time of initial employment in the ED. Jessie explained how his ED uses the Emergency Nursing Orientation [ENO] modules from the ENA as part of his ED’s orientation process, “Every single one of our interns that go in this healthcare system, starting with us, when we were the pilot, do the ENO's as part of the 16 week internship.” Ginger believed that the ENA’s educational role helped to ensure consistency in emergency care. She identified the ENA’s ENO modules as a means to facilitate this consistency, “I think that their role [ENA] is to ensure that there is some consistency. I like that there’s that new graduate orientation modules ... I think having that uniform approach to these are the absolute necessities.”

Every RN in their basic undergraduate preparation is taught about the concept of lifelong learning as a professional. Continuing education is an important component of not only lifelong learning but also re-licensure as RNs. All RNs in the State of Texas are required to obtain at least 20 hours of CE in their area of practice in order to renew their RN license. The Texas Board of Nursing (2013, p. 81) defines continuing education as “programs beyond the basic preparation which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice, thus improving health care to the public.”

These participants identified the ENA as an essential component to that learning. Bruce relayed that he shared the philosophy of his ED’s educator who advocated that ED nurses join the ENA, “... she was all about educating the staff making sure everybody was up to par with knowledge. And that’s what I’m all about, trying to get everybody to be on the same page on knowledge.” Kelly relayed that the ENA provides a lot of resources that may or may not be used for re-licensure but can impact practice, “Um, and the ENA offers a lot of things that are out there that we don’t necessarily have to take to renew our license.” While it is required to obtain CE hours, the participants expressed respect for the need to continue to improve and validate their knowledge regarding emergency nursing. Nate highlighted this sentiment when he stated, “But for the most part it’s, the reason that I get certifications is because I still enjoy learning ...” Glo described how the ENA provided structure and validation for her, “It [ENA] provides structure, validation, and I think providing information for us to let us know that what we are doing is appreciated.”

The participants identified the ENA as their primary resource for meeting their CE requirements. Emily identified the field specific CE's as the things she pays the most attention to from the ENA, "This is what I'm paying attention to the most, the CEU's available and the things like that and the learning and all the stuff that's available; the learning stuff that you always see." Alex reported how CE's were actually a draw to attend local ENA meetings:

You know for the emergency nurse it is one that if you work as an emergency nurse, I don't think it's logical not to go and attend or at least become a member [of the ENA]. Plus the CE hours are kind of nice too. It's a draw. It almost seems like a cheap draw. But, you know hey, I almost feel guilty sometimes when I haven't been to a meeting in a few months or more than a few months, all of a sudden I show up to a CE meeting and I'm like Hey, I'm here! ... It's a draw. I mean I think it's one that is a pretty good tool to someone just starting nursing to get those CE's quickly as possible.

Alex further elaborated on the CE aspect of the ENA:

But you have access to a meta-knowledge or at least easier access to basic knowledge that normally you wouldn't have. The continuing education hours are great. They really are. They're a draw. Um, I say, if I've a nurse that's asking about another, I say, "Oh my gosh! There's just so many there's so many CE credit hours and I don't know where to begin!" ... so to address that CE need, I say, "Well, what you need to do is go do this. You know, you're guaranteed to get quite a few of these. And if anything else you'll learn, you'll meet people that will lead you the direction where you need to go to get more of them."

Alex felted that he had implemented the information that he obtained from the CE offerings into practice, “Um, but every CE offering that I’ve had, I’ve put into practice and I used it.” While Stephanie valued the CE’s, she did note that sometimes locally the CE’s were not relevant to her current practice environment because it focused more on the larger trauma facilities:

Um, when they [Main City Chapter (alias)], you know, a lot of their clinical offerings, I guess were more the education based kind of stuff so evidence recovery, chest tubes, just critical care kind of stuff which we weren’t seeing a lot of that at the time when I was in Gibraltar (alias).

Besides the local meetings, CE’s were obtained either by attending the ENA annual meeting or thorough the JEN. The annual meeting rotates venues around the country. Kelly described why she was planning on attending annual meeting, “Well, I figure I can learn more. Kind of have an idea of what's going on better.” Emily identified the importance of the annual meeting in providing specialty specific CE’s, “You can go to the national conference and get all those CEU's and you're getting CEU's specific to your field.” Julia shared Emily’s feelings about the importance of annual meeting in providing CE:

...just a huge resource. Going to, it wasn't leadership, the just national convention or whatever it is. Yeah the annual meeting. Not so much networking there but just learning the classes, the little small classes that we went to where's what taught me the most. And just reminded me of things I had forgotten.

Julia went on to state that the charge nurses that attended annual meeting from her facility as well as herself wanted to attend again because they found it so beneficial, “I would

love to go again [to annual meeting]. There were a lot of charge nurses that went to it. I know all of us would like to go again because we just considered it so beneficial.” Tess also felt like she learned a lot regarding emergency nursing by attending annual meeting, “I went to annual meeting last year and I loved it! It was wonderful, and I learned so much, and I came back all excited and it was awesome.” The experience and education of the faculty who present at the annual meeting is one of the draws for the participants. Stephanie captured this when she stated:

I always get real excited when I look at some of those, both the people that are training them, you kind of look at their credentials, worked at a Level I trauma center for 20 years, and you’re like “I really would like to hear that guy talk about, open chest wounds and how to manage this, that and the other thing.” Um, so definitely think that you could sell them on those opportunities...

As previously mentioned annual meeting is only one venue by which participants obtained CE. The other common venue for CE is thorough the offerings in the JEN.

Bruce described why he decided to join the ENA as an emerging emergency RN:

Really two reasons to join the ENA is because I get the journals and they were so interesting ... That’s super interesting stuff that I learned so much from. And, uh, it was like, "Where do I buy these ones?" Well it's like you have to be an ENA member. And then they [ENA] explained about the good benefits that you have, also the discounts you get for your CEN and for certain classes and the price of some books. So a win-win situation.

Bruce elaborated on how the information he obtained from the JEN helped to make him a better emergency nurse, “If my involvement is studying and reading my journals and

everything, absolutely ... Here the skills that I acquired through the studying of all my ENA associated material, I feel that it's going to make me a better nurse here." Emily shared how reading the JEN articles helped provide her a better understanding of emergency practice issues, "Well, I think reading the articles and reading things that come from the ENA gives me a more open understanding of certain situations. I gain knowledge from the articles provided to me from the ENA ... " Thomas acknowledged that he read the JEN as an emerging emergency RN, " ... the publications I get through ENA I read those." Nate expressed his enthusiasm about reading the journal as well, "I love reading the journals. Its pretty fascinating stuff."

It was interesting to know what an impact the JEN actually had on emergency nurses. Stephanie believed that many emergency nurses probably do not read the JEN. However, Stephanie admitted that she appreciated the information that she obtained from the JEN:

... I know maybe a lot of people don't read the publications but I've always been a real reader kind of person and stuff. And so I do appreciate being able to kind of pick something up and especially with kids, to read an article and gain something from it and take that back to work with me.

Kelly also identified the importance of the information she read in the JEN. In fact, Kelly identified this as one of the reasons she renewed her ENA membership after having let it lapse for a year:

... I was active for a year and then I let it expire and I would read the little magazines [JEN] and all that and then I went back and it was like I think I'm trying to better educate myself. I think that's why I come.

Vincent stated that he used the JEN to obtain CE's, "I've done some of the CE's through the magazine." Vincent identified the JEN as one of the resources he used to improve his knowledge about emergency nursing, "Oh absolutely, the education, I've used their magazines and journals and the study guides for the CEN a lot and it has really helped me learn a lot more ... " Vincent went on to state, "The journal they send out is very good ... it's very good information." Vincent acknowledged that he did not always submit the paperwork to obtain CE credit but he still read the JEN in order to better understand what was happening in the profession:

... the magazine, the Journal of Emergency Nursing, they put out with the CE's has been very helpful for me. Even if I don't send in the CE's I read that and I get a better understanding ... The focus, yeah the focus of the journal, the educational opportunities, like through the CEN and study guides have been helpful.

The JEN not only serves as a resource for obtaining CE's but it also serves as a resource for improving and validating knowledge for the participants. Glo reads the JEN to validate what is happening in her ED is consistent with what is happening in other ED's across the country:

Uh, I would say when I read the journals they have a lot of specific articles on what's going on across the country. And comparing that to what we're doing here, whether it's research, whether it's equipment, it just helps you to understand if we're keeping up here.

Stephanie stated that the JEN provides her "snippets" of information that help her in clinical practice that she may not have thought of without reading the JEN:

There are definitely snippets of things I've picked up here and there, as far as reading in the Journal especially. There's clinical indicators that I can't think of directly off the top of my head, but there's just things that I've read in cases where it's like, "I wouldn't have thought of that".

Ginger described how she uses the information that she obtains from the JEN to even help guide the orders she receives from physicians:

I tell the doctors stuff! And that's really cool. I'll be like, "Hey! Did you see this article about the insertion of the Foley catheter and the risk of all this? This is a really great article. You should check this one out!" That's a cool thing, you know. And especially being such a young nurse, that's really, really neat.

George agreed that the JEN is informative even when it contains information that he may not be specifically interested in. He expressed an understanding that that information may be useful for someone else in another ED:

I kind of like the Journal ... I try to make myself slow down and read some of the smaller stuff, but there's been some things that I've found that's real interesting that I'd like to see changed and stuff, but then there's some things that you know it impacts somebody, I know it does. There's a purpose and a passion behind it, I have no problem with that and that's why I have no issues with the Journal.

Interestingly enough when the participants were asked what emergency nursing would be like if the ENA did not exist, the lack of education was identified. Ginger reported that she felt emergency nursing would be fragmented from the loss of the resources and education, "I just, I can't imagine not having the resources and the education, I just I think it would be so fragmented." Kelly described how she would not

know what to educate people on as well as what she would miss out on if the ENA did not exist, “I don't think I would know a lot of things to educate people on. That I would want to know about, that maybe I never thought about.”

The participants shared how improving knowledge helped them in general regarding their role as an emerging emergency RN. Bruce shared what it was like for him as an emerging emergency RN and how the ENA became useful to him as he became more experienced:

... first couple of years you're so overwhelmed with trying to handle just an emergency team but that we kind of start craving knowledge more than trying to develop their speed at, at what they know at the basic stuff. I think that's the way I absorb it.

Alex disclosed how the ENA had affected him personally as an emerging emergency RN in regards to improving his knowledge about emergency nursing, “... it's really helped out with my knowledge of what emergency nursing should be. What to expect ... it's given me knowledge that otherwise I probably would not have pursued.” Jessie identified the education he obtained through the ENA as helping him to make changes, “... but it's just always information and education that ENA provides that allows us to make changes and differences here.” Tess described how she was convinced to join the ENA as an emerging emergency RN, “Oh, it was more of it's going to help you understand what the emergency department is about and it will actually help you, being new it'll just give you more information instead of just the day-to-day, it's kind of an extra benefit and it will help you.” Tess went on to share what she told a new emergency RN that she was precepting about the ENA:

she [preceptee] just graduated and she's already a member of ENA 'cause I was telling her I did, I mean, within three weeks, I was like "you need to get signed up, 'cause it's awesome" and I was like explaining that I was really explaining the educational benefits of it ...

In addition, Tess identified that educational aspect of being an ENA member as one of the things that helped her to keep going in the specialty, "Um, but also I really think the national meetings, the educational part of it, that's going to keep me going ... Oh, it's wonderful!" Tess shared how she would feel if the ENA had never existed:

Well, I definitely wouldn't feel as knowledgeable, I guess. I would feel kind of like I need to get out there and I need to learn more about my field, but I don't know how. I would feel kind of lost like "where do I go to learn? What is the best evidence-based practice for what I'm doing?" I would feel kind of lost on how to figure that all out.

Tess described how her participation in the ENA improved her knowledge which in turn helped her to be less stressed and less scared in the ED, "Um, I just told her [preceptee] about the monthly meetings, about the national meeting... how the more knowledge you get, the less stressed out or the less scared you're going to be." Julia also identified improving knowledge as one of the benefits provided by the ENA, "I mean, just the knowledge that you learn." The participants felt that improvement in their knowledge regarding emergency nursing helped them to provide better patient care. Vincent highlighted this when he affirmed that being involved in the ENA was important in regards to improving knowledge, "Absolutely, the education ... If you don't keep current with changes then your not providing good patient care."

The participants also shared how improving knowledge specifically helped them in their practice. Pediatrics was one area that the participants felt ENA helped to improve their knowledge. Alex expressed how the ENA helped him in treating children:

Well since it's [ENA] directly impacted my practice through TNCC and ENPC ... after I took those classes, you know, TNCC and ENPC are both very similar in their schools of thought ... in regards to TNCC I was comfortable with it as soon as I stepped into the class ... Um, but ENPC I've always been scared of pediatric patients. It scared the mess out of me, even after getting PALS. Although PALS prepares you, it doesn't prepare you for very much at all besides the dying child and you don't want them to go there. Um, I was afraid I was going to triage a child and miss something ... I mean, something as simple yet profound as that as looking at them and saying, "Hey!" Ah, you know, just an across the room assessment. "That kid's freaking sick! We better get him in!" ... But, it's given me both a practice base and an educational base with a way to educate my patients to maybe to take care of their children a little bit better.

George also shared how the education he obtained through an ENA course helped him with the care of pediatric patients

... ENPC, it's changed some of my direction maybe on how I do some of my triage work, some of my initial assessments especially the pediatric stuff. Our emergency department just recently started taking pediatric traumas again so it's changed. When I do the ENPC stuff, I realize "okay, I got to fall back down on this education that I have and what they've taught me" especially when it comes

to the triage notes and then what signs and symptoms and things that I'm looking for.

Emily talked about how she planned on utilizing the knowledge she learned from the ENA to improve pediatric care in her ED:

Our children are restrained for IV's instead of given EMLA cream or the new laughing gas. There is going to be an ENA presentation on it at nationals and I think it's horrible that you hold down a kid and tie 'em [sic] down to stick 'em [sic] with a needle and you call that traumatic. I think about the laughing gas, EMLA cream and all those sprays that ease pain and things that we're not using, I'm going get all that information and bring it back, because what we're doing is old school and a little barbaric, in my opinion.

Other areas that were identified included triage, forensics, and stroke care. Alex talked about what he learned from the JEN regarding triage when patient influx was high:

... what it came down to was that there's, you understand when let's say for instance your triaging and you have a packed full house, you're going on the impression that, "Oh my God I've got to get these people triaged. I'm not even meeting this five minute criteria, I'm not even meeting a 30 minute criteria for these people at triage." Some of the pointers that the journals have given on this or some of the ENA members have given is like, "look Alex, you do it the best you can. But you keep in mind the wider picture that though your not meeting the criteria, you're still looking at the at the waiting room, your still understanding that they're all your patients. You still understand that if you see one of them pass out, you're going to see them rather quickly."

Stephanie described how her attendance at an ENA forensics course helped her to change ordering practices to ensure that proper evidence collection material was available in her ED:

I had taken the evidence collection thing through Austin ENA when I was just four or five months out of nursing school and at the time it just didn't really connect to me, it was like "okay, yeah, so if someone comes in and they've been stabbed, shot, whatever, you're supposed to preserve the evidence", that's really like what I collected from that particular type of presentation ... So I took it again and I started seeing deficiencies in our department whereupon, if we were not able to accurately collect evidence where we might compromise an investigation or an event. And I started looking around our ED and thinking like "okay, so if I had a person come in and I wanted to do X, Y, Z, do I have what I need for that?" The answer overwhelmingly was "No!" ... I went ahead and kind of asked her [supply clerk] like "so, how do we go about doing this?" And she was like "oh, that's easy, it's, you know, it's on their big order list, it's just something no one's ever expressed a need for before" ... now they're in a spot in the trauma room next to the personal protection equipment

Vincent highlighted an incident in which the knowledge he gained through the ENA helped him ensure that proper care was provided to a stroke patient.

A few nights ago for some reason all of us new nurses were stuck in one area and we had a stroke come in and everybody else was floundering but because of one of the study guides on strokes I was able to take charge and lead the event ... we met all of our standards for our stroke protocol. He had to be down to CT

[computerized tomography] within a certain time, you know, the blood has got to been done, a bunch of stuff has got to be done within a certain amount of time.

One interesting note was how some of the participants identified that the knowledge they obtained from the ENA helped them to mature as professional emergency RNs. Emily shared her experience:

I used to be a judger. I used to like see a mile away and just know you were a drug seeker or you were too lazy to get an appointment or you were this or you were that and just after watching articles evolve over time and reading how someone misinterpreted something based on their own judgment and like all that. I think it has matured my nursing to focus on the holistic part of nursing and treating that patient as a person.

In addition to helping improve knowledge, the participants also identified the ENA has helping to validate knowledge that the participants already possessed. Nate described how the ENA helped to validate his job in the ED, “It validates my job, you know? Some people win awards, some people get bonuses and stuff. But it gives validity to it [from experienced ENA RNs].” Nate went on to explain his motivation for obtaining certifications, “... I’m doing the certifications and stuff not for anyone else but myself and for my patients of course.” Validation was primarily described by the participants through their obtainment of certifications whether it be TNCC or ENPC, which are offered through the ENA or the CEN or CPEN, which are offered through the BCEN. All but two of the participants possessed some form of certification from the ENA and four of the participants also possessed some form of certification from the BCEN. TNCC and ENPC are course that present core knowledge and are designed for

the emergency RNs who works with trauma and pediatric patients respectively. There is no experience requirement to take these courses. The CEN and CPEN are certification examinations that are designed to validate core knowledge for emergency nurses and pediatric emergency nurses respectively who have at least two years of experience in their respective specialty areas. Table 4 highlights the distribution of these certifications among the participants.

Table 4: Number of Participants Holding Emergency Verifications and Certifications

<u>Verification or Certification</u>	<u>Number of Participants</u>
Certified Emergency Nurse (CEN)	4
Certified Pediatric Emergency Nurse (CPEN)	1
Emergency Nurse Pediatric Course (ENPC)	6
Trauma Nursing Core Course (TNCC)	12

Bruce elaborated on the certifications he obtained and the certifications he plans on taking, “I did my TNCC. I’m studying for my CEN. I’ll take it August the 4th ... I’m interested in doing my CPEN next year.” Bruce went on to also discuss his plans to take the ENPC course within a year, “I’ve taken my TNCC. Probably I’ll take my ENPC next year and my CPEN also.” George shared that he was preparing to take the CEN examination soon, “I’m working on taking my CEN, taking my CEN next month.” Julia thought that obtaining the CEN was a prestigious acknowledgement of possessing knowledge that was necessary to be an emergency nurse, similar to how the ICU nurses obtained their certified critical care registered nurse (CCRN):

I think our educator had taken her CEN and they were talking about how hard it was and so it seemed really prestigious to me. I think that was kind of a motivator. We had a lot of ICU nurses that used to float down to the ED that were CCRN and that was a big deal. So I figured well if they can, if that's a big deal, then why not be a CEN?

Jessie explained that by taking his CEN he sought validation that he knew the essential information that emergency nurses should know:

... my second intern that I had asked me why I got my CEN. Um, at the time I did not have a good answer for her. I said, "Well, I just wanted to validate that I knew what I knew. You know, that I knew enough to be a good functioning ED nurse here within the department."

Jessie went on to state that the ENA and the BCEN forced emergency nurses to improve, "By offering the certifications and the challenges out there, it forces us to become better ED nurses."

The participants were able to articulate what these certifications meant to them in regards to their roles and their practice as emerging emergency RNs. Nate described his experience in taking TNCC and how it helped him with his current position:

TNCC I think was awesome! We're trauma level IV, we don't see fun stuff. It's all medical for the most part. Which is good, but we rarely ever see trauma. So having certifications like TNCC really helps you when you do have something go wrong and you have a trauma show up that you have to MEDCOM [medical command] out or something. You know, it gives you kind of the basis of

everything to do, the ABCDE model [acronym used in the assessment of patients:
Airway, breathing, circulation, disability, exposure model]...

Nate who also had his CEN described the certification as “ ... CEN is just, I liked it because it covered everything. You know, it was kind of like the NCLEX [National Council Licensure Examine] all over again but it was focused on emergency. I like that.” He elaborated on how certifications helped the emergency nurse establish a basis for practice and refreshed knowledge that had been previously learned, “I think having your certifications, not only do you have a good basis of going into to nursing but having the certifications kind of refreshes your memory ...” In addition he also described how certifications, particularly the CEN, helped to validate the knowledge he already knew as an emerging emergency RN, “ ... [referring to CEN] and the fact that I can learn so much and actually apply it to a test and pass it tells me that I’m not an idiot when it comes to emergency medicine itself.” By obtaining her CPEN, Julia felt like she learned a lot about pediatric emergency nursing, “I have my CPEN ... that was a huge learning experience for me.” Ginger stated that TNCC and ENPC certifications provided some consistency in how emergency nursing is practiced, “Having classes like TNCC and ENPC and ensuring that these, you’re covering the bases.”

The participants expressed value in obtaining the ENA and/or BCEN certifications as soon as possible in order to help improve patient care. Jessie felt pride in the fact that he obtained his CEN just two years after becoming an emergency nursing, “Um, getting my CEN, I mean, I'll be perfectly honest, I'm been very proud of the fact I've been a nurse for two years and twenty days when I sat for my CEN exam and I

passed it.” Julia elaborated on why her ED was working to develop TNCC faculty to be able to provide courses locally especially for the emerging emergency RNs:

... to me of all the people, they're [new emergency RNs] the most important people to be having TNCC, the ones that are hitting them up at the beginning, that training is very important for us. And so that's what made me decide to do TNCC instructor. We're trying to build our ED instructor group so that we can have classes more frequently and kind of be teaching our own so that we're teaching them the good habits instead of depending on someone who the habits are probably still good, you know, we're the ones that are functioning in the emergency department every day, so.

