1968

Some Interrelationships of Academic Status, Role Conception and Role Conflict in a Baccalaureate Nursing Program

Margaret M. Sery
Loyola University Chicago

SOME INTERRELATIONSHIPS OF ACADEMIC STATUS, ROLE CONCEPTION AND ROLE CONFLICT IN A BACCALAUREATE NURSING PROGRAM

by

SISTER MARGARET M. SERY, O.S.F.

A Thesis Submitted to the Faculty of the Graduate School of Loyola University in Partial Fulfillment of the Requirements for the Degree of Master of Arts

June
1968

DEDICATION

To my father

John Henry Sery

ACKNOWLEDGEMENTS

The author gratefully acknowledges her indebtedness to the many persons, without whose aid and encouragement this thesis would not have been possible. It is impossible to name them all. Among them are several to whom she owes an especial debt, varying in degree and kind, and to whom she wishes to pay special tribute.

Dr. Marcel Fredericks and Dr. Paul Mundy generously gave time, insight, and guidance, both as academic advisors and as teachers.

Anne Sery, gave and encouraged a love for learning. In addition, she has typed, retyped, and typed again.

Sister Claire Marie Sawyer, O.S.F. deepened the author's interest in sociology, sparked the interest in studying the nursing department which became the subject of this research, and gave encouragement and suggestions, without which it would not have been completed. In addition, she and Sister Lorraine Aspenleiter, O.S.F. carried heavier teaching obligations so that the research and writing could be done.

Sister Francis Borgia, O.S.F. and Sister Augustine Scheele, O.S.F. made advanced study possible.

Sister Marie Clémence Vaillot developed the major instrument of the research and the J. B. Lippincott Company granted permission for its use.

The students and faculty of the nursing department studied gave generously of their time and cooperation.

Jean Fortino, Sister Joselita, O.S.F., and Sister Susan Rosenbach, O.S.F., aided in tabulating and checking data.

Sister Joan Frick, O.S.F., Katherine Sery, and Sister Linda Umbdenstock, O.S.F., helped with proofreading and gave suggestions.

Sister Phyllis Bourbeau, O.S.F., Sister Marion Dahlke, O.S.F., Sister Sheila Ryan, O.S.F., and someone who insists on going unnamed, have helped in many ways, the importance of which cannot be measured.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

This research is an exploratory descriptive case study of the nursing department of a midwestern-urban Catholic women's college. Its purpose is to examine selected empirical questions and related hypotheses[1] relevant to role conception, role conflict, and academic status of the members of that department (both students and faculty). In addition, attempts are made to examine some attitudes of the members of the department regarding the nursing profession.

Significance of the Research Area

The area of role analysis is a significant area of research for several reasons. The expectations which individuals hold for themselves, and others hold for them, influence human behavior. Also, the kind of social relationships in which a person is involved and the evaluative criteria applied to his behavior by him or others are influenced by a person's position in the social structure. A basic proposition derives from these facts:

---

[1]The general methodology including the use of empirical questions and related hypotheses is patterned after the methodology used in the doctoral dissertation and related research projects of Marcel Fredericks. See Marcel A. Fredericks, "The Professionalization of Medical Students: Social Class, Attitudes and Academic Achievement" (unpublished Ph.D. dissertation, Department of Sociology, Loyola University, 1965).

"Human behavior is in part a function of the positions an individual occupies and the expectations held for incumbents of these positions."[2]

This research attempts to investigate some ways in which one aspect of social position is interrelated with role conception and role conflict.

The research area is significant in other ways also.

Everett C. Hughes states that in recent years occupations undergoing changes "in techniques and social organization and in their social and economic standing" are being more intensely studied sociologically.[3] Some of these studies focus on the choice of occupation; on the processes of learning the outlook and values as well as the skills, techniques and knowledge of the occupation; on the changing perceptions of the occupational system -- its institutions, its formal and informal organization and relationships; and on changing conceptions of work and the individual's relationship to it. In general, these foci are referred to as "adult socialization,"[4] or the "professionaliza-

---

[2]N. Gross, W. S. Mason, and A. W. McEachern, Explorations in Role Analysis: Studies of the School Superintendency Role (New York: John Wiley & Sons, Inc., 1958), p. 319.