Nate described how he was pushed as an emerging emergency RN by other emergency RNs to obtain his CEN as soon as possible, “And that’s the same thing goes with like my CEN and stuff, I mean they were pushing me to do that when I first got out ... “ Thomas felt that the certifications provided the emerging emergency RN with educational goals that could then be translated into practice:

Um, not only are they [certifications] sometimes required but I think that it kind of sets an example for others, maybe. I think that it's kind of one of those educational goals that most people have, or I have to kind of obtain as many of them as you can. Not just try to in a hurry, but also once you obtain them, make them relevant to practice.

Jessie speculated the effect it would have on the knowledge needed for the specialty of emergency nursing if the ENA did not exist and did not provide certifications:

It would have made it definitely more challenging ... ENA does a very good job of coalescing all of that and putting it out there in front of you. Um, who would have developed ENPC or TNCC? Who would have set forth the CEN? This is what we feel like you need to know to be an exemplar in your field

This subtheme highlights the importance that the participants place on the ENA as a means to help improve their knowledge about emergency nursing as well as validate the knowledge they already possessed. The ENA was identified as the primary source for CE for the participants related to emergency nursing. CE is a mandatory requirement for RN re-licensure in the State of Texas. The participants utilized the knowledge they obtained from the ENA in their practice. Dissemination of information occurred through numerous venues including meetings, conferences, and the JEN. The participants also identified the importance of validating knowledge that they possessed. This was done through certifications offered by the ENA or the BCEN.

Career development. The second subtheme *career development* was discovered during data analysis based on the participants' descriptions of how the ENA helped them to advance in their careers as emergency nurses. Many hospitals have moved to a model of career ladders for their professional staff. Participation in professional associations often times helps emergency RNs advance up the career ladder. Thomas described what the nurse educator told him as an emerging emergency RN regarding participation in the ENA:

And then the educator here was like "hey, you need to be involved," so come to the meetings. One for educational purposes like TNCC or ENPC and to have it

on a resume or even like towards a career ladder. Being a part of a professional organization is on a career ladder.

Thomas would later reiterate that his involvement in the ENA and obtaining certification as an emergency nurse helped with his progress in the career ladder, “Professionally, like I said, it's good toward career ladder. It allows you to do the provider courses and the CEN, if you take advantage of it.” Bruce also acknowledged that obtaining certification as an emergency nurse helped with his progress in the career ladder as well, “We have a career advancement plan or advancement ladder of some kind. So the more certifications you have after so many, they give you so many points for your next step ...”

Besides helping participants with employment career ladders, several of the participants reported that participation in the ENA helped to demonstrate their commitment to emergency nursing which in turn helped them when applying for other positions in emergency nursing or when applying for admission into graduate nursing programs. Emily stated that her involvement in the ENA “looks good on a resume because it makes you look committed to emergency nursing.” Julia described how she felt that her involvement in the ENA and her certification as an emergency nurse made her more competitive in the job market as well as if she decided to pursue graduate education:

And then I also thought it would make me more competitive if I wanted to leave where I was at or to promote or apply for a master's program or whatever. I just thought it would make me more competitive to do something different if I wanted to.

Alex shared a similar sentiment when he stated, “... it looks really good to be an active member of the association, like the emergency nursing association when you’re trying to attend another college and when you’re applying for a job.” Nate also identified that his participation in the ENA helped him to “look good” when he finally decided to apply for graduate nursing programs. Nate stated:

I’m trying to build everything now for, ah, I’m trying to build up my CV [curriculum vita] and stuff like that for a Master’s program and NP [nurse practitioner] program. So I want to keep everything looking good on paper. I think I mean one, it shows dedication to your profession and the willingness to participate.

Tess specifically attributed her completion of a Bachelor of Science in Nursing (BSN) degree and subsequent enrollment into a master’s program to her involvement in the ENA:

Like, after I did ENA and went to nationals [ENA annual meeting], I was like "you know what? I want to go back to school" and I went back and got my bachelor's I'm in a master's program now because it excited me the ENA, it really kind of got me goin', like "I'm glad I chose this, I'm excited, I'm going to push forward."

Several of the participants also felt it was important to share with nursing students and emerging emergency RNs to develop a career plan from the beginning that included participation in the ENA if they wanted to become emergency nurses. Ginger stated:

First of all, I would encourage nursing students to have a career plan. Like I want to work in ICU, I want to work in the ED. They need to go to professional

meetings. They need to volunteer or work in those areas to get some exposure.

But I think it is really, really helpful is to tell them up front, you need to be involved in your professional organization.

Tess shared a similar thought when she told her preceptee about becoming involved in the ENA, “Um, I just talked to her about the monthly meetings, about the national meeting and that if she could get to that, that would be really beneficial for her career ...” Kelly believed that participation in the ENA was important because emergency nursing was the career path that she chose.

The ability to “open doors” was a common component of being involved in the ENA that participants identified as being beneficial for their respective careers. George stated, “I think it's [ENA], um, I think it's opened more avenues, modalities for me for emergency nursing.” Julia shared why she decided to sit for both the CEN and the CPEN, “It's going to make me more competitive. You know, bad day at work; well, I could apply for a job somewhere else and I have this kind of stamp of approval that says, you know, ‘She's really an ED nurse’.” She went on to share how her involvement in the ENA and her certifications specifically helped her get a position that she applied for in her facility:

... professionally, I had taken my CPEN the day before I interviewed to become a charge nurse. And I think that made me, I had it, I had been studying for it for a while and I registered for it right around the time they opened the job position and then they set the interview the next day. So I think that was the thing and we had a new director. She didn't know me at all. I think that made me the most

competitive, you know, kind of sealed the deal on me getting my charge nurse position.

Ginger also relayed that her involvement in the ENA could help her to obtain a job anywhere and it would also make her one of the most competitive applicants:

Um, professionally, I have so many things on my resume, I can get a job anywhere I want. I've been offered jobs. I can go work anywhere I wanted to and I will never have a problem getting a job. I promise you I'll go interview for a job and I'm the most competitive applicant for a staff nurse job. And for a lot of other positions as well. So it's [ENA involvement] opened a lot of doors for me.

This subtheme describes how the ENA has helped the participants to advance in the career as emergency nurses. Through involvement in the ENA, participants have been able to advance in their careers, become more competitive in applying for employment and for graduate education, assist other potential emergency nurses in developing a career path, and discovering new opportunities that “open doors” for the participants professionally.

Leadership development. *Leadership development* was the third subtheme of *provides professional development* that was discovered during data analysis based on the participants' views that the ENA has helped them develop their leadership skills. This has primarily occurred by the participants serving in a leadership role within the association at the local, state, or national level. For most of the participants, leadership development occurred at the local level. Kelly described how her activity in the ENA helped her to make her “mark” on the specialty no matter how small that “mark” was, “You can make your mark even if the world doesn't know about it even if it's in some

tiny way.” Thomas agreed that the ENA helped him to develop his leadership abilities, “Yeah. Whether that means locally or, you know, some other aspect.” When Thomas was asked how the ENA has helped him to develop as a leader, he replied:

Now, personally, I like to have leadership involvement, so I think the personal aspect of it being involved as far as the injury prevention committee and maybe even being a part of the statewide committee and leading the other leadership opportunities is a personal goal that I've obtained, not fully, I mean, I'd like to be more involved personally, but professionally, definitely to be able to obtain that CEN and go from a TNCC provider to maybe an instructor to, um, you know, what am I trying to say. I guess showin' [sic] other people kind of how a professional organization can be, so.

Interestingly, several of the participants identified the ENA as helping them to develop in their leadership abilities. However, they felt some trepidation about assuming those leadership roles because of insecurities they felt about their own leadership abilities.

Kelly reflected on the time she ran for the position of secretary at the local level:

That was like when I was running for secretary, I didn't feel equipped yet. If that makes sense. So that's why ... I really didn't want it but I knew that they needed to fill that position and it was like okay I can do it.

Julia shared a similar situation in which she was elected to the president role without any real experience:

... our actual chapter involvement, our chapter was flailing. We had, I don't know how many members we actually had but meetings were four or five members if we were lucky. The president, he was the immediate past president when I

joined, kind of rescued the chapter and rebuilt it or whatever. And the first meeting I went to, I actually was elected to president-elect! Now there was only five people there or four people there. And it was the immediate past president, his wife, and my three charge nurses and myself. They warned me beforehand. I wasn't actually there when they elected me. They warned me. I was late and they elected me, so. So kind of feet first. Just thrown in it, I guess. They had talked about that we needed a new president and that the elections were coming up and would I be interested because if I was president, then they could, you know, we just had no involvement so they're trying to get someone that would maybe, I don't know, be excited or was crazy enough to say, "Sure". I told them, I said "Yeah". I mean I was reluctant, but I said, "Yeah, I'll do it, maybe." Not really knowing what I was getting into.

Julia went on to describe how she transitioned into the role of president and the lack of resources she had initially:

Our chapter had no training. I mean, like when I became the president-elect, our president kind of stopped functioning somewhat. So last year I kind of had to do a lot of the meetings that were done, were planned mainly by my, well, they were planned by the secretary. And when she moved, then it dropped on to me ...

Julia expressed frustration about being in a leadership role where the responsibilities ended with her.

M'm, it can be frustrating because we still have some of our officers that are, that were carry overs that still don't know how to function in that role. So like, tax stuff has come up for me to have to do that, deadlines, but I guess I should've

handed off to somebody else, but I feel like, I feel responsible for it maybe, so. Ours is a pretty low key chapter so it doesn't bother me that much. I think if we got into trouble or if we had, I guess, when we were in danger of being deactivated, then I took it upon myself to go to the meeting because we were supposed to have someone else go but they, it fell through and so. That can be a little bothersome, but.

Despite the fact that Julia felt thrown in “feet first” she did identify some leadership skill sets she learned as part of the process, “So it's definitely challenged me to organize a large group and try to get people excited” and:

I've had to get up in front of people more. It's kind of funny when you asked that, I didn't even think about it. I have to stand up in front of a group of 20 people in the morning in the emergency department to give them like a stand up report to kind of tell them what the day's going to be. That doesn't bother me. But to stand up in front of the same number of people or less at an emergency department nursing meeting used to bother me. It used to bother me to stand up and say, "Hi, my name's Julia and I'm an emergency department nurse in Penname (alias) and this is why I'm here at the state meeting.” But yeah, so speaking in front of people I think that's definitely helped somewhat.

At the state level, both Julia and Thomas continued to share how their leadership skills developed. As previously mentioned, Julia was elected president for a local chapter that was struggling and was on the verge of being deactivated by the Texas ENA State Council. Her attendance to her first state council meeting was required as part of the process of avoiding chapter deactivation. Julia described how she was able to seek out

resources that she needed to carry out her role despite her lack of experience in the president's role:

My first state meeting in San Antonio networking was important because our ENA chapter was flailing and I just had no idea what I was getting into. So that meeting and just getting support knowing that there are all these resources out there that I could tap into for our ENA chapter or for questions about our SANE program, like we're talking about, doing different things for the community or ENA. Like if I wanted to do a helmet check or something. I have all these resources to contact and say, "Hey! Anyone done this and how do you do it?" "Who do you set it up with?" Like just a huge resource.

Thomas described how he hoped to develop his leadership skills by submitting his name for consideration for appointment to one of the Texas ENA committees, "Um, I think definitely the leadership aspect of it ... like the ENA saying, "hey, I was a committee chairperson." And I started this program or influenced this program. So I think that's kind of the route I'd like to take."

Several of the participants identified that they had served as delegates to the national ENA general assembly, which is part of the annual meeting. Ginger considered this to be an important aspect of her involvement, "Well, I think my biggest involvement that's important has been being a delegate for the Texas State Council." Ginger actually wrote and submitted a resolution on workplace violence to the general assembly for consideration. The resolution eventually passed the House of Delegates. Ginger described her experience this way:

Well, personally, I feel satisfied at what I've been able to accomplish. I never thought I'd be able to present a resolution to a national organization with over 700 people there and have them vote for it overwhelmingly and be so supportive. I never thought I could change a national organization's position statement, period. On my first try and with so much support so that was very satisfying because I've had so much trouble with the legislation in Texas and other things. It was like, "Wow, I can actually make a difference."

Ginger would go on to work with several nurse leaders to introduce legislation in the State of Texas that would make assaulting an emergency nurse that was on duty a felony. Ginger stated that after presenting the resolution talking to legislators was easier, "It makes it easy then to go talk to a legislator. That's really cool."

This subtheme describes how the ENA has helped the participants develop their leadership skills whether it is at the local, state, or national level. The participants identified what skills they felt they learned. In addition the participants also discussed how the ENA helped them to develop as leaders and the trepidation they initially felt about assuming a leadership role.

In summary this theme of *provides professional development* highlights how the participants grew as emerging emergency RNs through the obtainment of knowledge, skills, and experience that helped them to carry out their role as emergency nurses. Three subthemes were discovered from the data that supported the theme of *provides professional development*. First, the participants identified that the ENA *improves and validates knowledge*. This primarily occurred through educational resources that provided the participants with new knowledge or validated the information that the

participants already knew. The certification process was another means by which validation was obtained. Second, the ENA provided *career development*. Through involvement in the ENA, participants shared how they have been able to advance in their careers, become more competitive in applying for positions and for graduate education, assist other potential emergency nurses in developing a career path, and discovering new opportunities that “open doors” for the participants professionally. Third, the ENA provided *leadership development*. Participants described how the helped them to develop their leadership skills. The participants also discussed how they felt pressured into leadership roles on occasion. Collectively these three subthemes contribute to the ENA’s ability to *provide professional development*.

Fosters a Sense of Identity

The fourth main theme that was discovered from the data analysis was *fosters a sense of identity*. The two subthemes that were isolated from the data that supported the main theme were *provides a voice for the specialty* and *fosters a sense of belonging*. The main theme *fosters a sense of identity* referred to the ENA serving as a source of professional identity for emerging emergency RNs by allowing them to feel the same as other emergency nurses and providing validity as well as continuity for them in the emergency nursing specialty. This is similar to Pavalko’s (1971) study in which he noted that occupational roles serve as a major source of personal identity for people, particularly since people spend significant amount of time at work. The participants for this study were all active members within the ENA.

Alex recalled what it was like for him when he first began his career as an emerging emergency RN:

I worked in another ED up in Indiana for about six months and the reason why I've done so well in the ED, or at least I feel I've done so well, is because they had, it was sponsored by ENA, it was like an a orientation packet. Literally I'm walking up, "Here I'm a paramedic, I'm now an RN. I'm doing great." "Oh, you have a few months ahead of you before you can practice." Kathunk!

Alex felt that without the ENA there would be no emergency nursing specialty, "Oh, quite simply it wouldn't be a specialty at all" and he would not have been an ED nurse, "If ENA didn't exist, I probably wouldn't be an ED nurse." Vincent agreed that without the ENA the specialty of emergency nursing would not exist, "I don't think it would be a specialty. I think it would set it back as far as being a specialty a long way." Bruce expressed difficulty in imagining what emergency nursing would look like without the ENA. He thought that he probably would have switched to another specialty such as critical care:

It's hard to know, imagining not having a resource that provides such a good specialized, support for us. It'd be up to me. It's hard to know what you've never had. Hard to know what you're missing when you've never had something ... I would have probably switched to another practice, to critical care probably. I would have gone to critical care.

Vincent went on to share he believed that the ENA is what made emergency nursing a real specialty, "I think the ENA makes it a real specialty as opposed to somebody who just works in this department."

The participants described the ENA as a way to come together with a group of nurses who had similar personalities, experiences, and feelings. The participants shared how this kept them from feeling alone. Kelly stated, “ ... it's [ENA] a group of nurses that come together and it's just their throwing things out there at each other; their discussing experiences and it's kind of nice to know that I'm not alone.” Stephanie described how the ENA helped her to surround herself with people like her:

... it was just kind of neat to be part of something that's bigger than you. I think that's kind of what the whole ENA thing is about and I always try to, you know, state or nationals and stuff, I think that's part of what drives people to go to those events too is you just want to be surrounded by people that are like you.

The participants also explained how the ENA increased their commitment to the specialty of emergency nursing. Emily felt like the ENA, “Gives you a sense of ownership.” Emily thought by participating in the ENA she had more opportunities to become committed to the specialty of emergency nursing, “I think it gives you more opportunities to become more deeply committed to emergency medicine ...” Emily would later elaborate on what she meant by becoming more committed to emergency nursing:

... I think now that I'm part of ENA, I am part of this group of people and I think that longevity in it is important all of a sudden, whereas before it wasn't; before I could just switch, switch, switch to whatever position I wanted, but now that I'm part of something, I feel more loyalty. I'm a loyal person, but I feel an additional loyalty now that I'm part of an organization.

Ginger shared Emily's feelings that she to had become more committed to the specialty of emergency nursing thorough her participation in the ENA:

I'm more dedicated now than I ever have been. I think that the more involved I get, the more conferences I go to, the more exposure I have to other issues, I think it just strengthens that passion for "I'm with the right people. I'm on the right cause. This is the right thing to be in.

Thomas imparted how participating in the ENA exposes you to emergency nurses who are trying to make a difference:

... you can kind of see the people who are involved in ENA and go to the meetings all the time they're really wanting to be more involved in improving patient care or making a difference in emergency nursing. So, I mean, you kind of see that in 'em [sic].

Thomas felt that it was difficult to ignore that kind of passion. George felt that joining the ENA just made sense as an emerging emergency RN. He stated, "It was my professional organization, this was what I wanted to do, be an emergency nurse, so it made sense for me to join the association for that." Knowing that there were other nurses who had similar personalities, similar experiences, and similar feelings helped the participants feel like they were not alone but it also helped them to feel proud about the specialty they chose. Julia remarked:

I mean because of what we see and how we deal with patients and just the personalities are just so different to me. So the ENA kind of makes me proud to be an emergency department nurse versus work, which might not.

Emily cited her participation in the ENA as also making her proud to be an emergency nurse. Emily stated, “Whereas before I was part of an organization, I would be more willing to go to a different place for nursing and now it’s like saying - instead of saying ‘I’m a nurse’ I say ‘I’m an emergency nurse’.”

Participation in the ENA helped the participants feel like they were part of the specialty. Jessie described how it provided a “common ground” for emergency nurses:

I think it's the common ground that we're all ED nurses. There's lots of different kinds of ED nurses but we all kind of share a common thread. So you know in the various projects that I've done, you know, in the facility management insists on why they get a lot of involvement with our critical care nurses is that I can always talk to an ED nurse and they know exactly what I'm talking about. It's that that relational thing, we speak the same language, we've walked the same roads, we have that same perspective on a lot of things.

George felt that involvement in the ENA promoted something bigger by helping emergency nurses to share common goals and directions. This helped to “tie” the ENA members together beyond just emergency nursing:

... but the association there's a tie between us other than emergency nursing it goes as something that we have in common, those common goals, common direction, and we understand each other and how we think and do things and I think that's helped professionally.

Emily shared this sentiment. She described this experience as being part of a “culture” that exceeded the walls of a hospital, “ ... because joining the ENA makes you feel part of a culture and an organization far bigger than your hospital.”

As previously stated two subthemes were discovered from the data that supported the main theme of *fosters a sense of identity*. The first subtheme was *provides a voice for the specialty*. In this subtheme the participants described how the ENA provided them a venue in which they can actively participate in how the specialty is shaped. The ability to have a voice helped the participants feel empowered that they are influencing the specialty of emergency nursing which directly impacts their practice. The second subtheme *fosters a sense of belonging* described how the participants felt that the ENA helped them to establish an interconnectedness with other emergency nurses in the specialty. This differed from the first main theme of *allows connections with other professionals*, which focused primarily on emerging emergency RNs establishing a relationship with experienced RNs who helped them by *supporting RN role transition, establishing of networks, sharing of advice and experience, and promoting a broader perspective*. This subtheme focused on how the ENA allowed the participants to develop a bond with other emergency nurses that helped them to feel part of a community that is based on a shared identity as emergency RNs.

The participants perceived the ENA as helping to *foster a sense of identity* for them. Two subthemes were discovered that contributed to this sense of identity. Both of these subthemes, *provides a voice for the specialty* and *fosters a sense of belonging* will now be presented in detail to better explain their importance in relationship to the main theme of *fosters a sense of identity*.

Provides a voice for the specialty. The subtheme of *provides a voice for the specialty* describes how the ENA provides the participants a venue in which they can

actively participate in how the specialty is shaped. Glo succinctly captured how this occurs at all levels of the association, local, state, and national:

I have the voice because the ENA has given me the opportunity to have that voice because without the ENA, what I would say, I would just be saying. They are listening. The organization listens. If you have a communication with someone on a local level, like the Cotton Chapter (alias) they discuss a few things, they take it on to the state level, it'll eventually go to the national level. It could be something silly, like coming up with a new policy on Band-Aids or something but the ENA allows you to be heard. Because without them, who's going to listen?

Emerging emergency RNs often times feel like they do not have a voice in their employment setting since they are perceived as lacking knowledge and experience.

Often times it is perceived that decisions are made by administration and handed down to the staff. The inability to make contributions to their EDs can lead emerging emergency RNs to become disengaged. Jenaro, Flores, Begoña, and Cruz (2010) noted that feelings of contributing to an organization is one of the key components to becoming engaged within the organization. George described how the ENA helped him to have a voice as a staff nurse, "Well, just the association [ENA] lets your voice be heard so that if you see something that needs to change, then do the process of just working from the bottom to the top, you know, instead of the top down" Thomas also felt like the ENA gave him a voice primarily because it provided a larger group of emergency RNs that could advocate for change:

Um, well I think that it's kind of one of those things that if you want to change practice that it feels like that's the only route to go, is to be a part of a professional

organization. Um, I don't know I think it kind of boils down to if you're kind of a member of a large group of people you have a difference, so...

Thomas went on to describe how if the ENA did not exist, emergency RNs would not have a voice in anything related to practice:

I think it would be kind of one of those things, um, when you have practice or when you go into work, it's just one of those fields that you would kind of be, um, you wouldn't have a voice in anything...

Alex concurred that without the ENA emergency nurses would not have a voice related to the specialty of emergency nursing, "We [emergency nurses] wouldn't have a voice."

Many of the participants relayed how attending local, state, and national ENA meetings provided them a sense that individuals who could influence the specialty were listening to their concerns. Nate reported how he felt that by attending local meetings he had a voice in the emergency nursing specialty, "My participation I think would be going to meetings, actually having a voice, you know, in the association." Thomas also felt like participation in the ENA provided emergency nurses their own venue in which to voice their opinions:

Mm I think maybe becoming professionally involved, like in ENA. I definitely...Um, 'cause they have a voice. I definitely think that it's one of those organizations that, I mean, it's pretty cool that emergency nurses have a, you know emergency departments or a department in a hospital, yet emergency nurses have their own professional organization.

George expressed how attending a state council meeting helped him to know that decisions were not made exclusively by the figure heads of the ENA but that everyone

had a voice in the decision-making process, “ ... everybody has a voice and that it's not whoever's the head of the association that runs everything, makes all the decisions.”

George elaborated on how attending that state council meeting helped him to understand that emergency nurses were facilitating change in practice:

... the state meeting that I went to, the third quarter meeting that I went to let me see that, especially going through and sitting in as a guest on the different committees and seeing how they operate, what their plans were and how decisions were being made and the purpose behind them, let me know that it wasn't just somebody sitting up high saying "well, we just need this program, somebody figure it out." That it's coming from nurses that see the need and that they're starting to make those adjustments and change ...

Ginger shared her “biggest involvement” event in which she felt she had a voice in the specialty when she attended the national ENA annual meeting as a voting delegate. She described her realization that she was part of a group of emergency nurses that were shaping the priorities for the specialty, “Well, I think my biggest involvement that's important has been being a delegate for the Texas State Council. Also doing my resolution ...” Thomas stated how the ENA allowed emergency nurses to influence practice particularly at the national level by letting them have a voice thorough participation on committees or as a delegate to the annual meeting, “ ... but I think that ENA has a lot of different, um, what am I trying to say to influence practice in a lot of different areas. Uh, like the committees, like goin' [sic] to nationals and havin' [sic] a voice there ...” Thomas went on to specifically discuss how the ENA ensured that emergency nurses had a voice in how practice changes were implemented nationally as

well as how the ENA ensured that emergency nurses had a voice in the political arena when he shared how he would describe the benefits of the ENA to an emerging emergency RN:

I think that I would let them know that ENA is one of those organizations that can both give you an opportunity, it can give you a lot of opportunities ENA can.

Um, yes, it's a professional organization. Um, so therefore, you have officers, you know, they have a voice as far as maybe politics go or they have a voice as far as implementing new things nationwide, as far as emergency nursing goes. Yeah, you can have that voice ...

Glo summed it up when she described how the ENA listened to emergency nurses and was able to communicate their concerns at a national level to impact practice:

... just to know that there are people out there that listen to us, and ENA does listen to us and hear us about that kind of stuff. I know that they have influence and that they can probably communicate on a national level better than a little nurse here.

Vincent felt like the ENA provided him “a voice” as well but also felt like the ENA was trying to make the specialty “more professional”, “I think the ENA is trying to make emergency nursing more professional.”

Without the ENA the participants believed that they would not have a voice within the specialty of emergency nursing. In effect, emergency nursing would not have input on the issues that they faced in practice. George exemplified this sentiment when he described what would happen if the ENA did not exist:

... I don't think many emergency nurses would stand up and try to make their voice known a little more on issues. I don't think that they would. I think the professional issue gives the emergency nurse, like I said, it's that backing of something to stand with them and it's where their voice becomes stronger.

This subtheme describes how the ENA *provides a voice for the specialty* by providing the participants with a venue to express their opinions regarding practice issues that they face in their work. The participants valued the opportunity to speak to decision-makers who they believed listened to them. Attending local, state, and national ENA meetings was identified as a venue to access these leaders and to initiate conversations with interested emergency RNs that could promote change within the specialty of emergency nursing.

Promotes a sense of belonging. As previously stated the subtheme *promotes a sense of belonging* described how the participants felt that the ENA helped them to establish an interconnectedness with other emergency nurses in the specialty. Emily shared how she felt that a sense of belonging was important to her, “... well that was important to me. I didn't really think about it being important to other people but that's true, you know, it is a sense of belonging ...” Emily also described how being surrounded by other emergency nurses who were involved in the ENA contributed to that sense of belonging, “... I think it gives you a sense of belonging and a sense of feeling home and you're basically surrounded by comrades all over the United States, that type of deal.” The term “camaraderie” was used by several of the participants to describe this sense of belonging. Alex stated, “Penelope (alias) was the one that kind of drew me in, she told me about it [ENA]. I went to a few meetings and I really enjoyed it ... Mostly it

was just kind of a camaraderie thing.” Glo also used the term camaraderie to describe this sense of belonging. She also elaborated on how the camaraderie promoted teamwork and helped provide support to the emergency RNs:

I enjoy the meetings, the camaraderie. It really helps. It just helps to know that you have this huge group of individuals that work together and you know that you have a very large group of individuals in an organization backing you.

George shared Glo’s view that ENA promoted teamwork and provided support for emergency RNs, “I think the ENA shows new nurses togetherness that other people have gone through it so you can do it. I think it’s just a real big support for them.”

The importance of establishing relationships with other emergency nurses was mentioned by several of the participants as being important. Stephanie talked about the excitement she experienced in bringing emergency nurses together when she worked with several other emergency nurses to establish a new local ENA chapter:

Well since we were kind of putting together the Cedar Cove Chapter (alias), you know, encouraging other nurses to join, seeing those numbers grow was kind of interesting. And then seeing different people at meetings and them saying that they were excited about it, I felt like I was kind of part of that, you know, bringing it up ... So that was kind of the excitement, it’s kind of just bringing a bunch of people together in one place.

The participants expressed how these relationships helped them to bond with their colleagues thereby making it easier to function in the ED and relate to emergency nursing as a specialty within the profession of nursing. Stephanie reported how her involvement in the ENA supported her work in the ED, “I think seeing people outside of work and

having that one-on-one contact kind of allows you to complete that relationship with the people around you and it makes working with them day-to-day easier and you feel more comfortable ...” Emily shared an encounter she experienced at one of the ENA conferences and how that encounter helped her relate to the other emergency RNs:

“Sense of belonging” are the words I was searching for. You have a sense of belonging and I was down in the lobby of my hotel room and some of the older ladies approached me and talked to me for an hour and a half and it - they didn't know me from Adam, but they knew me from the meeting and I felt very included in that culture. I felt very welcome and I felt very at home and I felt like because we didn't know each other, but because we were part of the same thing, we belonged together and we talked for an hour and a half and it was really nice and they told me all kinds of funny stories, and I told them the same ...

Several of the participants also described how the ENA was a community of emergency RNs, which helped them to feel that sense of belonging within the specialty. Glo remarked, “Just knowing that I’m not the only emergency nurse out there first and foremost [helps to make a difference]. There are a million of us out there.” Ginger also affirmed that the ENA encouraged a sense of community:

... But it’s [ENA] a sense of community. You know, and locally that would be, I mean I do that anyways but I’m, um, just thinking of ways that you could get people together. And it’s and it’s also nice to get together for people ...

Stephanie shared how this sense of community helped her not to feel alone even when the relationships were not in person. In this case, Stephanie referred to the sense of community she experienced by reading the JEN:

And it helps; I think it just helps me not feel so alone sometimes. You know, like, you're not just this one person at this one hospital, or, you know, you kind of feel like an oasis sometimes in your hospital and you know that other places exist and that other nurses may be going through like the exact same thing that you're going through right now but to see it in print sometimes, you know, is like "Yes! That is how I feel!"

Julia imparted how the ENA can help negate some of the effects of dealing with events that most people never experience in their lifetimes which she referred to as "jadedness" and how the ENA recognize that emergency RNs are good people:

Well, personally, it's made me feel better about my association with the emergency department I guess. Like we were talking about the jadedness. Because like I said I think that outsiders don't realize how jaded emergency department nurses can be so it's more of a personal thing to me that makes me feel like, here's all these great people that are emergency department nurses. Not so jaded. It's kind of like a tiny little mention when you're around ENA.

Being a member of the ENA is a source of pride for the participants. Bruce identified the ENA as source of pride for him since he viewed emergency RNs as elite nurses, "Personally, to me, it's pride. It's pride. It's absolute pride for me to feel that I belong to a group of elite nurses. Really I see emergency nurses as elite nurses. I just see emergency nurses as unique, you know?"

This subtheme of *fosters a sense of belonging* expressively reflects on the importance of establishing relationships with other emergency nurses and contributes to the identity of these participants as emergency RNs. Emily exemplified this when she

stated, “Being part of the organization [ENA] makes me want to continue to be an emergency nurse because I belong to the Emergency Nurses Association.” The participants valued the relationships they established with other emergency RNs.

Encourages Community Involvement

The fifth theme discovered during data analysis was *encourages community involvement*. This theme was not a strong theme identified by all of the participants. However, it was a theme that was associated with those participants that were involved in injury and illness prevention activities. As previously stated there were no subthemes that were associated with this theme following data analysis. The theme of *encourages community involvement* referred to the ENA encouraging emergency RNs to proactively provide healthcare education to the community related to injury and illness prevention strategies. The premise is that emergency nurses educate lay people on how to prevent injuries and illnesses thereby decreasing the need for lay people to visit ED’s. A few of the participants expressed the importance of being involved in the community. Thomas shared his belief regarding community involvement, “Um, I think that as emergency nurses we have a commitment to kind of make a breakthrough in the quality of care that we provide and I think injury prevention is doing it in a community level ...” George shared how important it is to get out in the community to make a difference:

Injury prevention's very active, very aggressive, and you're getting out there and really getting the public to do things, and you're letting them know how to change themselves, and I wanna'[sic] do that where, one, we're providing for our community what they need ...

Several of the participants verbalized their thoughts on how the ENA served as a resource for prevention and community involvement. Emily succinctly identified what she believed the ENA provided as an organization including the injury prevention component:

As far as I understand it, the ENA is an organization of your profession that provides continuing education and ways to lobby for the things that we need, that is my understanding and we also deal with prevention ...

Thomas shared how he discovered that the ENA was involved in the community when he attended a local ENA meeting, "I think going to local meetings was kind of, you know, it wasn't really a breaking point, but it was like 'hey, they're gettin' [sic] involved, they're doing some community work'."

Tess expressed her pleasure about discussing involvement in the community as a local ENA board member, "I like being on the board and listening and kind of taking in the discussions on what we can do for the community and it's just really neat." Julia was comforted to learn that the ENA provided resources for injury prevention activities when she attended her first Texas ENA meeting:

If I wanted to do like even just, if we wanted to do like a helmet check or something. Like knowing I have all these resources to contact and say, "Hey! Anyone done this and how do you do it?" "Who do you set it up with?" Like just a huge resource.

A couple of participants were specific in identifying what injury and illness prevention activities they would be involved in through the ENA. Emily disclosed how she and the local ENA chapter were specifically targeting injury and illness prevention

activities geared towards the community that included car seat checks, burn prevention, and staffing of the first aid booth at the annual fair:

... I also intend on initiating car seat safety checks, which I used to do at Babies 'R Us, so it's really easy for me to do, um, preventative, uh, safety type things is my interest. We're [local ENA chapter] going to see about getting a 4th of July float for next year. We're going to dress up like burn patients and tell everyone to be careful and pass out little cute flyers that give you safety tips on fireworks, which I think will be fun and we'll get doctors and burn patients that pass out candy with safety tips. I think that's a good idea. Yeah, we got the idea two years ago, but then I went to nursing school and I didn't have a chance to work on it. I'm also, doing the Red Cross and our ENA people are doing the Red Cross first aid booth at the fair this year, which we do every year, but I organize it. I help organize it.

Stephanie shared how her local ENA chapter planned on getting involved in the community as the chapter was being formed:

You know, at lot of what we were talking about building and doing was, you know, how do we service our community and provide resources to them, you know, where we were talking about getting the safe rider certification and doing one of the car seat drives, you know, coordinating with Imaging Children's (alias) and all that.

The ability to work within the community was a draw to become more active within the ENA for a few of the participants. Kelly identified how the opportunity to make a difference in the community was one of the draws that lead her to become a member of the ENA, "He [Jason, alias] told me they [ENA] makes a large impact in

different things in the community. And I've seen that like even just attending the meetings like with the car seat laws, a good impact.” Kelly would later again stress how she was impressed with how ENA members took an active role within the community to prevent injuries:

And I find them [ENA] um, a group of people or larger organization of people that try to get things done for the right reasons. Like safety. I mean I was really, really impressed with the car seats. Very! I mean, that's looking out for a lot of people. Prevention is the best safety measure, I guess you would say. So I was very impressed with that.

Kelly had actually contacted one of the local ENA members in order to arrange to teach a first aid class in the community:

Now something like that [teaching a first aid course] I would have enjoyed doing that ... how to make splints out of things around the house like with magazines and things like that. I was just trying to think what could I really teach kids with what's around the house. Because not everybody has a first aid kit...but you know it's like using magazines to make a splint. And a lot of people don't think about stuff like that. But I was just thinking you know to immobilize something. What could kids use that's around? Because 99% of the time when stuff happens nothings around.

George described how the ENA provided him the resources necessary to pursue injury prevention:

I thing ENA has given me an avenue to pursue injury prevention. I see how injury prevention works in the hospital. What they do, what they don't do and

how they approach things and it's a lot of stuff I don't agree with. I see the ENA is something I can grab hold onto.

George spoke about how important it is to get out in the community to make a difference. He also stressed the importance of sharing information with other healthcare providers who want to initiate injury prevention in their own communities:

... but I also wanna' [sic] be one of those where I can, say another person comes up, and "well, how can we do this?" "Let me show you, come here. You need to do this, this, this, this and this, and this is how we get this implemented", and this to be something that they can look at and say "there's a good model. We can run with that model and make it work". That's my goal.

George went on to explain how injury prevention activities within the community helped limit the need to visit the ED for actual injuries:

... and, I just see injury prevention as being a way for me, it's my way of making change happen. If I can keep some people from getting hurt, then they don't have to see me at the hospital and they don't have to go through that whole process of what's happening to them, family members, loss of life, things like that, if we can keep it from happening...

George elaborated on how his involvement along with another colleague in an injury prevention training course that was sponsored by the Texas ENA helped him to establish goals for preventing injuries in the community and in developing a plan to met those goals:

I think it's ... goin' [sic] back to the injury prevention stuff, um, we went up there [ENA course], we took that injury prevention provider course and the gentleman

that went up there with me, we discussed on the way back home what plans I'd had, where I wanted to see it go, what he thought, where he wanted to see it go, and how we felt about how to accomplish those goals ...

George identified the ENA as a resource to help others in establishing injury prevention programs. George admitted that his goal is to eventually become a model for others across the State of Texas in the delivery of effective programs, which foster injury prevention:

I don't wanna' [sic] say it's [ENA] a security blanket, but I wanna' [sic] say it's something that gives me strength. Something that gives me some backing, something that stands behind me and says "we know this is right, you know, and let's make the change." I wanna' [sic] make the injury prevention here the staple of the injury prevention programs for Texas. I want it to be the one where everybody comes out and they're like, you know, when we were sittin' [sic] through those meetings, you know, one of 'em [sic] said "well, we've got this wonderful car seat deal, we're getting all this money, we're doing car seats, car seats, car seats" but I all I heard was just car seats. What about bike programs, what about falls with the elderly. I know those programs exist and I'm not saying that they're not implementing them, but I'm saying that there needs to be one place that when new chapters or somebody takes over, they don't just fall in the gap of following what the other person was doing and just staying stuck in a rut.

A couple of the participants felt that the ENA needed to encourage more involvement in the community related to illness and injury prevention. Tess reported on how her local chapter had sent a couple of members to an injury prevention course that

was held in conjunction with a Texas ENA meeting in order to provide the local chapter more resources to become involved in the community, “I think we need to do more local community stuff. That's why we sent a couple of people down there [Texas ENA meeting] for injury prevention so we can kinda' [sic] kick-start and get out there in the community.” Thomas expressed a desire to become more active within the community as well:

I would like to do that [become more involved in the community], whether it's in regards to the injury prevention segment of things, or just doing a blood pressure clinic or a weight loss program, or something like that, uh, that would kind of make the community see the aspect of nursing a little bit better.

Interestingly enough, Thomas's desire to be active within the community was not isolated to the ENA even though that appeared to be his primary preference:

... more community involvement, 'cause I don't think that locally that's just enough to set a good image and you have to do more than that, but for right now that's all I've done...not only through ENA, but like the community organizations, like being on a local health board or being a part of a, you know, maybe a chamber of commerce, or something like that that, you know, you have influence through community aspects.

While not a strong theme for all participants, this theme, *encourages community involvement*, describes how participants who are involved in injury and illness prevention activities within the ENA see the ENA as encouraging emergency RNs to provide healthcare education to the community in a proactive manner through injury and illness prevention strategies.

Summary

In summary, five main themes were uncovered from the data analysis along with several subthemes that supported four of the main themes. The five main themes that were uncovered from the data were *allows connections with other professionals*, *advocates for the profession and patients*, *provides professional development*, *fosters a sense of identity*, and *encourages community involvement*. Several subthemes were also discovered during the data analysis that supported each of the main themes with the exception of *encourages community involvement*, which had no subthemes. The first theme, *allows connections with other professionals*, referred to the ENA helping the participants to establish relationships with experienced emergency RNs who assisted them by *supporting RN role transition*, *networking*, *sharing of advice and experience*, and *promoting a broader perspective*, which were the four subthemes identified for this theme. The second theme, *advocates for the profession and patients*, referred to the participants' perception that the ENA promotes the interest of the specialty of emergency nursing and the patients that are cared for in the ED. Three subthemes were discovered during data analysis for this theme, which were *sets the standards of practice*, *provides legislative resources*, and *keeps the profession safe and current*. The third theme, *provides professional development*, referred to the growth of the emerging emergency RN as a professional through the obtainment of knowledge, skills, and experience owing to involvement in the ENA that helped them carry out their roles. Three subthemes were discovered during data analysis for this theme, which were *improves and validates knowledge*, *career advancement*, and *leadership development*. The fourth theme, *fosters a sense of identity*, referred to the ENA serving as a source of professional identity for

emerging emergency RNs by allowing them to feel the same as other emergency nurses and providing validity as well as continuity for them in the emergency nursing specialty. Two subthemes were discovered during data analysis, which were *provides a voice for the specialty* and *promotes a sense of belonging*. The fifth theme, *encourages community involvement*, referred to the ENA encouraging emerging emergency RNs to provide healthcare education to the community in a proactive manner through injury and illness prevention strategies. As previously stated no subthemes were identified during data analysis for the fifth theme.

The participants for this study, which represented diverse ages, genders, and practice areas, identified the ENA as important to them as emerging emergency RNs and their respective practice. The data presented in this chapter reflects the findings that were uncovered during my data analysis. The integrity of the quotes provided by the participants during their interviews was retained in the presentation of the findings. This contributes to the credibility and transferability of the data. It also contributes to the dependability of the study by providing enough context to determine if the interpretations are consistent with the data collected (Merriam & Simpson, 1995). This also helps with the confirmability of the study. Triangulation of the data was also presented. Since the main themes and subthemes answer more than one research question, the findings were organized around the main themes and subthemes that were uncovered from the data analysis rather than around the individual research questions. How the findings answer the research questions will be presented in Chapter VI.

CHAPTER VI

Summary, Conclusions, Discussion, and Recommendations

This qualitative study was carried out to investigate how the professional association for the specialty of emergency nursing, the ENA, influences the socialization of engaged emergency RNs who have been in emergency nursing 5 years or less.

Summary of Study

Understanding how engaged emergency RNs who have been in emergency nursing 5 years or less, referred to here as emerging emergency RNs, transition from novices in the specialty of emergency nursing to more fully socialized emergency RNs helps the emergency nursing specialty to better meet the needs of these RNs.

Professional associations are a key attribute of any profession including nursing. While considerable literature suggests the potential importance of associations in the socialization process of new RNs, there has been little or no direct examination of the role that professional associations play in the socialization of emerging RNs. Due to the lack of literature on the role of professional associations in the socialization of emerging RNs as well as my own curiosity about the role professional associations play in the socialization of emerging RNs, it was important to investigate the lived experience of a group of emerging emergency RNs who were active within their professional association. This prompted me to develop the following research questions: (a) What role does the ENA serve in the socialization of emerging emergency RNs who are active members in the association? (b) How does active participation in the ENA change or influence the clinical practice of emerging emergency RNs? (c) How do emerging emergency RNs describe the impact of active participation in the ENA on themselves as professionals?

A comprehensive review of the literature was conducted examining concepts related to this study, which included professionalization, professionalism, socialization, engagement, and professional associations. As previously stated, there has been little or no direct examination of the role that professional associations play in the socialization of emerging RNs. Figure 2 illustrates how the concepts of professionalization, socialization, and engagement are related based on the review of the literature.