[3]Everett Cherrington Hughes, "The Study of Occupations," Sociology Today, ed. Robert Merton, Leonard Broom, and Leonard S. Cottrell, Jr. (New York: Basic Books, Inc., 1959), p. 442.

[4]Ibid., p. 456.

tion process."

Nursing has been the subject of many of these sociological studies. It is one aspect of a larger consideration of the role of women in general in the national occupational structure, particularly since nursing has been considered a woman's occupation. As the concept of the role of woman changes, and as nursing seeks recognition as a profession, reconsideration of the nurse role becomes critical.[5] Its techniques and social organization have undergone change; its social and economic standing have been altered as the field of nursing becomes "professionalized."[6] Such changes influence role conception. For this reason a study of role conception and role conflict among nurses is of significance.

Additionally, in American society the school of nursing has been primarily responsible for the professionalization of nursing students.[7] It is in the nursing school that attitudes, values, skills and knowledge related to nursing are taught and developed.

---

[5]Joseph Zaccaria and Genevieve Reynolds, "Nursing Students' Attitudes toward Their Career: A Challenge for Nursing Education," The Journal of Nursing Education, V (August, 1966), 31.

[6]See below, p. 5.

[7]William A. Glaser, "Nursing Leadership and Policy: Some Cross-National Comparisons," The Nursing Profession: Five Sociological Essays, ed. Fred Davis (New York: John Wiley & Sons, Inc., 1966), pp. 1-3; 8-16.

And it is there that the student learns to become one or another type of nurse.[8] Because of this, the study of nursing education and the examination of the various types of schools of nursing and their products have grown in importance. Philosophies and curriculum content of the schools have been studied. Differential role conception of students and graduates of these schools have been compared. Role conception and role conflict among nurses have been investigated.[9] However, no study has been found which focuses on the interrelationship of the three variables - role conception, role conflict, and academic status of nurse educators (the agents of the socialization or professionalization process) and nursing students (those to be socialized) within the same nursing school. How similar among the faculty are the attitudes, values, and role identifications which are to be transmitted? How closely do student attitudes correspond with faculty attitudes within the same school? How similar are the attitudes, values, and role identifications among the students?

---

[8] John C. McKinney and Thelma Ingles, "Professionalization of Nurses," Nursing Outlook, VII (June, 1959), 365.

[9] Some of these will be considered in "Survey of Research and Literature," below, p. 17.

Professionalization of Nursing in the United States

A survey of research and literature related to the present study will be meaningful only in the context of the structure of nursing in the United States. The particular aspects which will be emphasized in this section are the trend toward the professionalization of nursing and the place of the baccalaureate program in nursing education. The relationship between the two has been expressed well by Corwin and Taves, who indicate that professionalization is

> the process through which an occupation gains a monopoly of specialized knowledge and a high degree of competence in its utilization. In nurs- it requires that the attention of the nurse be directed more and more toward the maintenance of educational and professional standards through increased reading of professional literature, committee work, and participation in national and local professional associations.[10]

This process affects strongly and is affected by the initial professional socialization of those entering nursing.

The trend toward professionalization.--Nursing, cross-nationally, has undergone change. It has faced problems of recruitment and retention of personnel, of technical improvement demanded by developing medicine and evolving hospital systems, of

---

[10]Ronald Corwin and Marvin Taves, "Some Concomitants of Bureaucratic and Professional Conceptions of the Nurse Role," Nursing Research, XI (Fall, 1962), 223.

economic reward and public prestige, of role relationships with doctors and other health personnel.[11]

Leaders in nursing have responded to these problems in several ways; their responses varying according to time and place, the contemporary state of hospitals, medical care and personnel, and the wider social setting. The first was the "Nightingale response," according to the military and religious model.[12]

In the mid-nineteenth century, when Florence Nightingale began her work, the religious order was the principal organized form of both nurses' training and nursing service. Miss Nightingale's conception of nursing service was strongly influenced by the German deaconesses and French nuns under whom she studied, and by the Anglican nuns with whom she worked in Crimea. This conception of nursing included a total commitment to work along with a total submission to authority. Service to both God and mankind was often a powerful motive for both the commitment and the submission. In keeping with these values was the type of preparation for nursing service: it was given in hospital wards, by apprenticeship under more experienced nurses.[13]

---

[11] Glaser, pp. 1-2.

[12] Ibid., p. 4.

[13] Ibid., pp. 4-5.

Additional to the religious influence was that of the army. Miss Nightingale's longest work experience was in connection with the army and with military groups organized for emergency work. When confronted with the need for English nursing reforms which included reforms of both education and service, she emphasized, along with the religious concepts of service and training described above, the military values of discipline, a hierarchical organization, and a process of thorough indoctrination of recruits.[14]

The Nightingale system spread from England by both discipleship and emigration. It provided an organized system for recruitment, training, control, and assignment of nurses. At the time no other way was provided by the prevailing educational system.[15]

During the late nineteenth and early twentieth centuries, there developed another response - the professional model. It was during this time that certain characteristics of the professional occupations were becoming institutionalized in many countries, particularly in the United States and in England. Nursing leaders, called upon to respond to nursing problems,

---

[14] Ibid., p. 5. See also Eugenia Spalding and Lucille Notter, Professional Nursing: Foundations, Perspectives, and Relationships (Philadelphia: J. B. Lippincott Company, 1965), pp. 9-20.

[15] Glaser, pp. 6-7.

favored the organization of nursing service along professional lines. Once these leaders defined nursing as a profession or "a cohesive and autonomous body of trained persons who perform work for the benefit of the public on the basis of applied scientific knowledge," changes in nursing education were demanded.[16]

Although the professional model was not successful in England, it was successful in the United States. Its acceptance was followed by the entrance into nursing service of groups of better educated nurses who used licensing laws, rigorous education (distinct from mere "training") and accreditation of schools to insure the recognition of nursing as a profession. Early in the twentieth century the alliance of the professional nursing school with the university began.[17]

However, the success of the professional movement of nursing in the United States has had limitations: In many instances it has been the nursing leaders who have desired to create a "profession" of nursing. This was to be done by combining the strong sense of commitment characteristic of the Nightingale response with scientific competence and the desire for responsibility characteristic of the professional response. But this is not always the desired goal of most nurses. As Glaser indicates,

---

[16] Ibid., p.7.

[17] Ibid., pp. 7-16.

surveys suggested that the "rank-and-file" prefer their present responsibilities, desiring no more; that they would rather avoid the professional reading necessary to keep abreast of developments in nursing and medical science; that there is disagreement over the possibility of classifying nursing as a profession. In addition the development of nursing science has been slow.[18] Another limitation is the reluctance of others in the health professions to recognize even the relative autonomy of nursing as a profession.[19]

The basis of nursing leadership.--The basis of nursing leadership is another factor which must be considered in the trend toward professionalization of nursing. This is especially true in this research inasmuch as the faculty members of the nursing department studied are predominantly members of religious orders. This membership could influence their role conception and role conflict. An examination of the basis of nursing leadership, then, may render more understandable the nature of the influence.

Although various histories of professional nursing consider this topic, the most succinct treatment has been found in Glaser's

---

[18]Two significant attempts are quite recent: See Margaret Ann Kaufmann, "Identification of Theoretical Bases for Nursing Practice," (unpublished Ph. D. dissertation, University of California, Los Angeles, 1958). See also Martha E. Rogers, An Introduction to the Theoretical Bases of Nursing Practice (in progress).

[19]Ibid., pp. 25-28.

study of nursing leadership,[20] a summary of which follows.

For centuries nursing service in Europe was led by members of religious orders. As discussed above, their motivation was service to God and man, and their conception of nursing consisted in total commitment to work and total submission to authority. While this situation prevailed, so did the primacy of the nursing nun or the deaconess.

However, social change, including developments in medicine and technology, the changing status of women, and the place of religion in the social structure, has resulted in an increase of women in the labor force and a decline in the proportion of women in religious orders.

The lay nurse became increasingly important in health services. Often her education prepared her to cope with the latest developments in nursing and science more adequately than the personnel of religious orders administering hospitals. In addition, she was a member of the competitive labor force, and demanded her rights as such. Inevitably tensions arose between religious nursing orders and lay graduate nurses.

Glaser indicates two solutions for the reduction of tension: segregation of work sites (utilized largely in European public hospitals) and reconciliation (utilized predominantly in the

---

[20] Ibid., pp. 51-55.