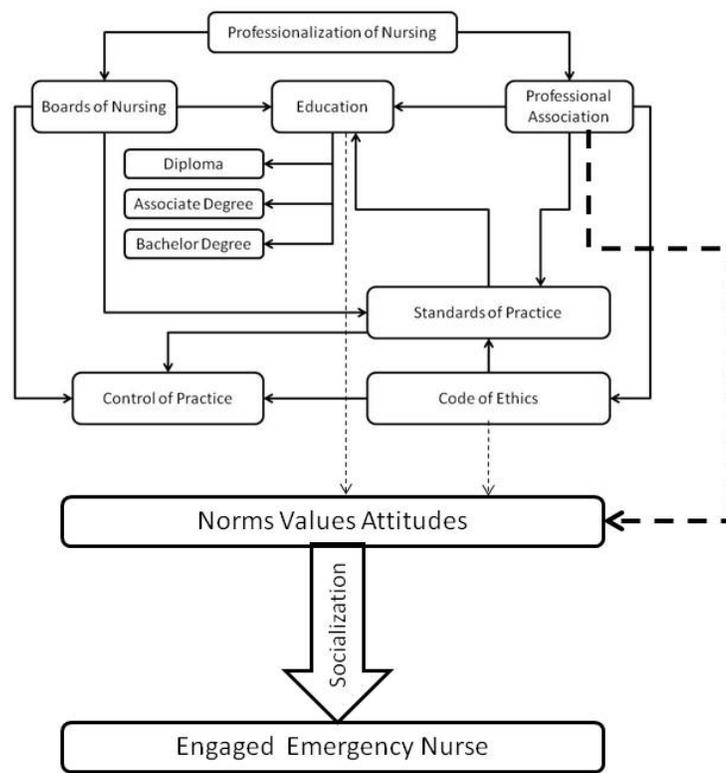


Figure 2: Socialization and Engagement as it Relates to Professionalization

A qualitative exploratory approach was specifically chosen for this study based on Miller's and Crabtree's (1992) premise that exploratory research has three aims of scientific inquiry: identification, description, and explanation-generation. This study focused on description, which refers to the exploration of meanings, variations, and

perceptual experiences of a phenomenon. An interpretivist (constructivist) framework was chosen as my conceptual framework. This framework recognizes the complexities of realities and meanings that are shaped by both the participants and the researcher. Face-to-face semi-structured active interviewing was selected as the primary method of data collection. This method was the best fit for this study and the conceptual framework used, as active interviewing requires the participants and interviewer to interact in such a way that alternative considerations are brought into play resulting in the construction of knowledge and meaning (Holstein & Gubrium, 1999, 2002). It is the role of the interviewer to explore incompletely articulated aspects of an experience by eliciting participants' answers in such a manner as to bring them to bear on the discussion at hand in ways that are appropriate to the research (Holstein & Gubrium, 1999, 2002).

Fourteen emergency RNs with less than 5 years of experience who were active members within the ENA were interviewed using face-to-face semi-structured interviews. Each interview was recorded and transcribed. I then analyzed the data from the transcribed interviews. The participants were provided a data audit (Appendix G) based on the preliminary findings along with a transcript of their respective interviews. Six of the 14 participants returned the data audit. The findings were further analyzed based on feedback provided from those participants who completed the data audit. This resulted in the uncovering of five themes and 12 subthemes (Figure 10). Those specific findings were presented in Chapter V. Since the main themes and subthemes were not always linked to a single research question, the presentation of findings was organized around the main themes and subthemes that were uncovered from the data analysis rather than

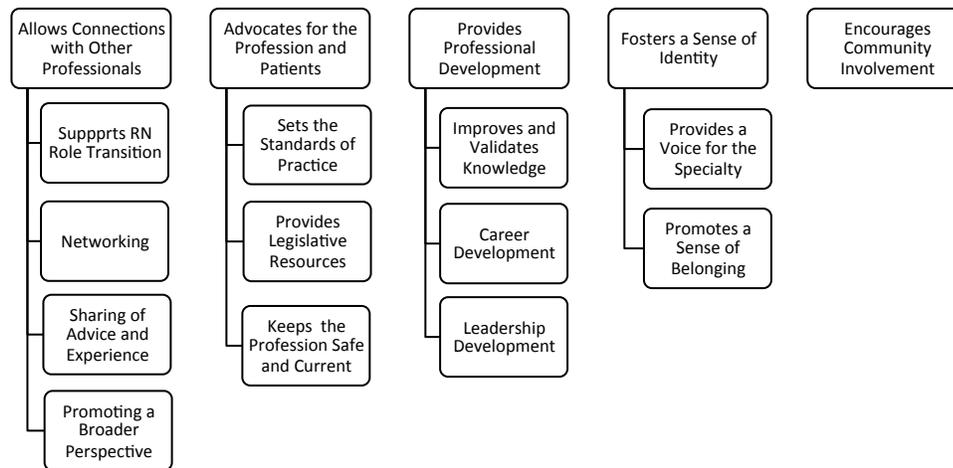


Figure 10: Themes and Related Subthemes

around the individual research questions. I speak to how the findings address the research questions in the conclusions section.

Conclusions

In this section, I address how the themes and subthemes identified in Chapter V answered each of the research questions.

Research Question 1: The Role of the ENA in Socialization of Emerging RNs

Socialization refers to individuals meeting or conforming to a set of norms and values that are established by a group or society in order to achieve expectations of the group. More simply put, members of a group must learn the expected norms and values that help form the collective identity of the group and provide a means for individuals to function effectively as a member of the group (Christian, 1986; Clark, 2001, 2004; Goslin, 1969; Wolf, 2007). This includes meeting or conforming to the values, beliefs, and attitudes of the group. Emergency nursing sets the norms and values of their specialty. Socialization into the specialty for emerging emergency RNs involves

becoming aware of these norms and values and learning to adhere to them. Findings of this study suggest that the ENA serves that role in the socialization of emerging emergency RNs.

Nearly all of the participants in this study were encouraged to join the ENA based on the recommendations of other experienced RNs. All but one of these experienced RNs specialized in emergency nursing. This implies that RNs currently in the specialty of emergency nursing identify the ENA as being beneficial for emerging emergency RNs who are entering the specialty of emergency nursing.

As emerging emergency RNs enter the workforce, they are required to interact with other professional emergency RNs. Successful socialization into the profession is important for emerging emergency RNs to be able to function as a member of the healthcare team. Unfortunately, most schools of nursing do not adequately prepare students for specialty nursing roles, particularly emergency nursing. This leaves the new RN feeling unprepared. Farnell and Dawson (2006) found that new RNs beginning new roles in practice, often times feel unprepared. The emerging emergency RN therefore has to learn how to function within the emergency RN role while on the job. Feeling supported by experienced emergency RNs during this socialization process is necessary in order to become engaged within the employment setting and to feel connected. Failure to make these connections results in isolation and a lack of engagement.

The participants within this study found that the ENA facilitated their socialization into emergency nursing including their ability to make connections with experienced emergency RNs. More often than not, connections with experienced emergency RNs occurred outside the emerging emergency RNs' own institutions. The

vast majority of participants identified that there was limited involvement in the ENA by emergency RNs within their own EDs except in those institutions in which the ED director was actively involved in the ENA. Participants in those institutions felt that their involvement within the ENA was valued.

The majority of participants found that establishing collegial relationships with ENA members, even when they worked in different institutions, were less difficult than establishing similar relationships with experienced emergency RNs within their own institutions that were not ENA members. A couple of participants offered some insight into why this might be the case. There was a perceived lack of cliques within the ENA compared to the participants' own EDs. For instance Kelly stated, "... I don't get the cliquey feeling [with the ENA]." Furthermore participants felt that the ENA afforded them the opportunity to connect with experienced emergency RNs that they might not otherwise have connected with.

There are several outcomes that result from new professionals becoming socialized into a group. One of these outcomes is that individuals will identify themselves as a member of that group. Establishing relationships with experienced emergency RNs within the ENA helped the participants to establish their own identities as emergency RNs. Participants felt that the ENA immersed them in a culture of emergency nursing that was based on shared goals and directions. Emily stated, "It [ENA] immerses them [emergency RNs] in the culture of emergency medicine ... " George said, "... the association [ENA] there's a tie between us other than emergency nursing it goes as something that we have in common, those common goals, common direction ... " Without the ENA the participants' felt that emergency nursing would not

be a specialty. Alex exemplified this when he stated, “Oh, quite simply it [emergency nursing] wouldn’t be a specialty at all.”

Another outcome of socialization is that individuals feel a sense of belonging to the group that they identify themselves with. Participants stressed the importance of having experienced emergency RNs validate their feelings as emerging emergency RNs. Participants came to the realization that the difficulties and stresses that they faced were also faced by experienced emergency RNs.

Establishing relationships within the ENA also helped the participants to network with experienced emergency RNs. This in turned promoted a sense of community and commonality between the participants and the experienced emergency RNs thereby promoting camaraderie and teamwork. Participants noted that establishing a collegial relationship with experienced emergency RN ENA members afforded them the opportunity to get to know these RNs on a more personal level. If these colleagues worked together in the same institution, it often times improved working relationships as the emerging emergency RN had a better understanding of the experienced emergency RN.

Participants felt that experienced emergency RN ENA members were more accepting of them as emerging emergency RNs compared to experienced emergency RNs that were not members of the ENA. However, it was noted that when one individual within a group is the primary source for these collegial relationships then those relationships could deteriorate if that individual is no longer part of the group. The specific example cited in this study resulted when the individual who was the primary source for the collegiality died.

The participants noted that experienced emergency RNs who were members of the ENA helped them to maintain a more positive outlook towards other healthcare providers and patients. Emergency nursing is a stressful specialty. For some emergency nurses, this stress results in the RN becoming “jaded,” a term used by more than one participant in the study. The participants suggested that by having interaction with experienced emergency RN ENA members, they were able to maintain a more positive attitude. The ENA was also identified as a source of pride for the participants. Participants identified interacting with members of the ENA as a means of confirming that they were in the right specialty and were working towards common goals.

Connecting with experienced emergency RN ENA members also allow participants to establish more formal relationships with these RNs. This resulted in several benefits. First, it afforded emerging emergency RNs an opportunity to establish networks within the specialty. Emerging emergency RNs were able to connect with experienced emergency RN ENA members whom they considered to be experts within the field. Second, it contributed to emerging emergency RNs feeling a greater sense of collegiality with experienced emergency RNs, which increased their sense of belonging to the specialty. The participants felt that the experienced emergency RN ENA members helped to push them beyond their comfort level while at the same time stood behind them as they stepped out of their comfort zone. The participants stressed the importance of having that collegial support from experienced emergency RNs. Third, it promoted sharing of advice and experiences among emerging emergency RNs and their more experienced colleagues. Since the sharing of information was mutual, both the emerging emergency RNs and the experienced emergency RNs benefitted. The participants felt it

was their duty to share advice and information as well as to support other RNs in the specialty. Since the participants had already established their networks, they were more comfortable sharing their perspectives with these colleagues. In return experienced emergency RN ENA members benefitted from the sharing of information as they were exposed to more current information that emerging emergency RNs received in their respective undergraduate nursing programs. Fourth, these formal relationships and mutual sharing of information with experienced emergency RN ENA members provided emerging emergency RNs a broader perspective of what was occurring in the specialty beyond their own EDs.

The ENA was also identified as serving an advocacy role for the profession of emergency nursing and the patients cared for in the ED. Participants in this study felt that the ENA was the authoritative source driving initiatives for the specialty of emergency nursing including legislative and practice policies, thereby in effect setting the standards of practice. Participants felt that the ENA helped emergency RNs to understand how policy decisions affected their own practice. The ENA is seen as providing emergency RNs with a place at the table in regards to influencing policy decisions. The ENA was also identified as the authoritative source for establishing the standards of practice based on current evidence. Participants identified the importance of having these standards to provide consistency in emergency nursing practice across the country. Ginger identified this as ENA's role, "I think that their [ENA] role is to ensure that there is some consistency." Participants acknowledged that this helps emergency RNs to know what is expected of them. The participants remarked that without the ENA,

it would be difficult to identify the relevant information that they needed to know in order to improve as emergency RNs.

Besides establishing networks with other experienced emergency RNs, the ENA was able to share advice and experiences between emergency RNs through the distribution of the JEN. The dissemination of information through this venue was identified as a means of ensuring that excellence in practice was available to all EDs. All of the participants for this study reported reading the JEN and attributed their interest in doing so to their involvement in the ENA. However, the participants acknowledged that many emergency nurses do not read the journal. Participants identified the JEN as another way to learn about emergency nursing practice. This ties back to the specialty expectation that life-long learning is expected of all emergency nurses.

In summary, the participants for this study viewed the ENA as the authoritative source for emergency nursing. The participants felt that the ENA facilitated their ability to connect with other experienced emergency RNs in the specialty of emergency nursing. By establishing these connections with experienced emergency RNs, the participants were able to establish networks that allowed them to share advice and experiences. The participants also believed that their involvement in the ENA fostered their identity as emergency RNs as well as helped them to feel that they belonged to the specialty of emergency nursing. The participants identified the ENA as the primary entity that set the standards of practice to which they must adhere. The ENA was also identified as the resource that helped the participants to see the broader picture of emergency nursing practice and how policy affects practice, particularly legislative policies. Because the ENA offered emergency nursing a place at the table in regards to shaping policy,

participants were afforded the opportunity to see how they could influence practice. The participants in this study also described how the ENA helped to connect them in their work thereby creating a vested interest in ensuring that the work is accomplished in order to meet established outcomes. The participants equated their involvement in the ENA as demonstrating a commitment to the profession, which in turned helped them to develop as emergency nurses.

Research Question 2: Impact of ENA Participation on Clinical Practice

As aforementioned, emerging emergency RNs have limited experience in emergency nursing as they enter the specialty. Basic nursing education prepares individuals to become general medical-surgical RNs. Exposure to the emergency nursing specialty is limited at best, if it exists at all, in undergraduate nursing curriculum. Jarman and Newcombe (2010) report in general, RNs have inadequate theoretical and clinical preparation for specialty nursing practice. It was a common participant perception that emerging emergency RNs lack the knowledge of how to fully implement the emergency RN role. This lack of knowledge combined with a lack of confidence in decision-making jeopardizes the emerging emergency RNs success in the ED environment. The ENA addresses this gap by allowing emerging emergency RNs to connect with other experienced emergency RNs. The participants appreciated the ability to network with experienced emergency RN ENA members. Participants viewed these experienced emergency RN ENA members as experts within the specialty. Discussing clinical situations with these experienced emergency RN ENA members helped to improve the emerging emergency RNs' clinical reasoning skills by guiding them through the decision-making required for a given situation based on the expertise of more

experienced RNs. The participants also pointed to the fact that these interactions with experienced emergency RN ENA members helped to alleviate potential pitfalls in practice through sharing of mistakes that experienced emergency RNs made when they entered the specialty. For the participants in my study, this validated the feelings they experienced as emerging emergency RNs. Furthermore it helped the participants to feel supported and increased their confidence regarding their own clinical reasoning skills. By sharing advice and experiences, emerging emergency RNs were able to compare their own nursing practice with the nursing practice of experienced emergency RN ENA members. Often times this resulted in emerging emergency RNs formulating better solutions to problems they encountered in practice than they would have on their own. While the participants identified the need for some structure in providing their nursing care, they were clear that they did not need hand holding and that they sought acknowledgement of their contributions to the patient care provided in the ED.

The ENA was identified as the authoritative practice resource for emergency nursing. One way ENA served as the authoritative practice resource was by allowing emerging emergency RNs to connect with other experienced emergency RN ENA members, which led to the development of personal relationships thereby fostering the formation of networks within the ENA. Emerging emergency RNs use these networks of experienced emergency RN ENA members as clinical resources. Experienced emergency RN ENA members could also guide emerging emergency RNs to clinical practice resources. These practice resources were more often than not available through the ENA. However, the sharing of clinical practice resources was not exclusive to the ENA. The emerging emergency RNs trusted that the experienced emergency RN ENA

members had vetted the appropriateness of these outside practice resources if they were shared or recommended to them.

As the authoritative practice resource for emergency nursing, the ENA is perceived as advocating for the profession and patients. Several approaches were identified as to how the ENA meets this advocacy role. First the ENA is seen as the authoritative source for setting the standards of practice for emergency nursing. Second, the ENA is seen as keeping the profession safe and current through the dissemination and use of evidence based practices. Julia described the ENA as the “gold standard” resource for her practice. Participants elaborated on how they used the standards of practice developed by the ENA to guide their practice within their respective institutions. Participants also described how they used these standards to initiate change within their employment institutions. On several occasions this resulted in change projects in EDs that might not have been conducted if it were not for the efforts of the emerging emergency RNs striving to meet the standards developed by the ENA.

Standards of practice help emerging emergency RNs to know what the expectations are regarding the care of patients. It also helps to prevent variability in practice because the standards are developed based on the most current evidence available. The development of emergency nursing standards helps to bridge the gap between theory and practice by translating evidence that is discovered into how that evidence can be incorporated into practice. This is sometimes a difficult process for emerging emergency RNs to understand based on their limited emergency nursing experience. Participants in my study discussed the fact that membership in the ENA

helped them to understand how current evidence translates to the practice of emergency RNs in the ED.

Another component identified by participants regarding the ENA as a practice resource was the ability of the ENA to facilitate emerging emergency RNs connecting with experienced emergency RN ENA members. As previously described, the advice and experiences shared with emerging emergency RNs helped to improve the practice of emerging emergency RNs. However, experienced emergency RN ENA members were also helping emerging emergency RNs to look beyond their employment institutions to see how emergency care is implemented within their own communities as well across the country. This limited the “silo effect” on the emerging emergency RNs, which refers to emergency RNs knowing only how emergency nursing is provided within their own institutions. This leads to stagnation and failure to keep up with trends in practice. The “silo effect” is seen as limiting the advancement of patient care because the most current evidence for practice is not implemented in a timely fashion. The participants also stated that seeing the broader community perspective prevented the duplication of services in some situations.

Providing education is a major component in preventing the stagnation and “silo effect” of emergency RNs. Professional development was identified by all of the participants as an important component of the ENA serving as a practice resource and keeping the profession safe and current. The ability to improve and validate knowledge is important in meeting the expectation of life-long learning that is associated with the socialization of emergency RNs. All of the participants in this study identified the importance of remaining up-to-date in practice. The educational offerings provided by

the ENA both through traditional educational activities as well as through the JEN were identified as helping emerging emergency RNs remain current in their clinical practice. The participants provided several examples of how experienced emergency RNs who had not kept up-to-date were practicing “old school” techniques in patient care. These emerging emergency RNs understood the importance of CE beyond their basic undergraduate nursing education in order to remain up-to-date. The ENA along with the BCEN were seen as entities that validated essential knowledge regarding emergency nursing practice. This validation occurred by providing verification/certification for specific aspects of emergency nursing care. For the ENA this encompassed TNCC and ENPC. For the BCEN it referred to the CEN and CPEN. Participants valued this outside source of validation. Obtainment of any of these verifications/certifications improved the confidence of the participants. This translated into more confident implementation of the emergency RN role. When emerging emergency RNs had increased confidence in implementing emergency RN roles, whether it is through certifications or increased knowledge gained from the ENA, they were more willing to collaborate with physicians, which in turn improved patient care delivery.

The practice concerns that were most commonly mentioned by participants were workplace violence, performance of triage, the care of pediatric patients, the care of trauma patients, and evidence collection. The ENA was identified as the primary resource that emerging emergency RNs turned to in order to address this practice issue. Many of the participants felt empowered to tackle these practice issues. All but two of the participants obtained TNCC verification, which addressed the care of trauma patients. Almost half of the participants obtained ENPC verification, which addressed the care of

ill or injured children. The Texas ENA developed a CE offering and coordinated statewide efforts to disseminate the offering after the Texas legislature mandate that all emergency RNs in Texas must have four hours of CE in forensics.

The participants in this study believe they have a voice in shaping how the ENA addresses policies related to practice issues, particular regarding workplace violence. One of the participants authored a resolution on workplace violence, which led to the development of an official position of the ENA. At the State level, participants felt empowered by the Texas ENA and the TNA which heads the State's nursing legislative coalition, to share their stories with Texas legislators about workplace violence. During the course of this study, the Texas ENA worked with legislators to introduce a bill on workplace violence, which eventually passed, making it a felony to assault any healthcare provider during the implementation of their role. Those emerging emergency RNs who attended annual meeting appreciated the opportunity to participate in the dialogue that occurred in shaping practice guidelines and policy. The perspectives provided by the emerging emergency RNs helps to ensure that those individuals who develop policies or practice guidelines are aware of the complete impact that such policies and guidelines have on those responsible for implementation. The ENA was identified as providing emerging emergency RNs the opportunity to enter into the dialogue.

In general emergency care is focused primarily on the resuscitation, stabilization, and treatment of acute conditions. While education is provided to patients regarding their medical conditions, preventative education in the ED environment is limited at best. Several participants talked about how the ENA was addressing this gap by encouraging community involvement primarily through injury and illness prevention activities. While

this finding was not consistent among all participants, for every participant who was involved in injury prevention within their respective local ENA chapters, their focus was on providing proactive healthcare education to lay persons in the community in order to decrease the need to visit an ED.

In summary, the participants identified the ENA as a support system in practice as they implemented their new roles as emergency nurses. The ENA allowed emerging emergency RNs to connect with other experienced emergency RN ENA members and to establish networks with them. This facilitated the exchange of information, which helped the participants' clinical reasoning skills. The sharing of advice and information also helped to alleviate potential pitfalls in practice. Ultimately the participants felt increased confidence in their abilities to implement the emergency RN role.

The ENA was identified as the authoritative practice resource for emergency nursing. In addition, the ENA was perceived as serving an advocacy role for the profession and patients. The networks that emerging emergency RNs established with experienced emergency RN ENA members provided them access to clinical resources that they may not know have existed. It also facilitated emerging emergency RNs to see the broader perspective of healthcare beyond their own institutions. The ENA was identified as the "gold standard" resource for practice. Participants pointed to the ENA as the authoritative source for setting standards of practice that was based on current evidence. This provided emerging emergency RNs guidance in how to practice. Furthermore, these standards empowered the participants to implement change within their employment institutions when practices within their institution were in conflict with

the standards. Participants felt that the ENA kept the profession safe and current as well as prevented emerging emergency RNs from developing the “silo effect”.