United States). One means of reconciliation is the emulation of graduate nurses by nuns.[21] This is in keeping with current emphasis within the Church on the professional competence and effectiveness of religious orders in their apostolic works.[22] As Glaser explains, the tension and distance first experienced between the two groups has diminished in some cases due to the fact that the nuns have taken the graduate nurses as their reference group.[23]

Nursing education in the United States.--Within this general background the focus can be narrowed to nursing education in the United States.

Strauss maintains that the beginning of the professionalization of nursing in the United States began in the 1880's.[24] It was strongly influenced by the urbanization, industrialization,

---

[21] Ibid., p. 54.

[22] Pius XII, "On Religious Vocations," The Catholic Mind, LI (June, 1953), p. 381.

[23] Glaser, p. 55.

[24] Anselm Strauss, "The Structure and Idealogy of American Nursing: An Interpretation," The Nursing Profession: Five Sociological Essays, ed. Fred Davis (New York: John Wiley & Sons, Inc., 1966), p. 64.

bureaucratization, and demographic changes accompanying the national development from an agrarian to an industrial economy. These changes have had far-reaching effects on the health services and educational facilities of the nation, both of which profoundly influenced nursing.[25]

Accompanying these trends was the tide of reform, characteristic of late nineteenth century middle-class America, which also affected organized nursing. The early nursing reformers were concerned with nursing as a profession. The medical profession was its model. While it is true that "nursing profession" meant for the reformer a set of high standards and a special "calling," the idea of the best type of education was also there. The emphasis was on the "trained nurse." Each reformer and the nurses prepared under her had to prove to hospital authorities the value of the preparation received in the schools set up by her. Simultaneous with the graduation and entrance into nursing service of "trained nurses," however, was the increase of less adequately prepared nurses throughout the United States to meet the needs which accompanied, and were perceived along with the rise of the modern hospital and the changes in the national economic and social system. To meet these needs, training schools of various types and qualities multiplied. Also, nursing became the means of attaining some measure of self-

[25] Ibid.

support along with enhanced social status at a time when women were entering the labor force in increasing numbers.[26]

The result of this mushrooming of schools is still seen today. Nursing education has not been characterized by highly centralized control or rigid educational standards. In fact, perhaps no occupation has such a variety of preparatory possibilities. Length of basic nursing education varies from two-year schools to five-year schools. The schools may be hospital diploma schools or collegiate schools. The variety of collegiate nursing programs includes associate degree and baccalaureate programs. Because of varying location, conditions, and time, differing schools with various programs, curricula, and affiliation with educational institutions, developed.[27]

The baccalaureate program as a type of nursing education.--Since the nursing department to be considered in this research follows a baccalaureate program, the development of that program in the United States will be discussed.

As early as 1898, Isabel Hampton Robb, a nursing leader, interested in the professionalization of nursing advocated the preparation of nurse educators to become experts in pedagogy.

---

[26] Ibid., pp. 64-75.

[27] For a more thorough examination of this, see the entire Strauss article, pp. 60-108.

She was one of the first to make a distinction between practitioners in nursing and the teachers of the practitioners.[28] Later, she worked for standardization of curriculum and methods through the training of nurse educators. Through her efforts a program to deal with the problems of teaching in schools of nursing was established at Teachers College of Columbia University, and in 1907, M. Adelaide Nutting was given the chair of Nursing Education.[29]

Under Miss Nutting, who virtually dominated nursing education for two decades, many reforms were initiated in an effort to "raise standards." Classroom work was emphasized. Shortly, Miss Nutting and Mrs. Robb concluded that integration of school and hospital into schools of nursing would be most difficult because the purposes of the two institutions are too divergent on many points. Miss Nutting came to advocate collegiate education as the most fruitful alternative.[30]

---

[28]Isabel Hampton Robb, Educational Standards for Nurses (Cleveland: E. C. Koeckert, 1907), pp. 130-131.

[29]Strauss, p. 76.

[30]Ibid., pp. 76-78.

Annie Goodrich, who became dean of the first university school of nursing at Yale, insisted in 1934 that within a decade nursing schools should be associated with a college or university. If not, the nursing schools not so associated should be discontinued.[31]

In 1948 this suggestion was reiterated by Esther Lucille Brown. This time the suggestion that within the next fifty years professional nurses must be prepared in colleges shook the structure of nursing education and hospital administration.[32]

In 1960 the American Nurses Association indicated its "Goal Three":

> To insure that, within the next 20-30 years, the education basic to the professional practice of nursing, for those who then enter the profession, shall be secured in a program that provides the intellectual, technical and cultural components of both a professional and liberal education. Towards this end, the ANA shall promote the baccalaureate program so that in due course it becomes the basic educational foundation for professional nursing.[33]

In December, 1965, the first position paper to be issued by the American Nurses' Association Committee on Education recommended that all licensed nurses be prepared in institutions of higher

---

[31] Ibid., p. 79.

[32] Spalding and Notter, p. 22.

[33] "The 1960 ANA Convention," American Journal of Nursing, LX (June, 1960), 832.

education, that the associate degree program be the minimum preparation for beginning technical nursing, and the baccalaureate program be the minimum preparation for beginning professional nursing. It was further recommended that education of assistants in health service occupations be done in vocational schools rather than in the employing agency or hospital.[34]

This was the first time that specific levels of preparation for the various types of nursing had been so explicitly stated. Reactions to it were heard throughout the country and indicated the truth of the statement made by Glaser,[35] that the decisions of nursing leaders do not always reflect the point of view of the rank-and-file.

McGrath states that the educational program of a profession evolves through several stages: the apprentice stage, the proprietary school stage, the university school stage, the preprofessional stage, and the general education stage. Not all professions pass through all stages and within a single profession several stages may exist at one time.[36] That there existed

---

[34]"ANA Position on Education for Nursing," American Journal of Nursing, LXV (December, 1965), 106-111.

[35]Glaser, p. 25.

[36]Earl J. McGrath, Liberal Education in the Professions (New York: Bureau of Publications, Teachers College, Columbia University, 1960), pp. 28-34.

within nursing several of these stages would appear to be one reason for the diversity of reaction to the American Nurses' Association position paper on education. It may be assumed that the position paper will affect the professionalization of nursing. It will also affect nursing care patterns and, because of this, role conception of professional nurses.

Survey of Research and Literature

Simmons and Henderson state that the nursing profession has pioneered in role research. Systematic studies pertaining to nursing roles began in the mid-forties. Few occupational groups have been as ready to promote such research or to become subjects of such research.[37]

Initial encouragement and sponsorship of role research has been from the American Nurses' Association from 1950 to 1955. Under the ANA's auspices a continuing study has been carried on by the American Nurses' Foundation. The thirty-two projects completed by 1958 were summarized by Everett C. Hughes and associates in Twenty Thousand Nurses Tell Their Story.[38]

---

[37]Leo W. Simmons and Virginia Henderson, Nursing Research: A Survey and Assessment (New York: Appleton-Century-Crofts, 1964), p. 173.

[38]Everett C. Hughes, Helen MacGill Hughes and Irwin Deutcher, Twenty Thousand Nurses Tell Their Story (Philadelphia: J. B. Lippincott Co., 1958).

Bullock's study of nursing in Ohio, although developed primarily to identify factors which might be associated with job satisfaction, also sought to determine prevalent nurse attitudes toward the nursing profession and to consider the influence of perceived public opinion and its effect on morale.[39]

In 1955 Habenstein and Christ studied general duty nurses in non-metropolitan, central-Missouri general hospitals. In their research they pinpoint the root of the problem of the changing role of the nurse as a lack of a precise definition of the proper role of the professional nurse. To describe the three main nurse orientations they use "Professionalizer," "Traditionalizer," and "Utilizer" as ideal types.

They describe the Professionalizer as follows:

> The professionalizer type of nurse is not motivated by any blanket dedication to an ideal. Accepting the principle that good health is better than bad, her focus is not specifically upon the patient to be healed, but upon the special things that must be done and the special modes of operations that must be evolved if the problem of healing is to be more adequately and intelligently met....Medical science presents her with a set of intellectually-based tools which she feels she must use in her work;... [she] asks to be judged only by fellow professionals. Health being a critical problem in American society, no longer popularly felt best to be achieved by the

---

[39]Robert P. Bullock, What Do Nurses Think of Their Profession? (Columbus, Ohio: Ohio State University Research Foundation, 1954).