The participants identified the ENA as their primary source for continuing education, which helped to improve knowledge. Since the ENA was perceived as keeping the profession safe and current, participants relied on the ENA as providing the most up-to-date information on practice issues. In addition ENA provided validation of knowledge through its verifications in TNCC and ENPC. The BCEN was also identified as validating emergency nursing knowledge. Participants perceived the BCEN as an affiliate of the ENA although no such relationship currently exists.

Finally, the participants believed that they have a voice in shaping policies that are related to practice issues through their involvement in the ENA. All of this increases emerging emergency RNs’ confidence, which translates into better patient care.

Research Question 3: Personal Impact of ENA Participation

Emerging emergency RNs often times feel unprepared to meet clinical expectations in the ED. Furthermore, emerging emergency RNs lack comprehensive knowledge that is needed to fully implement the emergency RN role. Turner and Goudreau (2011) found that new emergency RNs experience feelings of loneliness, vulnerability, insecurity, lack of knowledge, and insufficient preparation and/or organization. These feelings can be strong at times and can leave emerging emergency RNs feeling powerless. Participants validated that their lack of experience contributed to their lack of confidence and at times left them feeling intimidated by the more experienced emergency RNs. Participation in the ENA helped to improve emerging emergency RNs confidence. Eventually, this led to feelings of empowerment thereby

decreasing some of the emotional stress that comes with role transition from student nurse to emergency RN. Improvement in confidence also assisted the emerging emergency RNs to realize that they were becoming experts in emergency care as they gained more experience and knowledge.

By connecting with other professionals who were experienced emergency RN ENA members, mostly outside their own employment institutions, participants were able to establish personal relationships. These relationships allowed the participants to share advice and experiences serving as a catalyst for the participants to identify themselves as emergency RNs. Moreover the relationships that were established when the participants connected with other professionals in the ENA allowed the participants to readily establish a network with experienced emergency RN ENA members. The fact that the majority of these contacts were not within the participants' own employment institutions afforded these emerging emergency RNs the opportunity to interact with individuals they might not otherwise have met. The advice and experiences that were shared provided the participants a broader perspective of what was occurring with emergency nursing and how that might differ from the perspective of the participants' experience within their own institutions. This afforded the participants an opportunity to validate their own institutional practices that were consistent with those practices occurring elsewhere and it also helped the participants to identify those practices within their own institutions that needed to be changed.

The ENA brings together emergency RNs, both emerging and experienced, for a common purpose. The participants identified that the ability to share experiences with experienced emergency RN ENA members that have similar personalities and who could

substantiate that the feelings the participants were experiencing were normal helped them to not feel so vulnerable and alone. This also contributed to a sense of togetherness or in other words a sense of belonging. The sense of identity and belonging nurtured excitement about emergency nursing for the participants. Participants also expressed that interacting with experienced emergency RN ENA members, helped them to believe that they were emergency RNs and that they could be successful at it.

The ability to connect with other professionals within the ENA served as a support system for the participants both from an affective and cognitive perspective. From the affective perspective, participants noted that experienced emergency RN ENA members helped them to maintain a more positive outlook towards other healthcare providers and towards patients. Often times emergency nurses can experience negative attitudes about people in general due to the nature of human interactions that occur in practice. The participants identified that by having interaction with the experienced emergency RN ENA members a more positive attitude could be maintained.

From the cognitive perspective, the participants felt that the sharing of advice and experiences was important. The experienced emergency RN ENA members provided participants guidance in reasoning through clinical scenarios. This sharing of advice and experiences was not limited to face-to-face meetings. Sharing of advice and experiences also occurred via dissemination in the JEN and ENA newsletters. Participants noted that the information provided in these publications were extremely relevant to their practice as emerging emergency RNs. It is noteworthy that the participants felt the greatest impact that ENA had on them as professionals was the improvement and validation of

knowledge that occurred. The ENA was identified as the authoritative source of information regarding emergency nursing.

The participants disclosed that many emerging emergency RNs are focused on the here and now with little thought given to the changes that occur in practice. The ENA keeps the profession safe and current by sorting through a vast amount of information and evidence determining its relevancy and necessity. This information and evidence is then disseminated through CE and publications. This helps emerging emergency RNs to remain current on the changes that occur in emergency care. The participants equate improvement in knowledge with better practice as emergency RNs and identified that the improvement in knowledge helped them to mature as professionals. As previously mentioned, many emerging emergency RNs feel that they have a lack of knowledge regarding emergency nursing. Obtainment of knowledge beyond what they received in their basic education not only improves their clinical reasoning skills but also improves their confidence in carrying out the emergency RN role.

The ability to validate that emerging emergency RNs possess a certain level of knowledge was important for the participants, particularly when that validation was not associated with the emerging emergency RNs' employment institution. The ENA provided that validation through its TNCC and ENPC verification courses. The BCEN was also identified as an entity that provided validation of knowledge through its CEN and CPEN certifications. As mentioned before, many ENA members do not see the ENA and the BCEN as separate entities. All but two of the participants possessed ENA verifications. The participants equated verification/certification with validation of good practice as emergency RNs. The participants also felt like they set an example for other

emergency RNs by having certifications. This in turn helped to improve their confidence as emergency RNs.

These emerging emergency RNs articulated the importance of professional development in helping them to advance their careers. The participants acknowledged that their participation in the ENA opened doors for them and helped to make them more competitive for positions within the specialty. Furthermore, involvement in the ENA was equated with commitment to the emergency nursing specialty. As the participants' understanding of the emergency RN role improved through their interactions with experienced emergency RN ENA members, the participants were better prepared to clearly articulate professional goals. In addition, as they improved within their roles as emergency RNs, opportunities for advancement occurred. The participants attributed this to their involvement in the ENA. The participants also felt less limited in employment opportunities since the ENA helped them to establish networks with experienced emergency RNs across the country allowing for personal connections and references regarding employment opportunities.

For some of the participants, leadership development was also identified as a benefit of active participation within the ENA. This mainly applied to those participants who served in a leadership role within the ENA, primarily at the local level. Participation in leadership roles at the local levels is mostly due to the fact that these emerging emergency RNs are relatively new within the profession and have had little opportunity to make a presence at the state or national level to the degree needed to be elected to leadership roles. The participants involved in leadership roles shared similar feelings of insecurity, lack of knowledge, vulnerability, and lack of preparation that emerging

emergency RNs experience when entering into the emergency RN role. However, these participants shared how experienced emergency RN ENA members encouraged them to step out of their comfort zone and take on roles or responsibilities that they might not take otherwise. These participants also noted that the experienced emergency RN ENA members were more than willing to provide support and advice to them in order to help them succeed in their respective leadership roles.

Helping emerging emergency RNs feel less insecure, less vulnerable, more knowledgeable, and more prepared to implement their roles, empowers emerging emergency RNs to express their opinions within the specialty. The participants believed that their voices were heard by colleagues within the ENA more so than within their own employment institutions. They perceived that the ENA promoted a bottom up or grassroots approach rather than a top down or administrative approach of involvement within the emergency nursing specialty. The participants described a sense of empowerment in sharing relevant information with other professionals as well as initiating change within their respective employment institutions based on what they had learned through their involvement within the ENA.

In summary, participants identified the ENA as a means to connect with experienced emergency RN ENA members and to establish networks with them. These formal relationships served as a catalyst in helping emerging emergency RNs to identify themselves as emergency RNs. Moreover, it promoted the sharing of advice and experience between the emerging and experienced emergency RNs. These formal relationships also foster a sense of belonging to the specialty for the emerging emergency RNs. As the participants shared information, they were able to see emergency nursing

from a broader perspective and to compare their institutional practices with practice across the country. Interaction with experienced emergency RN ENA members also provided validation of the participants' feelings and experiences as emerging emergency RNs. The participants felt that the experienced emergency RN ENA members believed that they could be successful in their roles. This promoted a sense of belonging, alleviated feelings of loneliness, and increased participants' confidence.

The formal relationships established with experienced emergency RN ENA members served as a support system for the participants both from an affective and cognitive perspective. From the affective perspective, it helped the participants to maintain a more positive attitude. From the cognitive perspective, it helped to improve and validate the participants' knowledge about emergency nursing. The ENA was identified as providing the most up-to-date information on practice issues. In addition ENA provided validation of knowledge through its verifications in TNCC and ENPC. The BCEN was also identified as validating emergency nursing knowledge. Participants perceived the BCEN as an affiliate of the ENA although no such relationship currently exists. This contributed to the professional development of emerging emergency RNs.

The participants credited the ENA as opening doors for the participants. Participation in the ENA was equated with commitment to the specialty of emergency nursing. As the participants gained a better understanding of the emergency RN role, they were able to more clearly articulate professional goals. Participants felt less limited in employment opportunities because of the established ENA networks which afforded them personal connections and references across the country. For those participants involved in a leadership role within the ENA, leadership development was a benefit

identified. These participants experienced similar feelings in these leadership roles as they did in their emergency nursing roles. Experienced emergency RN ENA members encouraged the participants to step out of their comfort zones while at the same time providing support and advice to help the participants succeed in their leadership roles.

Finally, participants believed that their voices were heard by the ENA more than within their own institutions. The participants described a sense of empowerment and were more willing to collaborate with other healthcare providers.

Discussion

Professional associations have been identified as a component of professions since the early seminal works of Carr-Saunders (1928) and Carr-Saunders and Wilson (1933) were published defining what constituted a profession. Since that time numerous studies have tried to identify the role of professional associations within the profession. Historically, professional associations were viewed as serving a gate-keeping/regulatory function within professions (Carr-Saunders, 1928; Daniels, 1973; Pavalko, 1971; Truesdell, 1984; Vollmer & Mills, 1966; Wilensky, 1964). As researchers continued to look at professional associations, other functions were identified. Initially, professional associations were seen as serving as an authoritative source for the profession, responsible for developing standards of practice and codes of ethics for the profession (Barber, 1965; Carr-Saunders & Wilson, 1933; Daniels, 1973; Greenwood, et al., 2002; Hausknecht, 1962; Kordick, 2002; Siegrist, 1990; Stein, 2001; Thompson & Lavandero, 2001; Vollmer & Mills, 1966). Then certification of professionals was identified as a role of associations (Daniels, 1973; Kordick, 2002; Matassarini-Jacobs, 1985; Truesdell, 1984). Along the same time three other roles were identified for nursing associations.

The first role was that professional associations help nurses to develop a bigger picture of nursing, healthcare, and trends in the profession (Frank, 2005; Freidson, 1983; Hausknecht, 1962; Millikin, 1983; Pavalko, 1971). The second role was that professional associations encourage discourse within the profession (Greenwood, et al., 2002; Hausknecht, 1962; Truesdell, 1984). The third role of professional associations is to help nurses obtain training in social and administrative skills that can then be used in other venues including in their employment institutions (Hausknecht, 1962; Millikin, 1983; Stein, 2001; Vollmer & Mills, 1966). But even in the early research focusing on professions, professional associations were identified as a means to socialize new professionals into their respective professions (Barber, 1965; Carr-Saunders & Wilson, 1933; Hausknecht, 1962; Pavalko, 1971). Despite the fact that socialization of new professionals has been identified as a role of professional associations since those early years, little if any direct examination of that role exists that describes how professional associations actually carry out the role in the socialization of emerging RNs.

Socialization refers to individuals meeting or conforming to a set of norms and values that are established by a group or society in order to achieve expectations of the group. This begs the questions: (a) what are the norms and values that have been established for emergency nursing? (b) what group determines these norms and values for emergency nursing? As I mentioned in Chapter I, I contacted several expert emergency RNs representing practice, administration, and professional education whom are involved in the ENA and asked them what were the characteristics of an engaged emergency RN. Generally speaking they describe an engaged emergency RN as: (a) someone who is assertive, (b) someone who maintains a positive attitude, (c) someone who is flexible, (d)

someone who maintains a sense of fairness, (e) someone who is responsible, (f) someone who is competent, (g) someone who is goal oriented, (h) someone who is resourceful, (i) someone who is self-motivated, (j) someone who has a strong work ethic, and (k) someone who is a change agent (S. Almeida, D. Gurney, G. Tips, personal communication, February 18, 2008). While emerging emergency RNs possess many of these qualities, a certain degree of experience and expertise is needed in order for emerging emergency RNs to meet all of these criteria. As noted in this study, it was a common participant perception that emerging emergency RNs lack the knowledge of how to fully implement the emergency RN role.

There is no document that can be produced that clearly delineates the norms and values expected of emergency nursing as a specialty. Rather many of these norms and values are embedded in various associational functions such as education, certification, standards of practice, and codes of ethics. In the case of this study, the ENA was the group perceived as establishing expectations for emergency nursing. Through the sharing of the participants' stories, both emerging and experienced RNs were noted to look towards the ENA as representing emergency nursing. Participants shared why they had joined the ENA as emerging emergency RNs, nearly all of the participants reported that they were encouraged to join the ENA by RN colleagues. The one RN who did not specialize in emergency nursing still identified the ENA as the association that would benefit emerging emergency RNs. Ginger shared what she was told as an oriented by this individual, " ... This is how you get there [joining ENA]. This is one of the ways that you will be successful. You want to be a charge nurse? You want to be a leader? And she encouraged everybody." Even the several expert emergency RNs that I contacted about

characteristics of engaged emergency RNs, identified ways in which the ENA contributed to the socialization of engaged emergency RNs. These included (a) providing an opportunity to network with other professionals, (b) promoting change in practice, research, and policy, (c) providing educational opportunities for professional growth, and (d) providing a venue for gaining new ideas for problem solving (S. Almeida, D. Gurney, G. Tips, personal communication, February 18, 2008).

Socialization is a complex process that has many requirements, one of which is acquiring a sense of occupational identity within a specific profession (Clark, 2001; Cohen, 1981; Hentz, 2005). Two findings discovered in this study are consistent with the socialization process described in the literature. First is the theme of *fosters a sense of identity*. This refers to the ENA serving as a source of professional identity for emerging emergency RNs by allowing them to feel the same as other emergency nurses and providing validity as well as continuity for them in the emergency nursing specialty. The ability to connect with other professionals within the same discipline who are considered experts in the field of emergency nursing and to be recognized as emergency RNs by those experts served as a means of identity for the participants. This complemented another discovered theme of *allows connections with other professionals*. Ardnt, et al. (2009) suggest that identity requires interactions with others in order to become acquire socialization into a profession. Membership in the ENA serves as recognition from its' members that emerging emergency RNs are actual emergency RNs, rather than being labeled new emergency RNs, which often times occurs within their own employment institutions. This somewhat differs from Pavalko's (1971) assertion that occupational roles serve as a major source of personal identity for people, particularly since people

spend significant amount of time at work. The participants in this study looked to ENA as the source of their identity within the specialty rather than their respective employers. Vincent felt that without the ENA, emergency nursing as a specialty would not exist, “I don't think it would be a specialty [emergency nursing]. I think it would set it back as far as being a specialty a long way.” Being recognized as a member of a group particularly by leaders within that group can have a significant effect on emerging emergency RNs. Ginger recalled her feelings about meeting one of the well-known leaders in emergency nursing:

The first time Sara Skies (alias) talked to me, I almost fell out of my chair. I was like, “That’s Sara Skies (alias)!” My husband was like, “Who are you talking about?” And I was like she’s like famous, okay? She’s famous in the world of emergency nursing. It was kind of a big deal. But it’s very overwhelming because you’re like these people really know what they’re doing and I don’t. And as a new nurse, even if you’re competent, I mean, it’s still intimidating. It is. It was like going to a new club the first time in your life. “Will you be my friend? I want you to like me.”

Second is the subtheme of *fosters a sense of belonging*. This refers to the ENA helping emerging emergency RNs to establish interconnectedness with other emergency RNs in the specialty. This subtheme is integral to establishing an identity, as individuals within a group must feel a sense of belonging before socialization can occur. Nutall (2010) noted that the sense of belonging is important as it directly impacts the personal relationships of new nurses. Similarly, Messersmith (2008) found that the most common reason nurses leave a job within the 1st year is the feeling of not fitting in. As with *fosters a sense of*

identity, this subtheme interconnects with the other discovered theme of *allows connections with other professionals*. Glo illustrates this when she said:

I enjoy the meetings, the camaraderie. It really helps. It just helps to know that you have this huge group of individuals that work together and you know that you have a very large group of individuals in an organization backing you.

The difficulty in determining how professional associations influence the socialization of its' members lies in how to measure internalization of the acceptable norms and values. It is my premise that observation of performance within the emergency nursing role is the primary means by which emergency nurses make that determination. This premise is based on the works of Pavalko (1971) and Scott and Marshall (2005). Pavalko (1971) was one of the earlier researcher to identify that individuals had to learn the ways of a social group well enough to function within that group when considering the socialization of people. Scott and Marshall (2005) suggest that in addition to learning and internalizing the norms and values of the group, socialization also refers to learning to perform social roles. Since the norms and values of a group are not always evident, new professionals must interact with professionals already in the field in order to be exposed to the norms and values that are associated with the specialty. Faison-Britt (1999) found that nurses develop their professional value systems through their interactions with other nurses, health professionals, and patients. The theme, *allows connections with other professionals*, and related subthemes, *RN role transition, networking, sharing of advice and experience*, and *promoting a broader perspective*, captures the benefits of interacting with professionals in the emergency nursing specialty. Multiple researchers have noted that emerging RNs are not fully

prepared to assume the role of RN upon initial employment (Bratt, Broome, Kelber, & Lostocco, 2000; Farnell & Dawson, 2006; Jarman & Newcombe, 2010). Feelings of unpreparedness can be even greater in the emergency care environment. Successful socialization is dependent on the emerging emergency RN connecting with experienced emergency RNs in order to learn the role while on the job. This can be further compounded by the fact that role transition is extremely stressful for new RNs (Nuttall, 2010). Turner and Goudreau (2011) noted that new RNs can experience loneliness, vulnerability, and insecurity. These feelings can lead to avoidance behaviors with physicians, patients, and other RNs resulting in errors in practice. Support by experienced RNs helps to alleviate these feelings and improves confidence of the emerging emergency RN. Findings in this study suggest that connecting with other experienced emergency RNs assists emerging emergency RNs with role transition.

When emerging emergency RNs are able to establish connections with other experienced emergency RNs and interact with them on a regular basis, they are able to form more personal relationships. This results in the development of networks of experienced emergency RNs from which the emerging emergency RN can call upon for advice or guidance. It is interesting to note that participants in this study felt it was easier to establish relationships with experienced emergency RN ENA members than it was with experienced emergency RNs who were not ENA members. This is a unique finding in the associational literature. Participants in this study identified that the formations of cliques within their employment settings hampered relationships with colleagues. The participants reported no perceived cliques within the ENA. This was also an unexpected finding that diverges from the associational literature. Elitism has been identified as a

barrier to continued membership in professional associations (Huffman, 1976; Larson, 1977; Yeager & Kline, 1983). As a leader with the ENA I am aware that there have been discussions among members about elitism, often times referred to as the “good old girls club.”

The establishment of networks provides emerging emergency RNs an opportunity to seek advice and share experiences with experienced emergency RN ENA members. This affords emerging emergency RNs the opportunity to examine situations from a more practiced viewpoint. Participants reported that the experienced emergency RN ENA member provided more guidance than being directive when discussing clinical situations. This can be extremely useful for the emerging emergency RN who may have had limited exposure to particular situations, often times leading to improved clinical reasoning. Participants also remarked that the ENA provided a professional environment in which to have dialogue. Julia illustrated this when she stated, “I think that just getting together as professionals and associating outside of work in a professional atmosphere through the ENA meetings ...” Besides bolstering clinical reasoning skills, the sharing of advice and experiences also bestowed to the participants a broader perspective of emergency nursing that transcended the participants’ employment institutions. Depending on the ED emerging emergency RNs work in, they may have limited exposure to some types of patients and some treatment regimes.

These findings are consistent with the opinions of professionals in nursing cited in the literature. Stein (2001) noted that professional associations afford members the opportunity to develop a broader understanding of the issues facing the profession due to their broadened view of the world. Lukes and Moore (2010) put forth that networking in

a nursing association provided members the opportunity to (a) share information and clinical advice, (b) provided guidance for novice nurses, and (c) help members to stay abreast of practice trends. However, the premises from Lukes and Moore (2010) were not based on research but rather more from an experiential point of view. This study provides a research foundation from which to address these premises.

Many researchers agree with Goslin (1969) that socialization involves both conscious and unconscious learning. Pavalko (1971) supported this idea stating that socialization may be formal or informal in nature. As mentioned earlier many of the norms and values associated with a specialty are embedded in associational functions such as education, certification, and standards of practice. Some of these associational functions provide more formal guidance for RNs of what the profession values while other functions are more informal and require the RN to assimilate the professional values over time. In some cases some of the associational functions are both formal and informal in nature. One such function is the establishment of standards of practice. Participants in this study identified the ENA as the authoritative source for setting the standards of practice. The subtheme, *sets the standards of practice*, identifies the ENA as the entity that determines how emergency nursing should be practiced. This supports the supposition that the specialty of emergency nursing recognizes the ENA as the group that defines the norms of emergency nursing practice. Establishing standards of practice is a complex process. Positions of the association are developed out of critical discourse among its members. All members have the opportunity to participate in this discourse whether it is at the local, state, or national levels. This provides emerging emergency RNs the opportunity to participate in the dialogue. A premise related to the subtheme

provides a voice for the specialty. Thomas described how emerging emergency RN ENA members have the ability to participate even at the national level, “ ... like goin' [sic] to nationals and havin' [sic] a voice there ... ” I speculate that the importance of this subtheme has something to do with the perception that emerging emergency RNs feel that they are making a meaningful contribution to the specialty based on their limited experience and that this contribution is being seriously considered by those participating in the discourse. This further contributes the subtheme, *fosters a sense of belonging*. The discovery of the subtheme, *provides a voice for the specialty*, is an interesting finding. Associations have long touted that they provide professionals the opportunity to have a voice within professions. Yet, little is found in the literature that supports this notion. The few studies that address this function relegate it to speaking for nursing as whole (Rapp & Collins, 1999) or to the political advocacy arena (Heimann, 1953).

Developing standards of practice also requires the evaluation of research to determine the efficacy of the findings. When there is a lack of available research, than a consensus of emergency RN experts may serve as guidance for practice. This corresponds the subtheme, *keeps the profession safe and current*. Sometimes legislative action is required to establish standards of practice. This involves interacting with legislators and regulatory bodies as well as providing testimony to these entities. The ability to *provide legislative resources* was another subtheme discovered in this study. The subtheme, *provides a voice for the specialty*, complemented the subtheme of *provides legislative resources*. Participants in this study felt empowered to initiate change based on their clinical experiences including change that required political action. Workplace violence was the most commonly addressed issue.

Informal learning of the norms and values revered by emergency nursing occurs as emerging emergency RNs incorporate the established standards into practice. Still, there are some norms and values that are evident to emerging emergency RNs. One value that transcends all of nursing is the concept of patient advocacy. This concept is threaded throughout all nursing curricula and is central to deeply held tenets within the profession. It is not surprising that the theme *advocates for the profession and patients* was discovered in the study. The advocacy role for professions has been identified in the early works of Barber (1965), Carr-Saunders and Wilson (1933), Freidson (1973), and Vollmer and Mills (1966). Studies have even identified the protection of professional interests as a benefit of membership in professional associations (Hausknecht, 1962; Huffman, 1976; Millikin, 1983; Vollmer & Mills, 1966). However, the identification of nursing associations serving an advocacy role in the nursing profession has not readily surfaced in the associational research despite that it has been identified as a role of nursing associations by the nursing profession. Peddicord (2009) mentions that specialty associations exist to support the interests of nurses within the specialty. The ENA is specifically given as an example of this. But once again this premise was not based on specific research. Participant in this study identified the ENA as looking out for emergency nurses as well as the patients cared for by emergency nurses. Alex exemplifies this when he identified how the ENA looks out for the interests of emergency nurses and patients, “The viewpoint of the ENA isn’t the financial aspect at all like a hospital would be. They’re solely interested in emergency nursing and patient care.”

The value of lifelong learning is another key value of nursing as a profession not just emergency nursing. Ockerby, Newton, Cross, and Jolly (2009) note that a key

component of socialization for new RNs is making situational adjustments encountered in the clinical environment to internalized teachings learned in the academic setting. Practice professions such as nursing, medicine, and pharmacy to name a few must continually stay abreast of new developments in technology and treatment regimes. Professionals that do not remain current on new developments can actually cause harm to patients. The previously discussed subtheme, *keeps the profession safe and current*, addresses this issue. But what is not captured by this subtheme is how that information is obtained. By providing CE, associations disseminate current and relevant information. The sheer amount of new knowledge generated and lack of resources for processing this information makes it difficult for healthcare providers to keep up (Ibarra & Hunter, 2007). The subtheme, *improves and validates knowledge*, describes how the ENA both helps emerging emergency RNs to improve their knowledge about emergency nursing and validate the knowledge they already possess through their involvement in the ENA or through by obtaining verifications/certifications offered by the ENA or BCEN. The participants in this study viewed the ENA as the resource for delivering quality, up-to-date CE. Julia described the ENA as the “gold standard” resource for her practice, “I’m sure there might be other sources but to me, it [ENA] seems to be the kind of gold standard ...”

As the ENA provides CE to emerging emergency RNs it influences their socialization by exposing them to information that has been identified by experienced emergency RN ENA members as important. This informally contributes to the socialization of emerging emergency RNs. A more formal socialization occurs through the process of validation. The ENA specifically offers two verification courses, TNCC

and ENPC. Both of these courses provide content that has been designated as core knowledge for emergency nurses by experienced emergency RN ENA members. In fact, these courses have come to be recognized by governmental agencies as standards of care and in the case of the State of Texas, incorporated into the requirements for trauma facility designation (Adler & Kwon, 2002). TNCC is a course that provides a standardized body of trauma nursing knowledge including psychomotor skills (Walsh, 2009). ENPC is a course that provides core level knowledge to care for pediatric patients in the ED including psychomotor skills (Walsh, 2009). All but two of the participants were verified in TNCC and almost half of the participants were verified in ENPC.

Another formal aspect of socializing emerging emergency RNs is through the CEN and CPEN certifications offered by BCEN. The CEN is designated as the core body of knowledge for emergency nursing while the CPEN is designated as the core body of knowledge for pediatric emergency nursing. Participants perceived the BCEN as an affiliate of the ENA although no such relationship currently exists. Quaternions of participants were certified as CENs and only one participant was certified as a CPEN. Since this knowledge is designated as essential for the practice of emergency nursing, attainment of the CEN and/or CPEN acknowledges that RNs possess this essential knowledge. As emerging emergency RNs gain experience and knowledge, their performance in the clinical setting comes in line with what is expected from the experienced emergency RNs. In essence, they begin to attain socialization into practice.

Three findings in this study are unique contributions to the knowledge base on professional socialization. Two of these findings, *career development* and *leadership development* are subthemes of the theme *provides professional development* which also

encompasses the subtheme of *improves and validates knowledge* previously discussed. The third finding, *encourages community involvement* is a theme unto itself. These three findings represent emerging emergency nurses thinking beyond just the basic delivery of nursing care. Through their participation in the ENA, the participants have begun to think more long term about their roles as emergency RNs within the profession. Professional career goals can be more clearly articulated as emerging emergency RNs see the possibilities that are available to them through their interactions with experienced emergency RN ENA members within their networks. Obtainment of verifications through the ENA and certifications through BCEN in conjunction with improved knowledge and progression in the emergency RN role allow emerging emergency RNs to obtain promotions and advance within their institutions. Many of the participants reported that their employers credited involvement in professional associations and obtainment of certifications towards career ladders. Participants also equated involvement in the ENA with being committed to the specialty. In a similar manner as participants began to become more involved in the ENA, members challenged them to assume greater leadership opportunities. This resulted in the obtainment of additional skill sets such as associational governance, policy development, and finance management. These skills are typically associated more with nurse manager roles than staff RN roles. These factors contribute to increased levels of confidence for emerging emergency RNs. Participants were able to see the possibilities of working in other EDs or other roles within emergency care. Essentially, the participants saw themselves as emergency RNs and believed that others also recognized them as emergency RNs.

The two subthemes *career advancement* and *leadership development* in conjunction with the subtheme *improves and validates knowledge* support the main theme *provides professional development*, which referred to the growth of the emerging emergency RN as a professional through the obtainment of knowledge, skills, and experience owing to involvement in the ENA that helped them carry out their roles. Ardnt et al. (2009) argues that the acquisition of knowledge, language, skills, social norms, attitudes, and behaviors associated with a profession helps to establish professional identity. As described previously within this section, identity is related to socialization. Hershey (2007) identifies similar traits as Ardnt et al. (2009) but in contrast defines the learning of skills, language, values, and behaviors of a professional group as socialization. I concur more with Hershey's findings based on the rationales I have articulated in this discussion. Nevertheless professional development contributes to the socialization of emerging emergency RNs.

Hershey (2007) states socialization results in a person carrying themselves in new ways, demonstrating an increased degree of confidence, showing a more developed level of professional maturity, and beginning to take on a professional identity. The fact that a selected group of participants valued their involvement in community activities through the ENA that promote the prevention of illnesses and diseases demonstrates a more developed level of professional maturity. The ability to see that prevention measures decrease the likelihood of ED visits exemplifies growth in clinical reasoning skills, a skills set valued by emergency RNs.

In summary, the ENA contributes to the socialization of emerging emergency RNs that are active members within the association. Five main themes have been

identified from the findings of this study: *allows connections with other professionals, advocates for the profession and patients, provides professional development, fosters a sense of identity, and encourages community involvement*. Twelve subthemes have been identified supporting four of the main themes. The relationships that exist between the main themes, subthemes, and how they contribute to the socialization of the emerging emergency RNs were discussed showing that the ENA's role in the socialization process is complex. While many of the findings from this study support previous findings in the literature, some unique contributions were identified related to the theme of *fosters a sense of identity* and the subthemes of *career development* and *leadership development* as well as the main theme encourages *community involvement*. Traditionally the major source of identity for professionals has been identified as occupational roles associated with employment. This study found that the ENA also served as a source of identity. Furthermore, this study identified that *career development, leadership development, and community involvement* were outcomes associated with the socialization of emerging emergency RNs directly attributed to participants involvements in the ENA. Figure 11 highlights how the main themes identified in this study more clearly delineate the relationship that professional associations play in the socialization of the emerging emergency RN.

Recommendations

The recommendations for practice and research based on the findings of this study and the literature indicate a need to consider the benefits that participation in professional associations can provide to emerging nursing professionals as they enter the workforce. I

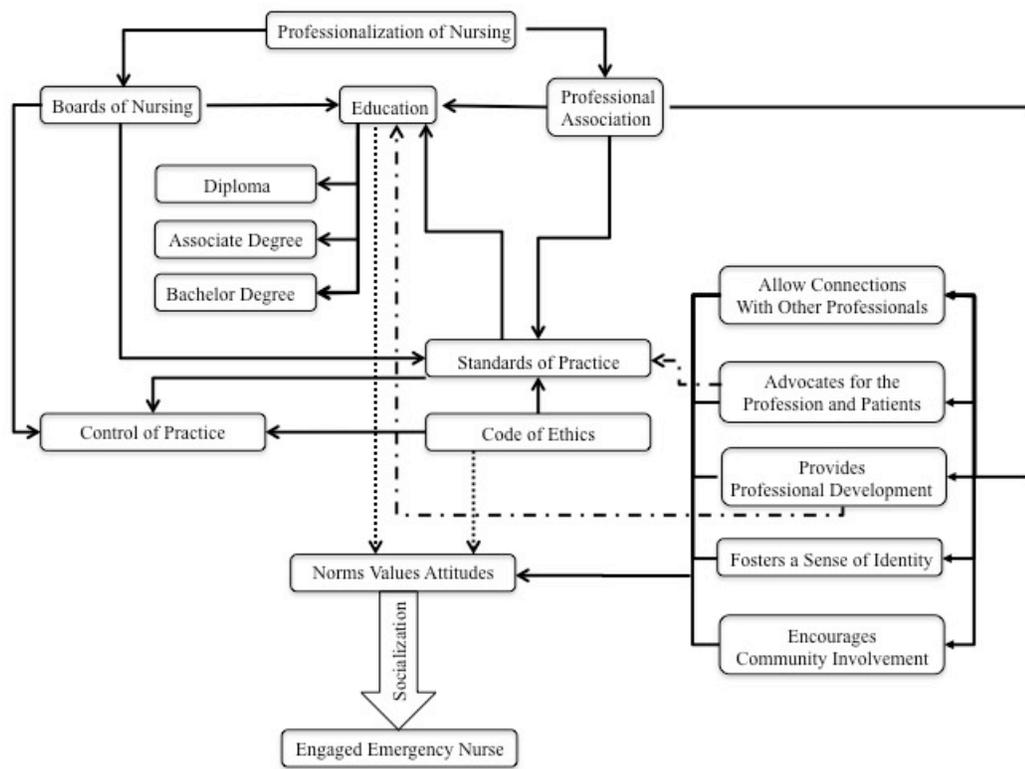


Figure 11: Role of the Professional Association in the Socialization and Engagement of the Emerging Emergency RN

address the specific recommendations for practice and research in the next sections as well as the limitations of this study.

Recommendations for Practice

Professional associations have been identified as an important aspect of professions since early part of the 20th century when Flexner (1915) examined whether social work was a profession. Numerous studies have identified roles that professional associations provide to a profession as well as why members decide to join or not join professional associations. However, limited evidence has been identified in the literature

that examines the role that professional associations play in the socialization of its members. This study, which examined how the ENA influences the socialization of emerging emergency RNs, yielded findings which suggest that the ENA does have a role in the socialization of emerging emergency RNs. Based on these research findings the following recommendations for practice are offered:

1. Nurses managers should encourage participation of emerging RNs participating in their respective professional associations and incorporate incentives into evaluation systems that encourage involvement. This will help to ensure that those directly involved in patient care are more aware of the standards of practice that have been established for the specialties. In addition, it will help to ensure that those directly involved in patient care are exposed to trends in practice that may differ from the practices occurring within their own institutions.
2. ED nurse managers should also become involved in their respective professional associations. This demonstrates a commitment to the specialty and serves as a role model both for emerging emergency RNs and experienced emergency RNs within the ED. In addition, it promotes interactions with emergency RNs, particularly emerging emergency RNs, outside of the employment setting thereby fostering communication that will translate back to the ED setting.
3. Emerging emergency RNs should consider active involvement in the ENA. Interaction with other emergency RNs encourages the exchange of ideas, advice, and experiences, which help to improve how emergency nursing is practice. Moreover, these interactions foster a sense of professional identity and sense of belonging within the specialty that leads to improved outlooks towards the

profession. It also encourages emergency RNs to have a voice in how policy and practice standards are developed by ensuring that those developing responsible for development are aware of how these policies and practice standards will affect emergency RNs and their patients.

4. Schools of nursing should provide exposure to various nursing associations other than the ANA recognizing the importance that specialty associations provide for RNs within those specialties. Many of the participants in this study were unaware of the ENA until entering into practice. Inviting specialty organizations to work with the SNA groups to speak on topics related to the specialties not only exposes student nurses to the specialty associations but also provides a glimpse into what those specialties encompass.

Recommendations for Research

Socialization is an important process that occurs as professionals enter into a profession. Successful socialization is required in order for professionals to function with the professions. The role of professional associations in the socialization process is limited if it exists at all, particularly addressing new professionals entering the profession. What is also lacking in the literature is the role that socialization plays in the engagement of professionals within the profession. Therefore the following research recommendations are made:

1. This study focused solely on emergency RNs who had been in the specialty 5 years or less who were active members within the ENA. Further studies that examine how socialization occurs with the specialty of emergency nursing for those RNs who are not members of a professional association are needed. This

would form a basis for the development of comparative studies that examine the differences between those RNs who are members of their professional associations and those who are not and what outcomes are noted.

2. This study focused on emergency RNs licensed in the State of Texas. A larger study that examined emerging emergency RNs across the U.S. could provide a broader insight into the role that the ENA plays in influencing the socialization of emergency RNs.
3. Studies that examine the role that professional associations play in the socialization of RNs over time would be beneficial, particularly qualitative and quantitative comparison studies that examine outcomes for RNs who were never members of their professional associations, those RNs who were initially active members of their professional associations but are no longer involved, and those RNs who remained active members within their professional associations.
4. It was identified that participants within this study felt it was easier to establish relationships with emergency RNs involved in the ENA than those who were not. Studies that examined this perception would be beneficial in identifying what behaviors occur that contribute to this perception.
5. Findings in this study suggest that participation in professional associations contributes to professional maturity and a higher level of socialization within the specialty of emergency nursing. Studies that examine how participation in professional associations influence the socialization of experienced emergency RNs, particularly those involved in leadership positions such as ED managers

would be useful in looking at the role of professional associations in the continued socialization of emergency nurses.

Recommendations for the ENA

This study has implications for the ENA in regards to its impact on emerging emergency RNs. Therefore the following recommendations are made to the ENA:

1. Organizational structures should be implemented that encourage interaction between experienced emergency RNs and emerging emergency RNs related to clinical practice including strategies that go beyond face to face meetings. This study suggests that there is significant value in encouraging interaction between experienced emergency RNs and emerging emergency RNs.
2. The ENA should reach out to experienced emergency RNs to share difficult experiences they have had in clinical and how they resolved the situations including what alternatives they considered as part of the decision-making process. These stories could be shared either through the Connection newsletter or online.
3. The ENA needs to improve communication with both ENA and non-ENA members about the availability of clinical practice guidelines, position statements, translation into practice references, toolkits, topic briefs, and white papers available from the ENA.
4. The ENA should encourage state councils of the ENA to develop mentoring programs that pair experienced emergency RNs with emerging emergency RNs preferably within the emerging emergency RNs own city or institution. This will provide the emerging emergency RN with real time access to an experienced

emergency RN who is familiar with the norms, values, and beliefs of the emergency nursing profession.

5. The ENA needs to provide emergency RNs and nurse managers a list of benefits of membership that goes beyond the tangible benefits such as receiving the JEN, the Connection magazine, and discounts on products and services. Descriptions of these benefits should avoid jargon that is associated with associations and use clear language that explains the benefits, e.g. networking. Also every effort should be made to encourage experienced emergency RN ENA members to make a connection with the emerging emergency RNs as soon as possible in order to make them feel welcomed and a contributor to the specialty.
6. The ENA needs to develop a targeted marketing campaign geared towards nurse managers and administrators that outlines the benefits for employers associated with active participation in the ENA. This includes providing strategies that can be implemented in the workplace demonstrating valuing of participation by nurse managers and administrators such as significant differentials for certification or inclusion criteria in career ladders.
7. The Institute of Emergency Nursing Research, a component of the ENA should consider incorporating a call for both qualitative and quantitative proposals that address the recommendations for further research that are outlined below. Further research is needed that examines the role of professional associations within professions.

Researcher Reflections

When considering recommendations based on the findings of this study, it is important to acknowledge those factors that influenced how I delimited this study, analyzed the data, and made recommendations for future research. This process of self-reflexivity helps me to be consciously aware of my role in the construction of the research problem, the research setting, and the research findings thinking about the implications of these factors on my research (Pillow, 2003). Having been an active member in the ENA since 1989 and serving in numerous leadership roles within the ENA, I am uniquely positioned to have developed and carried out this study. My knowledge of the organizational structure of the ENA and my ability to gain the trust of participants within the ENA facilitated my ability to obtain robust data and provide a thorough analyze of said data.

Yet, I would be remiss if I did not acknowledge that I, as the researcher, was a potential source of bias for this study. In an effort to limit and make transparent any potential biases, I disclosed my active involvement in the ENA and provided my reflexivity statement. I also constantly remained aware of my potential bias throughout the study, particularly when interviewing participants and when analyzing the data. Any statements that I made in written materials or during the interviews were carefully worded in such a way as to avoid inadvertently directing responses a particular way. Furthermore, I decided to engage a research colleague who had no ties with the ENA to perform a data audit. Additionally, participants were afforded the opportunity to review my initial analysis and provide their thoughts about that analysis.

It would be interesting to collaborate further with researchers who have more expertise in qualitative research to evaluate how they might delimit similar types of studies and how they would approach recruitment of potential participants. It would be useful to see how data is analyzed from the experienced researcher perspective. As with most things, experience provides a unique perspective that can influence how one approaches a given situation or task. As I grow as a qualitative researcher and gain more experience, my approach to designing and conducting studies will evolve. This does not negate this study but rather recognizes that how I approach and conduct research studies will evolve. This will require me to constantly think about my self-reflexivity and the impact that it has on the research.

Final Thoughts

Ensuring the success of RNs in practice is vital for maintaining the viability of the nursing profession as well as in providing safe nursing care to our patients. Nursing as a profession as well as the public have a vested interest in ensuring success of our emerging professional RNs. With the aging of our population there will be an increased need for nursing care. This is compounded by the fact that a large segment of the nursing profession is reaching retirement. Without replenishing the professionals available to practice, the profession would suffer a drain on professional knowledge and availability.

Entering emergency nursing as a specialty can be a difficult transition for emerging RNs. Literature that addresses how professional associations contribute to the socialization of RNs is virtually non-existent. Findings from this study suggest that the professional association for emergency nursing, the ENA, influences the socialization of emergency RNs who are members of the ENA and have been in practice less than 5

years. The participation of these emerging emergency RNs for this study was important in obtaining their perspectives as it relates to their roles as emergency nursing. It was my privilege to be able to listen and participate in studying their experiences.

APPENDIX SECTION

APPENDIX A: INTERVIEW GUIDE296

APPENDIX B: SOLICITATION FOR POTENTIAL PARTICIPANTS298

APPENDIX C: LETTER TO POTENTIAL PARTICIPANTS FOR A STUDY OF
INFLUENCES OF THE EMERGENCY NURSING
PROFESSIONAL ASSOCIATION ON THE
SOCIALIZATION OF NEW EMERGENCY NURSES299

APPENDIX D: CONSENT FORM FOR PARTICIPATION IN A DOCTORAL
RESEARCH STUDY301

APPENDIX E: DEMOGRAPHICS.....303

APPENDIX F: MASTER RESEARCH PARTICIPANT LOG305

APPENDIX G: PARTICIPANT DATA AUDIT306

Appendix A

Interview Guide

1. When did you become a nurse and why?
2. Have there been times when you have reconsidered your choice of the nursing profession? Please explain.
3. What has contributed to your commitment to stay in nursing?
4. What do you consider to be important characteristics of an emergency nurse?
5. How did you become involved in the Emergency Nurses Association?
6. Is there any one in particular who influenced your decision to become involved in nursing? The Emergency Nurses Association? If so, how did they influence you?
7. What experiences led you to see your involvement in the Emergency Nurses Association as important?
8. Describe your current involvement in the Emergency Nurses Association.
9. Can you explain how your involvement in the Emergency Nurses Association has influenced your commitment to stay in the field of emergency nursing?
10. How has being an active member in the Emergency Nurses Association benefited you both personally and professionally?
11. How has the Emergency Nurses Association impacted your practice of emergency nursing?
12. What contributions do you think you have made to the profession of emergency nursing?
13. How would you hope to have an impact on the profession of emergency nursing in the years to come?