> ministrations of a mother and of the local healers, special categories of people need to be charged with the responsibility of standing in their stead, or of doing the job in a better, if different way. The professionalizing nurse accepts the responsibility for the services she promises to perform, in turn asks for special or exceptional treatment by society. This, spelled out, means professional prerogatives, one of which takes the form of organization of fellow nurses into separate, prestigeful, and relatively autonomous groups.[40]

In the description of the traditionalizing nurse is found one who is motivated by an ideal, an ideal which is both recognized and venerated by society. This ideal is personified in the name of Florence Nightingale, and

> the basis of the motivation consists in a sense of dedication, the components or terms of which are so taken for granted as seldom to be examined....The traditionalizing type of nurse does not ask to be judged in her actions by competent colleagues, but by an alignment of her actions against those which have traditional legitimation. Her work is an extension of the healing arts long practiced in home and community, and the focus of her attention is the patient, as an individual and a personality.... Within the limits specified by the folk wisdom of nursing, she dissolves a major portion of her personality in each nurse-patient situation.[41]

The Utilizer, on the other hand, has no particular dedication to an ideal or life philosophy in which her work-role is central.

---

[40]Robert W. Habenstein and Edwin A. Christ, Professionalizer, Traditionalizer, and Utilizer (Columbia, Missouri: University of Missouri, 1963), p. 45.

[41]Ibid., pp. 45-46.

> Rather, the work role begins with the work-day and with her entrance into the institution. It ends with the change of shifts. The stance of such a nurse toward work is one of relative indifference, since it provides only minimally a focal point of personal organization. Innovations and changes are accepted or resisted in terms of their immediate practicality or "sense", and the amount of immediate return in the form of time, labor, or personal effort saved.[42]

The profession-orientation, tradition-orientation dichotomy is useful in the understanding of the role conception classification of this study. Similar classification has been made in other research.

It was used by Deutscher and Montague in their study of the role of religious schools in the educational aspirations of nursing students. In their study of the tension between the tradition-orientation which emphasized bedside nursing and the profession-orientation emphasizing the nurse as one possessing a body of technical knowledge, it was suggested that as an occupation moves toward a more professional status, humanitarian values must be reduced and a group of "technicians" are needed to fill the gap.[43]

---

[42] Ibid., p. 46.

[43] Irwin Deutscher and Anna Montague. "Professional Education and Conflicting Value Systems: The Role of Religious Schools in the Educational Aspirations of Nursing Students," Social Forces, XXXV (December, 1956), 125-31.

Goldstein in her analysis of nursing relationships in three Chicago hospitals discusses the ambivalent position the nurse holds as a professional having the status of salaried employee in the bureaucratic structure of the hospital.[44] She also considers the conflict between the "old school" of traditionalizing nurses and the "new school" of professionalizing nurses. Her typologies of humanitarian calling, career, and job are roughly parallel to Habenstein and Christ's Traditionalizer, Professionalizer and Utilizer.

While other studies have focused on differences of role conception among nurses in the hospital, the differences have also been found between clinical instructors and staff and head nurses.[45]

---

[44]Rhoda L. Goldstein, "The Professional Nurse in the Hospital Bureaucracy," (unpublished Ph.D. dissertation, Department of Sociology, University of Chicago, 1954). See also Ronald G. Corwin, "The Professional Employee: A Study of Conflict in Nursing Roles," American Journal of Sociology, XLVII (May, 1961), 604-15.

[45]Temple Burling, Edith Lentz, and Robert Wilson, The Give and Take in Hospitals (New York: Putnam, 1956), p. 103. See also Kathryn M. Smith, "Discrepancies in the Role Specific Values of Head Nurses and Nursing Educators," Nursing Research, XIV (Summer, 1965), 196; and Hans O. Mauksch, "The Nurse: A Study in Role Perception," (unpublished Ph.D. dissertation, University of Chicago, 1960).

Elizabeth Reichert Smith studied fifty-two written performance evaluations by thirteen head nurses and fifty-six evaluations by fourteen nurse educators. The evaluations were randomly selected from hospital nursing service and school of nursing files for one academic year. Mrs. Smith found that to a significant extent the two groups used different criteria based on differing nurse-role conceptions to evaluate nursing performance. She found that such different conceptions of nursing create a climate in which the nursing student must choose between two differing patterns of behavior, both of which are positively sanctioned.[46]

The focus of Smith's study is similar to the concept of role conflict used in the present study. However, only two of the four groups or "alters" whose role conception is involved in role conflict as defined in the present study -- head nurses and nurse educators -- were examined.