14. Describe a time in which you felt you made a difference in the nursing profession through your involvement in the Emergency Nurses Association.
15. What would you tell new nurses who are considering entering the emergency nursing specialty about the role of the Emergency Nurses Association in professional development?
16. If the Emergency Nurses Association did not exist, what difference do you think it would have made in (a) the specialty of emergency nursing? (b) your practice? (c) your commitment to continue as an emergency nurse?
17. What do you consider to be the role of the Emergency Nurses Association in helping new nurses become emergency nurses?

(Questions added to the interview guide after conducting the first two interviews)

18. What would you tell someone who is influential in ENA about what you need as a new nurse?
19. What would you tell an advisory committee of a nursing school about how to bridge nursing school and the reality of practice?
20. How do you find out about the Emergency Nurses Association activities?
21. Do you feel that you have support for the Emergency Nurses Association activities from your facility?

Appendix B

Solicitation for Potential Participants

Call for Potential Participants for a Study of Influences of the Emergency Nursing Professional Association on the Socialization of New Emergency Nurses

Research Participants Needed

Potential research participants are needed for a study investigating emergency nurses' perceptions about their involvement in the Emergency Nurses Association. If you or an emergency nurse you know have been in the specialty of emergency nursing 5 years or less and are active in the Emergency Nurses Association, I am interested in talking with you about participating in this study. Activities in the Emergency Nurses Association can be at the local, state, or national level. If you are interested in participating in this study; would like to refer someone for potential participation in this study; or need additional information please contact Michael D. Moon at mm1538@txstate.edu or at (210) 216-5086. This study has been approved by the Texas State University-San Marcos Institutional Review Board and is under the supervision of Dr. Jovita Ross-Gordon, Professor in the College of Education.

Appendix C

Letter to Potential Participants for a Study of Influences of the Emergency Nursing Professional Association on the Socialization of New Emergency Nurses

Dear Prospective Participant,

I am Michael Moon, a doctoral student at Texas State University - San Marcos, working towards a doctorate degree in education with a concentration in adult, professional, and community education under the supervision of Dr. Jovita Ross-Gordon, Professor in the College of Education.

Purpose of the Study

You are being asked to take part in a research study regarding new emergency nurses' perceptions about their involvement in the Emergency Nurses Association. You are being asked to take part in this study because you are an emergency nurse who has been in the specialty of emergency nursing five years or less and you are an active member in the Emergency Nurses Association.

Methods

If you decide to take part in this study, I will need to schedule a one to two hour interview using open-ended questions. I may need to contact you for a follow-up interview for clarification, if needed. You will be asked a series of questions that require you to reflect on your involvement in the profession of emergency nursing, participation in the emergency nurses association, and your practice. You will also be asked to supply me with items that support your involvement in the Emergency Nurses Association such as minutes of meetings, newsletter articles, journal articles, professional correspondence, photographs, and/or evaluations from professional development activities. You will also be asked to complete a brief survey to collect general demographical information. No risks associated with this study are anticipated given the focus of the study. If for some reason you are not comfortable with the nature of the interview, you will be able to withdraw from the study, thus minimizing any possible psychological risk. Possible benefits to you include the opportunity to contribute meaningful information that may be used by the Emergency Nurses Association to better serve the needs of new emergency nurses. No compensation will be provided to you for participating in this research study. Interviews will be digitally recorded to allow me to focus on the interview as well as to confirm and clarify information as the project proceeds to conclusion. I will maintain the digital recordings of the interviews in a secure manner using password protection or if transcribed locked in a cabinet to which only I will have access. After three years, the digital recordings and transcriptions will be destroyed. I will ask you to review a summary of your individual interview for accuracy.

Your decision to take part in this study is voluntary. You will be asked to sign a consent form. However, you are free to choose not to take part in the study or to stop taking part

at any time. If you choose not to take part or to stop at any time, it will not affect your future status in the Emergency Nurses Association.

Confidentiality

Every effort will be made to maintain your confidentiality. Only I will know your identity. All data that will be reported in public forums such as conferences or published articles will use alias names or be reported in an aggregate format without names. Demographic and background information will be used in an aggregate format without names.

Contact Information

If you have questions about this study or the process, please contact Michael D. Moon, Researcher at (210) 216-5086 or mm1538@txstate.edu. You may also submit questions to the Dissertation Chair, Dr. Jovita Ross-Gordon at (512) 245-8084 or jross-gordon@txstate.edu

Concerns or Complaints

Any concerns or complaints about how you as a participant were treated during research sessions or your rights as a research participant should be directed to the Institutional Review Board Chairperson, Dr. Jon Lasser (512) 245-3414 or lasser@txstate.edu. Participants may also contact Ms. Becky Northcut, Compliance Specialist at (512) 245-2102.

Thank you in advance for your cooperation and support.

Sincerely,

Michael D. Moon
Cell: (210) 216-5086
mm1538@txstate.edu

Appendix D

Consent Form for Participation in a Doctoral Research Study

Influences of the Emergency Nursing Professional Association on the Socialization of New Emergency Nurses

You are invited to be in a research study regarding new emergency nurses' perceptions about their involvement in the Emergency Nurses Association. You were selected as a possible participant because you are an emergency nurse who has been in the specialty of emergency nursing five years or less and you are an active member in the Emergency Nurses Association. I ask that you read this form and ask any questions you may have before agreeing to be in the study. This research study will be conducted by Michael D. Moon, a doctoral student, under the supervision of Dr. Jovita Ross-Gordon, Professor in the College of Education, Texas State University – San Marcos, San Marcos, Texas.

Contact Information: If you have questions please contact Michael D. Moon, Researcher at (210) 216-5086 or mm1538@txstate.edu. You may also submit questions to the Dissertation Chair, Dr. Jovita Ross-Gordon at (512) 245-8084 or jross-gordon@txstate.edu.

Purpose: This dissertation study seeks to investigate how the Emergency Nurses Association influences the socialization of new emergency nurses. It is believed that this study will add to the body of knowledge regarding how new nurses transition into the practice role as well as the role of the Emergency Nurses Association in that transition.

Method: The researcher will conduct a one to two hour interview using open-ended questions. A follow-up interview may be conducted for clarification, if needed. Participants will be asked questions that require them to reflect on their involvement in the profession of emergency nursing, participation in the emergency nurses association, and their practice. Participants will be asked a series of questions designed to gather this information. Participants will also be asked to supply the researcher with items of material culture. These items support the participants' involvement in the Emergency Nurses Association. Items may include things such as minutes of meetings, newsletter articles, journal articles, professional correspondence, photographs, and evaluations from professional development activities. Participants will also be asked to complete a brief survey to collect general demographical information. No substantial risks to the participants have been identified with this project. Possible benefits to the participants include the opportunity to contribute meaningful information that may be used by the Emergency Nurses Association to better serve the needs of new emergency nurses. No compensation will be provided to participants for participating in this research study.

Digital Audio Recording: Interviews will be digitally recorded to allow the researcher to focus on the interview as well as to confirm and clarify information as the project proceeds to conclusion. The researcher will maintain the digital recordings of the interviews in a secure manner using password protection or if transcribed locked in a

cabinet to which only the doctoral student researcher has access. After three years, the digital recordings and transcriptions will be destroyed.

Confidentiality: Every effort will be made to maintain the confidentiality of the participants. Only the researcher will know the identities of the participants. All data that will be reported in public forums such as conferences or published articles will use alias names or be reported in an aggregate format without names. Demographic and background information will be used in an aggregate format without names.

Findings: An electronic version of the summary of findings will be provided to participants upon completion of the study, if requested. Participants wishing to receive a summary of findings of this study should contact Michael D. Moon, Researcher at (210) 216-5086 or mm1538@txstate.edu.

Concerns or Complaints: Any concerns or complaints about how you as a participant were treated during research sessions or your rights as a research participant should be directed to the Institutional Review Board Chairperson, Dr. Jon Lasser (512) 245-3414 or lasser@txstate.edu. Participants may also contact Ms. Becky Northcut, Compliance Specialist at (512) 245-2102.

AUTHORIZATION

I have read and understood the information outlined above related to this doctoral study. I have asked for and received satisfactory explanations for anything I did not fully understand. I agree to participate in this study and I understand that I may withdraw my consent at any time for any reason with no negative repercussions or penalty. I have received a copy of this consent form.

Participant Signature

Date

Researcher's Signature

Date

Appendix E

Demographics

Instructions: Please complete the following demographic information.

1. Sex (circle): Female Male
2. Age: _____ years
3. Marital Status (circle): Single Married Divorced
Separated Other (specify): _____
4. Ethnicity: African-American Hispanic Native-American
Caucasian (Non-Hispanic) Other (specify): _____
5. Highest Nursing Degree (circle): Diploma Associates Bachelors
Masters Doctorate
6. Highest Degree Non-Nursing (circle): Associates Bachelors
Masters Doctorate
7. Average number of hours worked per week: _____ hours
8. Employment status (circle): Full time Part time Pool/Per Diem
9. Employer (circle): Hospital Clinic Staffing Agency
Traveling Agency Other: _____
10. Current role in employment setting:
Staff Nurse Charge Nurse Educator
Other (specify): _____

11. Average annual salary (circle):
- < \$30, 000
 \$ 30,000 - \$40, 000
 \$ 40,001 - \$50, 000
 \$ 50,001 - \$60, 000
 \$ 60,001 - \$70, 000
 >\$ 70,000
12. Number of Years as a Registered Nurse: _____ years
13. Number of Years as an Emergency Nurse: _____ years
14. Number of Years as an Emergency Nurses Association Member: _____ years
15. Member of other nursing associations (circle):
- American Association of Critical Care Nurses
 American Nurses Association
 Sigma Theta Tau, International
 Other (specify): _____

16. Certifications currently held:
- | | |
|---|--|
| <input type="checkbox"/> Trauma Nursing Core Course (TNCC) Provider | <input type="checkbox"/> TNCC Instructor |
| <input type="checkbox"/> Emergency Nurse Pediatric Course (ENPC) Provider | <input type="checkbox"/> ENPC Instructor |
| <input type="checkbox"/> Advanced Cardiac Life Support (ACLS) Provider | <input type="checkbox"/> ACLS Instructor |
| <input type="checkbox"/> Pediatric Advanced Life Support (PALS) Provider | <input type="checkbox"/> PALS Instructor |
| <input type="checkbox"/> Certification in Emergency Nursing | |
| <input type="checkbox"/> Other (specify): _____ | |

Appendix G

Participant Data Audit

Influences of the Emergency Nursing Professional Association on the Socialization of New Emergency Nurses

Alias Name: _____
(See the Attached Transcript for the Name You Selected)

Instructions: After you have reviewed the transcript of your interview, please respond to the following questions. Whether you agree or disagree with the statements, it would be helpful if you provided comments regarding the rationale for your selection. Once you have completed this participant data audit please email it back to me, Michael Moon, at mm1538@txstate.edu Thank you for participating in this participant data audit.

1. ENA helps facilitate connecting with other ED nurses allowing for networking and sharing of information with other ED nurses.

Agree Neutral Disagree

Comments:

2. ENA provides advocacy for the emergency nursing profession by setting the standards of practice, advocating for legislation that improves practice, and promoting autonomy for emergency nurses.

Agree Neutral Disagree

Comments:

3. ENA provides education for emergency nurses and promotes educational advancement

Agree Neutral Disagree

Comments:

4. ENA provides emergency nurses with a sense of identity

Agree Neutral Disagree

Comments:

5. ENA encourages the use of evidenced based practice and research

Agree Neutral Disagree

Comments:

6. ENA helps emergency nurses to see the big picture

Agree Neutral Disagree

Comments:

7. ENA improves workplace satisfaction

Agree Neutral Disagree

Comments:

8. ENA increases involvement of emergency nurses in the community

Agree Neutral Disagree

Comments:

9. ENA fosters a sense of self

Agree Neutral Disagree

Comments:

10. ENA promotes collaboration between new and experienced emergency nurses, between other disciplines, and between different facilities.

Agree Neutral Disagree

Comments:

11. ENA provides validation and recognition of knowledge through certification and course validation such as ENPC and TNCC

- Agree Neutral Disagree

Comments:

12. ENA allows emergency nurses to have a voice within the profession

- Agree Neutral Disagree

Comments:

13. ENA encourages the professional development of emergency nurses

- Agree Neutral Disagree

Comments:

14. I have maintained my ENA membership since my interview

- Yes No

If No, please explain why you decided not to renew your membership:

REFERENCES

- Adler, P. S., & Kwon, S. W. (2002). Social capital: Prospects for a new concept. *Academy of Management Review*, 27(1), 17-40. doi: 10.2307/4134367
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993. doi: 10.1001/jama.288.16.1987
- American Association of Colleges of Nursing. (2007). Nursing shortage fact sheet. Retrieved October 1, 2007, from <http://www.aacn.nche.edu/Media/FactSheets/NursingShortage.htm>
- American Nurses Association. (2007a). About ANA. Retrieved October 21, 2007, from <http://nursingworld.org/FunctionalMenuCategories/AboutANA.aspx>
- American Nurses Association. (2007b). Nursing's legislative and regulatory initiatives for the 110th congress. Retrieved October 11, 2007, from <http://nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal/LEGIS/CompleteInitiatives.aspx>
- American Nurses Association. (2007c). Who we are: Frequently asked questions. Retrieved August 19, 2007, from <http://www.nursingworld.org/FunctionalMenuCategories/FAQs.aspx - member>
- Appleton, J. V., & King, L. (2002). Journeying from the philosophical contemplation of constructivism to the methodological pragmatics of health services research. *Journal of Advanced Nursing*, 40(6), 641-648. doi: 10.1046/j.1365-2648.2002.02424.x
- Arndt, J., King, S., Suter, E., Mazonde, J., Taylor, E., & Arthur, N. (2009). Socialization in health education: Encouraging an integrated interprofessional socialization process. *Journal of Allied Health*, 38(1), 18-23.
- Auerbach, C. F., & Silverstein, L. B. (2003). *Qualitative data: An introduction to coding and analysis*. New York, NY: New York University Press.

- Baker, L. M., Kars, M., & Petty, J. (2004). Health sciences librarians' attitudes toward the academy of health information professionals. *Journal of the Medical Library Association, 92*(3), 323-333.
- Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2005). The crossover of burnout and work engagement among working couples. *Human Relations, 58*(5), 661-689. doi: 10.1177/0018726705055967
- Barber, B. (1965). Some problems in the sociology of the professions. In K. S. Lynn (Ed.), *The professions in America* (pp. 15-34). Boston, MA: Houghton Mifflin Company. (Reprinted from: 1965).
- Barretti, M. (2004). What do we know about the professional socialization of our students? *Journal of Social Work Education, 40*(2), 255-283.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing.
- Bernhard, L. A., & Walsh, M. (1995). The professionalization of nursing. In L. A. Bernhard (Ed.), *Leadership: The key to the professionalization of nursing* (3rd ed., pp. 1-16). St. Louis, MO: Mosby.
- Blau, G. J. (1988). Further exploring the meaning and measurement of career commitment. *Journal of Vocational Behavior, 32*(3), 284-297. doi: 10.1016/0001-8791(88)90020-6
- Bratt, M. M., Broome, M., Kelber, S., & Lostocco, L. (2000). Influence of stress and nursing leadership on job satisfaction of pediatric intensive care unit nurses. *American Journal of Critical Care, 9*(5), 307-317.
- Brigner, S. (1999). Where are our new graduates? *Maryland Nurse, 18*(2), 2.
- Bureau of Labor Statistics. (2009). Occupational employment. *Occupational Outlook Quarterly, 53*(4), 6-29.
- Butts, L. J. (2008). *Exploring constructivist learning environments: A case study* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3340579)

- Caplow, T. (1962). *The sociology of work*. Minneapolis, Minnesota: University of Minnesota Press.
- Carr, D. (2000). *Professionalism and ethics in teaching*. New York: NY: Routledge Publishing.
- Carr-Saunders, A. M. (1928). *Professions: Their organization and place in society*. Oxford, England: The Clarendon Press.
- Carr-Saunders, A. M., & Wilson, P. A. (1933). *The professions*. Oxford, England: Clarendon Press.
- Chen, L. (2004). Membership incentives: Factors affecting individuals' decisions about participation in athletics-related professional associations. *Journal of Sports Management, 18*(2), 111-131.
- Christian, A. (1986). *Becoming a nurse: A study of aspects of professional socialization* (Master's thesis). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 1328104)
- Clark, C. L. (2001). *The professional socialization of graduating students in generic and two-plus-two baccalaureate completion nursing programs* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3034177)
- Clark, C. L. (2004). The professional socialization of graduating students in generic and two-plus-two baccalaureate completion nursing programs. *Journal of Nursing Education, 43*(8), 346-351.
- Cohen, H. A. (1981). *The nurse's quest for a professional identity*. Menlo Park, CA: Addison-Wesley Publishing.
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology, 94*(Supplement), S95-S120. doi: 10.1086/228943
- Conway, M. E. (1983). Socialization and roles in nursing. In H. H. Werley & J. J. Fitzpatrick (Eds.), *Annual review of nursing research* (Vol. 1, pp. 183-208). New York, NY: Springer Publishing Company.

- Coudret, N. A., Fuchs, P. L., Roberts, C. S., Suhrheinrich, J. A., & White, A. H. (1994). Role socialization of graduating student nurses: Impact of a nursing practicum on professional role conception. *Journal of Professional Nursing, 10*(6), 342-349. doi: 10.1016/8755-7223(94)90037-X
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Daniels, A. K. (1973). How free should professions be? In E. Freidson (Ed.), *The professions and their prospects* (pp. 39-57). Beverly Hills, CA: Sage Publications.
- Davies, P. (2006). Interview. In V. Jupp (Ed.), *SAGE dictionary of social research methods* (pp. 157-158). Thousand Oaks, CA: SAGE Publications.
- DeLeskey, K. (2003). Factors affecting nurses' decisions to join and maintain membership in professional associations. *Journal of Perianesthesia Nursing, 18*(1), 8-17. doi: 10.1053/jpan.2003.18030008
- Denzin, N. K., & Lincoln, Y. S. (2003). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 1-45). Thousand Oaks, CA: Sage Publications.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2005). *The Sage handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- deWinstanley, P. A., & Bjork, R. A. (2002). Successful lecturing: Presenting information in ways that engage effective processing. *New Directions for Teaching and Learning, Spring 2002*(89), 19-31. doi: 10.1002/tl.44
- Eaton, J. W. (1961). Professional participation of social workers. *Social Work, 6*(3), 116-118.
- Eggen, P. D., & Kauchak, D. P. (2001). Cognitive learning and models of teaching. In P. D. Eggen & D. P. Kauchak (Eds.), *Strategies for teachers: Teaching content and thinking skills* (4th ed., pp. 1-21). Boston: Allyn and Bacon.
- Emergency Nurses Association. (2000). Annual Report: Membership Services 2000 *General Assembly Handbook* (pp. 1-3). Chicago, IL.

- Emergency Nurses Association. (2005). Association governmental affairs practice survey. Retrieved September 4, 2006, from <http://www.ena.org>
- Emergency Nurses Association. (2006). ENA age report. Chicago, IL.
- Emergency Nurses Association. (2007a). Join ENA form. Retrieved November 8, 2007, from <https://http://www.ena.org/members/join/index.asp>
- Emergency Nurses Association. (2007b). Report of Accomplishments: Emergency Nurses Association 2007 General Assembly Handbook (pp. 14-22). Salt Lake City, UT.
- Emergency Nurses Association. (2010). State delegate counts for general assembly. Retrieved July 1, 2010, from <http://www.ena.org/statecouncils/GeneralAssembly/>
- Emergency Nurses Association. (2012). Bylaws. Retrieved July 1, 2013, from <http://www.ena.org/about/bylaws/Documents/ENABylaws.pdf>
- Emergency Nurses Association. (2013). Lantern award. Retrieved May 22, 2013, from <http://www.ena.org/iqsiplanternaward/pages/default.aspx>
- Faison-Britt, K. (1999). *The professionalization of the RN-BSN student in a distance learning program* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 9921221)
- Farnell, S., & Dawson, D. (2006). 'It's not life the wards'. Experiences of nurses new to critical care: A qualitative study. *International Journal of Nursing Studies*, 43(3), 319-331. doi: 10.1016/j.ijnurstu.2005.04.007
- Feldman, H. R., & Lewenson, S. B. (2000). Nurses in the political process: The face that no one sees. In *Nurses in the political arena: The public face of nursing* (pp. 1-27). New York, NY: Springer Publishing Company.
- Ferguson, L. M., & Day, R. A. (2007). Challenges for new nurses in evidenced-based practice. *Journal of Nursing Management*, 15(1), 107-113. doi: 10.1111/j.1365-2934.2006.00638.x

- Fetzer, S. J. (2003). Professionalism of associate degree nurses: The role of self-actualization. *Nursing Education Perspectives*, 24(3), 139-143.
- Flexner, A. (1915). *Is social work a profession?* (Vol. 4). New York, NY: New York School of Philanthropy.
- Fontana, A., & Frey, J. H. (2003). The interview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (2nd ed., pp. 61-106). Thousand Oaks, CA: Sage Publications.
- Frank, K. (2005). Benefits of professional nursing organization membership. *AORN Journal*, 82(1), 13-14. doi: 10.1016/S0001-2092(06)60291-3
- Freidson, E. (1973). Professions and the occupational principle. In E. Freidson (Ed.), *The professions and their prospects* (pp. 19-38). Beverly Hills, CA: Sage Publications.
- Freidson, E. (1983). The theory of professions: State of the art. In R. Dingwall & P. Lewis (Eds.), *The sociology of the professions: Lawyers, doctors, and others* (pp. 19-37). London: MacMillan Press Limited.
- Friedman, A., & Phillips, M. (2004). Continuing professional development: Developing a vision. *Journal of Education and Work*, 17(3), 361-376. doi: 10.1080/1363908042000267432
- Glesne, C. (1999). *Becoming qualitative researchers* (2nd ed.). New York, NY: Longman Publishing.
- Goldthorpe, J. H., Lockwood, D., Bechhofer, F., & Platt, J. (1968). *The affluent worker: Industrial attitudes and behavior*. London, England: Cambridge University Press.
- Gordon, M. (2009). Toward a pragmatic discourse of constructivism: Reflections on lesson from practice. *Educational Studies*, 45(1), 39-58. doi: 10.1080/00131940802546894
- Goslin, D. A. (1969). Introduction. In D. A. Goslin (Ed.), *Handbook of socialization theory and research* (pp. 1-21). Chicago, IL: Rand McNally College Publishing Company.