Additional research has investigated the image which different non-nursing "alters" have of the nursing role. The Kansas City studies under the direction of Irwin Deutscher, sometimes referred to as Community Studies, Inc., were sponsored by the Missouri State Nurses' Association in connection with the ANA's five year research program. These studies, although

---

[46]Elizabeth Reichert Smith, "Patterns of Interpersonal Preference in a Nursing School Class," Nursing Research, III (June, 1954), 26-32.

limited to one geographical area and requiring verification, provide insights into the images of nurses which various non-nursing "role alters" have. Included in the series are The Evaluation of of Nurses by Male Physicians,[47] Public Images of the Nurse[48] and Formal Education and the Process of Professionalization: A Study of Student Nurses.[49] In general, the different images are roughly similar to those of tradition-orientation and profession-orientation.

McPartland's study deals directly with nursing students. In an investigation of nursing roles, the role conceptions of students, faculty members and members of the school administration differed. Among students, the trend toward being a professionalizer increased as the training period progressed.[50]

Other studies of role conception of nursing students have been done. However, no studies have been found which focus on

---

[47] The Evaluation of Nurses by Male Physicians (Kansas City, Missouri: Community Studies, Inc., 1955).

[48] Public Images of the Nurse (Kansas City, Missouri: Community Studies, Inc., 1955).

[49] Thomas McPartland, Formal Education and the Process of Professionalization: A Study of Student Nurses (Kansas City, Missouri: Community Studies, Inc., 1957).

[50] Ibid.

the precise nature of this study, namely, the interrelationship of role conception, role conflict and academic status of nursing educators and nursing students within the same nursing department in a school which follows the baccalaureate program. Several studies, however, focus on one or two of these variables in a way similar to some aspect of this research. The emphases of such studies and their relevant findings will be indicated.

The correlation of characteristics of faculty and students was the focus of a study by Fox and his associates. Characteristics (such as age, marital status, education, experience as educator and nurse, and attitude toward nursing) of the faculty in twenty-three (five baccalaureate and eighteen diploma) nursing programs were related to satisfaction and stress among faculty members. These characteristics were also related to satisfaction and stress among students. A higher degree of satisfaction and a lower degree of stress among faculty members were found to be correlated with a higher degree of satisfaction and a lower degree of stress among students.[51]

---

[51]David Fox, L. K. Diamond, R. C. Knopf and J. Hodgin, "Characteristics of Basic Nursing Faculty," Nursing Outlook, XII (December, 1964), 40-43.

A longitudinal study of sixty-five students who entered a baccalaureate program of nursing in 1960-61 was done by Davis and Olesen. Students' images of nursing were investigated. Students were tested as freshmen and again before graduation.

It was found that students tended increasingly to conceive of nursing in terms of a more individualistic-innovative image than in terms of a routinized-bureaucratic image. Davis and Olesen consider the former an "advanced" professional image. Apart from this tendency students did not alter the images of nursing they had upon entering the program. Apparently the professionalization process did not bring about a greater similarity among the images of nursing held by the students in the class.[52]

Powers described the differences and similarities between two groups of students. All students studied were participating in baccalaureate programs. However, one group was enrolled in a sectarian program and the other in a non-sectarian program. It was found that the students in non-sectarian baccalaureate degree programs tend to receive a higher score on a scale measuring profession-orientation than do students in a sectarian

---

[52]Fred Davis and Virginia L.Olesen, "Baccalaureate Students' Images of Nursing: A Study of Change, Consensus and Consonance in the First Year," Nursing Research, XIII (Winter, 1964), 8-15; and Fred Davis and Virginia L. Olesen, "Baccalaureate Students' Images of Nursing: A Follow-Up Report," Nursing Research XV (Spring, 1966), 151-158.

program. Students in the non-sectarian program also tended to plan careers outside the hospital setting and to plan to pursue higher educational degrees more often than the students in the sectarian program.[53]

The research instrument used by Powers to measure profession-orientation is the same as that used to measure role conception in this study. The source for that instrument is the Professionalization Scales developed by Sister Madeleine Clémence Vaillot in her study, Commitment to Nursing.[54]

In an investigation of the nursing student's professional world, Vaillot studied two collegiate schools of nursing, ten diploma schools of nursing, and five schools of practical nursing. She used the Professionalization Scales[55] to measure the type of nursing orientation and the professional distances manifested.