- Greenwood, R., Suddaby, R., & Hinings, C. R. (2002). Theorizing change: The role of professional associations in the transformation of institutionalized fields. *Academy of Management Journal*, 45(1), 58-80. doi: 10.2307/3069285
- Gruending, D. L. (1985). Nursing theory: A vehicle of professionalization? *Journal of Advanced Nursing*, 10(6), 553-558. doi: 10.1111/j.1365-2648.1985.tb00547.x
- Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation*. San Francisco, CA: Jossey-Bass.
- Hafferty, F. (2004). Toward the operationalization of professionalism. *American Journal of Bioethics*, 4(2), 28-31. doi: 10.1162/152651604323097718
- Hagedorn, R., & Labovitz, S. (1967). An analysis of community and professional participation among occupations. *Social Forces*, 46(4), 483-491. doi: 10.2307/2575897
- Hakanen, J. J., Bakker, A. B., & Demerouti, E. (2005). How dentists cope with their job demands and stay engaged: the moderating role of job resources. *European Journal of Oral Science*, 113(6), 479-487. doi: 10.1111/j.1600-0722.2005.00250.x
- Hakanen, J. J., Bakker, A. B., & Schaufeli, W. B. (2006). Burnout and work engagement among teachers. *Journal of School Psychology*, 43(6), 495-513. doi: 10.1016/j.jsp.2005.11.001
- Hall, R. H. (1968). Professionalization and bureaucratization. *American Sociological Review*, 33(1), 92-104. doi: 10.2307/2092242
- Hallberg, U. E., & Schaufeli, W. B. (2006). 'Same Same' but different? Can work engagement be discriminated from job involvement and organizational commitment? *European Psychologist*, 11(2), 119-127. doi: 10.1027/1016-9040.11.2.119
- Hamel, E. J. (1990). *An interpretative study of the professional socialization of neophyte nurses into the nursing subculture* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 9104109)

- Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*, 87(2), 268-279. doi: dx.doi.org/10.1037/0021-9010.87.2.268
- Hausknecht, M. (1962). *The joiners: A sociological description of voluntary association membership in the United States*. New York, NY: Bedminster Press.
- Heimann, R. K. (1953). *The influence of selected variables on trade association membership in the U.S. 1920-1950*. (Unpublished Unpublished doctoral dissertation). New York University. New York City, NY.
- Hein, G. E. (1991). Constructivist learning theory. Retrieved April 1, 2009, from <http://www.exploratorium.edu/IFI/resources/constructivistlearning.html>
- Hentz, P. B. (2005). Education and socialization to the professional nursing role. In K. Masters (Ed.), *Role development in professional nursing practice* (pp. 99-109). Boston, MA: Jones and Bartlett Publishers.
- Hershey, J. L. (2007). *The lived experience of becoming a professional nurse for associate degree nursing graduates: A phenomenological study* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3284936)
- Hesse-Biber, S. N., & Leavy, P. (2011). Analysis and interpretation of qualitative data. In *The practice of qualitative research* (2nd ed., pp. 301-319). Los Angeles, CA: Sage Publications.
- Holstein, J. A., & Gubrium, J. F. (1999). Active interviewing. In A. Bryman & R. G. Burgess (Eds.), *Qualitative research* (Vol. Volume II, pp. 105-121). Thousand Oaks, CA: Sage Publications.
- Holstein, J. A., & Gubrium, J. F. (2002). Active interviewing. In D. Weinberg (Ed.), *Qualitative research methods* (pp. 112-126). Malden, MA: Blackwell Publishers.
- Huffman, E. J. (1976). *Voluntary associations: Membership attrition and structural characteristics*. (Unpublished Master's thesis). North Texas State University. Denton, TX.

- Hughes, E. C. (1965). Professions. In K. S. Lynn (Ed.), *The professions in America* (pp. 1-14). Boston, MA: Houghton Mifflin Company. (Reprinted from: 1965).
- Ibarra, H., & Hunter, M. (2007). How leaders create and use networks. *Harvard Business Review*, 85(1), 40-47.
- Imel, S., Brockett, R. G., & James, W. B. (2000). Defining the profession: A critical appraisal. In A. L. Wilson & E. R. Hayes (Eds.), *Handbook of adult and continuing education* (New ed.). Lanham, MD: Jossey-Bass.
- Janesick, V. J. (2003). The choreography of qualitative research design. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry* (2nd ed., pp. 46-79). Thousand Oaks, CA: Sage Publications.
- Jarman, H., & Newcombe, P. (2010). Support for nurses who are new to emergency care. *Emergency Nurse*, 17(9), 16-19. doi: 10.7748/en2010.02.17.9.16.c7535
- Jenaro, C., Flores, N., Begoña, O., & Cruz, M. (2010). Vigour and dedication in nursing professionals: Towards a better understanding of work engagement. *Journal of Advanced Nursing*, 67(4), 865-875. doi: 10.1111/j.1365-2648.2010.05526.x
- Jewell, E. J., & Abate, F. (Eds.). (2001). *The new Oxford American dictionary*. New York, NY: Oxford University Press.
- Joel, L. A., & Kelly, L. Y. (2002). Politics and public policy. In *The nursing experience: Trends, challenges, and transitions* (4th ed., pp. 405-443). Chicago, IL.
- Johanson, M. A. (2005). Association of importance of the doctoral degree with students' perceptions and anticipated activities reflecting professionalism. *Physical Therapy*, 85(8), 766-781.
- Jones, J. M. (2011). Record 64% rate honesty, ethics of members of Congress low: Ratings of nurses, pharmacists, and medical doctors most positive. Retrieved July 31, 2012, from <http://www.gallup.com/poll/151460/Record-Rate-Honesty-Ethics-Members-Congress-Low.aspx>
- Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33(4), 692-724. doi: 10.2307/256287

- Kahn, W. A. (1992). To be fully there: Psychological presence at work. *Human Relations*, 45(4), 321-350. doi: 10.1177/001872679204500402
- Kamm, S. (1997). To join or not to join: How librarians make membership decisions about their associations. *Library Trends*, 46(2), 295-307.
- Keats, D. M. (2000). *Interviewing: A practical guide for students and professionals*. Sydney, New South Wales: University of New South Wales Press.
- Kerfoot, K. (2008). Staff engagement: It starts with the leader. *MEDSURG Nursing*, 17(1), 64-65.
- Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (Eds.). (2000). *To err is human: Building a safer health system*. Washington, DC: National Academy Press.
- Kordick, M. F. (2002). *Influences on membership in professional nursing associations* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3029680)
- Kuzel, A. J. (1992). Sampling in qualitative inquiry. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research* (pp. 31-44). Newbury Park, CA: Sage Publications.
- Larson, M. S. (1977). *The rise of professionalism: A sociological analysis*. Los Angeles, CA: University of California Press.
- Laschinger, H. K. S., & Finegan, J. (2005). Empowering nurses for work engagement and health in hospital settings. *Journal of Nursing Administration*, 35(10), 439-449. doi: 10.1097/00005110-200510000-00005
- Lawler, T. G., & Rose, M. A. (1987). Professionalization: A comparison among generic baccalaureate ADN, and RN/BSN nurses. *Nurse Educator*, 12(3), 19-22. doi: 10.1097/00006223-198705000-00008
- Lebell, D. (1973). *The professional services enterprise: Theory and practice*. Sherman Oaks, CA: Los Angeles Publishing Company.

- Lewenson, S. B. (2002). Pride in our past: Nursing's political roots. In D. J. Mason, J. K. Leavitt & M. W. Chaffee (Eds.), *Policy & politics in nursing and health care* (pp. 19-30). St. Louis, MO: Saunders.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newberry Park, CA: Sage Publications.
- Lukes, E., & Moore, P. (2010). The professional association and practice excellence. *AAOHN Journal*, 58(2), 47-49. doi: dx.doi.org/10.3928/08910162-20100127-03
- MacIntosh, J. (2003). Reworking professional nursing identity. *Western Journal of Nursing Research*, 25(6), 725-741. doi: 10.1177/0193945903252419
- Marcum-Dietrich, N. I. (2008). Using constructivist theories to educate the "Outsiders". *Journal of Latinos and Education*, 7(1), 79-87. doi: 10.1080/15348430701693416
- Marshall, C. (1985). Appropriate criteria of trustworthiness and goodness for qualitative research on education organizations. *Quality and Quantity*, 19(4), 353-373. doi: 10.1007/BF00146613
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Maslach, C., & Leiter, M. P. (1997). Preventing burnout and building engagement. In *The truth about burnout* (pp. 102-127). San Francisco, CA: Jossey-Bass Publishers.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397-422. doi: 10.1146/annurev.psych.52.1.397
- Matassarini-Jacobs, E. R. (1985). *The development of professionalism: An application to nursing* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 8523559)
- Maxwell, J. A. (1998). Designing a qualitative study. In L. Bickman & D. J. Rog (Eds.), *Handbook of applied social research methods* (pp. 69-100). Thousand Oaks, CA: Sage Publications.

- May, D. R., Gilson, R. L., & Harter, L. M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology*, 77(1), 11-37. doi: 10.1348/096317904322915892
- McCallum, S. Y. (2008). *An examination of internal and external networking behaviors and their relationship to career success and work attitudes* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3306469)
- Merriam, S. B. (2009a). Qualitative data analysis. In *Qualitative research: A guide to design and implementation* (pp. 169-207). San Francisco, CA: Jossey-Bass.
- Merriam, S. B. (2009b). Writing qualitative research reports. In *Qualitative research: A guide to design and implementation* (pp. 237-264). San Francisco, CA: Jossey-Bass.
- Merriam, S. B., & Simpson, E. L. (1995). *A guide to research for educators and trainers of adults* (2nd ed.). Malabar, FL: Krieger Publishing.
- Messersmith, A. S. (2008). *Becoming a nurse: The role of communication in professional socialization* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3315980)
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Miller, W. L., & Crabtree, B. F. (1992). Primary care research: A multimethod typology and qualitative road map. In B. F. Crabtree & W. L. Miller (Eds.), *Doing Qualitative Research* (pp. 3-28). Newbury Park, CA: Sage Publications.
- Millikin, L. S. (1983). *Factors affecting the professionalization of nursing* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. DP11310)
- Mish, F. C. (Ed.). (2002). *Merriam-Webster's collegiate dictionary* (10th ed.). Springfield, MA: Merriam-Webster, Inc.

- Mooney, M. (2007). Professional socialization: The key to survival as a newly qualified nurse. *International Journal of Nursing Practice*, 13(2), 75-80. doi: 10.1111/j.1440-172X.2007.00617.x
- Myers, L. C. (1982). Socialization: A cultural process. In *The socialization of neophyte nurses* (pp. 1-11). Ann Arbor, MI: UMI Research Press.
- National Student Nurses Association. (2006, September). NSNA mission. Retrieved September 4, 2006, from http://www.nсна.org/about_us.asp
- Nguyen, T. K. (2008). *Case study of how active participation in a professional association fosters the professional development of its members* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3327065)
- Nuttall, C. M. (2010). *A comparative study evaluating the impact of participation in a VALOR nurse externship on job satisfaction, sense of belonging, role socialization and sense of professionalism: Transitions from graduate to registered nurse* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3409286)
- O'Connor, R. G. (2006). *Engagement in the nurse practitioner patient relationship* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3229799)
- Ockerby, C. M., Newton, J. M., Cross, W. M., & Jolly, B. C. (2009). A learning partnership: Exploring preceptorship through interviews with registered and novice nurses. *Mentoring & Tutoring: Partnership in Learning*, 17(4), 369-385. doi: 10.1080/13611260903284440
- Pattern, M. L. (2000). *Understanding research methods* (2nd ed.). Los Angeles, CA: Pyrczak Publishing.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Pavalko, R. M. (1971). *Sociology of occupations and professions*. Itasca, IL: F.E. Peacock Publishers, Inc.

- Peddicord, K. (2009). Professional nursing organizations. In G. Roux & J. A. Halstead (Eds.), *Issues and trends in nursing: Essential knowledge for today and tomorrow* (pp. 105-118). Sudbury, MA: Jones and Bartlett Publishers.
- Pillow, W. S. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), 175-196. doi: 10.1080/0951839032000060635
- Polit, D. F., & Beck, C. T. (2004). Sampling designs. In *Nursing research: Principles and methods* (pp. 289-314). New York, NY: Lippincott Williams & Wilkins.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126-136. doi: 10.1037/0022-0167.52.2.126
- Rapp, L. A., & Collins, P. A. (1999). Reasons why nurses do or do not join their professional organization: A research study done in New Hampshire. *Nursing News*, 49(5), 1,8.
- Raskin, J. D. (2008). The evolution of constructivism. *Journal of Constructivist Psychology*, 21(1), 1-24. doi: 10.1080/10720530701734331
- Reyes, H. L. (2007). *The relationship between university nursing student classroom engagement activities and academic performance* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3278396)
- Ritzer, G. (1973). Professionalism and the individual. In E. Freidson (Ed.), *The professions and their prospects* (pp. 59-73). Beverly Hills, CA: Sage Publications.
- Rothrock, K. M. (1962). *A study of voluntary association membership*. (Unpublished Doctoral dissertation). University of Kansas. Lawrence, KS.
- Rueschemeyer, D. (1983). Professional autonomy and the social control of expertise. In R. Dingwall & P. Lewis (Eds.), *The sociology of the professions: Lawyers, doctors, and others* (pp. 38-58). London: MacMillan Press Limited.
- Saldana, J. (2009). An introduction to codes and coding. In *The coding manual for qualitative researchers* (pp. 1-31). Los Angeles, CA: Sage Publications.

- Schaufeli, W. B., Salanova, M., Gonzalez-Roma, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3(1), 71-92. doi: 10.1023/A:1015630930326
- Scott, J., & Marshall, G. (Eds.). (2005). *Oxford dictionary of sociology* (3rd ed.). New York, NY: Oxford University Press.
- Seidman, I. E. (2006). *Interviewing as qualitative research* (3rd ed.). New York, NY: Teachers College Press.
- Shafter, R. (2006). *Career transition, professional socialization, and identity in performing artists who enter second careers in clinical social work* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3205259)
- Siegrist, H. (1990). Professionalization as a process: Patterns, progression and discontinuity. In M. Burrage & R. Torstendahl (Eds.), *Professions in theory and history: Rethinking the study of the professions* (pp. 177-202). Newbury, CA: Sage Publications.
- Sigma Theta Tau International. (2001). Facts about the nursing shortage. Retrieved from http://www.nursesource.org/facts_shortage.html
- Sills, G. M. (1998). Peplau and professionalism: The emergence of the paradigm of professionalization. *Journal of Psychiatric and Mental Health Nursing*, 5(3), 167-171. doi: 10.1046/j.1365-2850.1998.00108.x
- Simpson, I. H., Back, K. W., Ingles, T., Kerckhoff, A. C., & McKinney, J. C. (1979a). Dimensions of professional socialization. In *From student to nurse* (pp. 29-45). New York: Cambridge University Press.
- Simpson, I. H., Back, K. W., Ingles, T., Kerckhoff, A. C., & McKinney, J. C. (1979b). Professional socialization: Perspectives and issues. In *From student to nurse* (pp. 1-16). New York: Cambridge University Press
- Sipe, L. R., & Ghiso, M. P. (2004). Developing conceptual categories in classroom descriptive research: Some problems and possibilities. *Anthropology & Education Quarterly*, 35(4), 472-485. doi: 10.1525/aeq.2004.35.4.472

- Sonnentag, S. (2003). Recovery, work engagement, and proactive behavior: A new look at the interface between nonwork and work. *Journal of Applied Psychology*, 88(3), 518-528. doi: 10.1037/0021-9010.88.3.518
- Spetz, J., & Given, R. (2003). The future of the nurse shortage: will wage increase close the gap? *Health Affairs*, 22(6), 199-206.
- Stein, A. M. (2001). Learning and change among leaders of a professional nursing association. *Holistic Nursing Practice*, 16(1), 5-15 doi: 10.1097/00004650-200110000-00005
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Swanson, R. A., & Holton III, E. F. (2001). Overview of personnel training and development. In *Foundations of Human Resource Development* (pp. 203-241). San Francisco: Berrett-Koehler Publishers.
- Texas Board of Nursing. (2011a). Currently licensed Texas RN's residing in Texas by ethnicity, age, and sex. Retrieved July 21, 2012, from <http://www.bon.texas.gov/about/11-rnrasall.pdf>
- Texas Board of Nursing. (2011b). Licensed Texas RN's employed in nursing and residing in Texas by county and clinical practice area. Retrieved July 21, 2011, from <http://www.bon.texas.gov/about/stats/11-rnaemp.pdf>
- Texas Board of Nursing. (2013). 22 Texas Administrative Code §216.1 (12) *Texas Board of Nursing Rules and Regulations relating to Nurse Education, Licesnure, and Practice* (pp. 81). Austin, TX: Texas Board of Nursing.
- Texas Nurses Association. (2007a). Dues rate choices. Retrieved November 8, 2007, from <http://www.texasnurses.org/application/join-2dues.htm>
- Texas Nurses Association. (2007b). Snapshot of nursing at the 80th Texas legislative session. Retrieved October 11, 2007, from http://www.texasnurses.org/govaff/gov_index.htm - snapshot

- Thompson, P. E., & Lavandero, R. (2001). Professional associations for the millennium. In N. L. Chaska (Ed.), *The nursing profession: Tomorrow and beyond* (pp. 101-107). Thousand Oaks, CA: Sage Publication.
- Tilbury, M. S. (1982). *A study of the professionalization and professionalism of nursing: 1960-1980*. (Unpublished Doctoral dissertation). Virginia Polytechnic Institute and State University. Blacksburg, VA.
- Torstendahl, R. (1990). Essential properties, strategic aims and historical development: Three approaches to theories of professionalism. In M. Burrage & R. Torstendahl (Eds.), *Professions in theory and history: Rethinking the study of the professions* (pp. 44-61). Newbury Park, CA: Sage Publication.
- Truesdell, M. L. M. (1984). *Perceptions of the levels of professionalization in nursing held by actively practicing registered nurses in Kansas* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 8426340)
- Turner, N., & Goudreau, J. (2011). From student to emergency nurse. *Journal for Nurses in Staff Development*, 27(5), 210-215. doi: dx.doi.org/10.1097/NND.0b013e31822e0655
- United States Department of Labor. (2004). The register nurse population: National sample survey of registered nurses preliminary findings. Retrieved November 28, 2007, from <ftp://ftp.hrsa.gov/bhpr/nursing/rnpopulation/theregisterednursepopulation.pdf>
- United States Department of Labor. (2011). Occupational employment and wages, registered nurses. Publication No. OES 29-1111. Retrieved June 22, 2012, from <http://www.bls.gov/oes/current/oes291111.htm>
- United States Department of Labor. (2012). Registered nurses: Job outlookOccupational outlook handbook. Washington, DC: United States Department of Labor. Retrieved from <http://www.bls.gov/ooh/Healthcare/Registered-nurses.htm - tab-6>.
- Vioral, A. N. (2011). Filling the gaps: Immersing student nurses in specialty nursing and professional associations. *Journal of Continuing Education in Nursing*, 42 (9), 415-420. doi: 10.3928/00220124-20110601-01
- Vollmer, H. M., & Mills, D. L. (Eds.). (1966). *Professionalization*. Englewood Cliffs, NJ: Prentice-Hall, Inc.

- Walsh, M. K. (2009). *Socialization of the new graduate nurse: Do internship programs affect the process* (Doctoral dissertation). Retrieved from ProQuest Digital Dissertations and Theses database. (UMI No. 3373685)
- Walter, E., Woodford, K., & Good, M. (Eds.). (2008). *Cambridge Advanced Learner's Dictionary* (3rd ed.). New York, NY: Cambridge University Press.
- Weis, D., & Schank, M. J. (2002). Professional values: Key to professional development. *Journal of Professional Nursing, 18*(5), 271-275. doi: 10.1053/jpnu.2002.129224
- Wengraf, T. (2001). *Qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.
- Wieck, K. L. (2006). Generational approaches to current nursing issues. *The Tennessee Nurse*(Winter 2006), 17-19.
- Wilensky, H. L. (1964). The professionalization of everyone? *The American Journal of Sociology, 70*(2), 137-158. doi: 10.1086/223790
- Wolcott, H. F. (2001). Linking up. In H. F. Wolcott (Ed.), *Writing up qualitative research* (2nd ed., pp. 70-99). Thousand Oaks, CA: Sage Publications.
- Wolf, L. E. (2007). *A study of socialization of accelerated BSN graduates* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3269141)
- Yeager, S. J., & Kline, M. (1983). Professional association membership of nurses: Factors affecting membership and the decision to join an association. *Research in Nursing and Health, 6*(2), 45-52. doi: 10.1002/nur.4770060203
- Yoder-Wise, P. S. (2006). Professional issues: Creating the challenge of engagement. In M. H. Oermann & K. T. Heinrich (Eds.), *Annual review of nursing education: Volume 4, 2006* (pp. 67-83). New York City, NY: Springer Publishing Company.
- Young, J. (2005). On insiders (emic) and outsiders (etic): Views of self, and othering. *Systemic Practice and Action Research, 18*(2), 151-162. doi: 10.1007/s11213-005-4155-8