In the two collegiate schools, seniors and freshmen were studied. No significant differences in their profession-orientation were found. Students believed that teachers were most

---

[53]Sister Eleanore Francis Powers, "Attitudes toward Professionalization and Career Plans: A Study of Nursing Students in Sectarian and Non-Sectarian Baccalaureate Degree Program," Journal of Nursing Education, III (August, 1964), 17-25.

[54]Sister Madeleine Clémence Vaillot, Commitment to Nursing (Philadelphia: J. B. Lippincott Co., 1962).

[55]See below pp. 44-47.

profession-oriented; that students were second in profession-orientation; that patients were least profession-oriented. Professional distances were found between the ideal attributed to teachers and the students' ideal, between the students' ideals and the ideal attributed to head nurses, between the ideal attributed to head nurses and that attributed to physicians, and between the students' perception of reality and the ideal attributed to patients. Students believed the physicians' ideal is in agreement with reality.[56]

In addition to being the source of the research instrument for the present study, Vaillot's study suggested the basic methods of analysis of data for role conception[57] and role conflict.[58]

However, there are several differences between Vaillot's study and the present one: 1) Vaillot studied students in collegiate, diploma and practical nursing schools; the present study involves only a collegiate school of nursing. 2) Vaillot's study involved students at several levels but not faculty members. 3) Vaillot related role conception and professional distance

---

[56]Vaillot, pp. 83-87; 163-165; 205-206.

[57]Called "profession orientation" by Vaillot.

[58]Called "professional distance" by Vaillot.

(somewhat similar to role conflict in this study) to sociometric choice which differs from academic status as operationalized in this study.

Some weaknesses of the studies of role conception in nursing discussed above, as indicated by Simmons, are these:

They have seemed to imply that within the profession, one type of nurse may exist only at the price of the other type; that the ideal of proficiency in technical skill must necessarily conflict with the capacity for warm personal response. Simmons maintains that the dilemma posed by such a dichotomy exists more in the mind of the respondents than in the real situation.[59] However, whether the dilemma exists in the mind or in reality, it will have real consequences, possibly in the manifestation of role conflict.

Some of these studies have also implied that modern nursing must involve a conflict of loyalties - to physician, to patient, to profession - and that nurses with increasing education tend increasingly to leave the bedside of the patient. Simmons maintains that neither of these is inevitable.[60]

Perhaps the effort to understand the conflicting role conceptions which nurses and their non-professional "alters" have

---

[59] Simmons, pp. 216-217.

[60] Ibid., pp. 217-218.

held, and which have disturbed members of the occupation, has motivated the systematic exploration of concepts of nursing roles.[61]

To formulate empirically a composite ideal without the conflictive undertones, Holliday studied a representative group of 667 persons - nurses and non-nurses - engaged in graduate studies at Teachers College, Columbia University.[62]

The composite description including the ideal traits in the order of value as they appear in the study is as follows:

> She is qualified to the degree of being proficient. That is to say, she really knows her job. It is most important for her to understand me; that is, she can put herself into my shoes, experience some of my problems. When she performs she really has the air of knowing her job. While she is performing her work she expresses a sort of gentleness and friendliness. She is well informed in other than her major role responsibilities. She is congenial with others, even though I am her primary concern. She appears to be happy. I don't mean that she is "bubbling over," but she is a person who seems to be enjoying life. Whenever I need her most she is right there supporting me. I want to be able to really talk to her, and I expect her to be able to express herself well. Sometimes, even before I am uncomfortable, she will anticipate my needs and make me comfortable. When she performs a function she takes time to explain the "whys" and "hows" of it. She is always clean and well groomed; and, finally, I guess I do want her to feel sorry for me at certain times.[63]

---

[61] Ibid., p. 173, 218-219.

[62] Jane Holliday, "An Ideal Image of the Professional Nurse with a Method for Formulating a Composite Ideal Nurse," (unpublished Ph. D. dissertation, Columbia University Teachers College, 1960).

[63] Jane Holliday, "The Ideal Characteristics of a Professional Nurse," Nursing Research X (Fall, 1961), 205.

Theoretical Considerations

The theoretical basis for this research derives mainly from relatively recent formulations of social systems and role.

Although the topic of social structure is much broader than that of social roles, these phenomena are closely related; for to understand or analyze social structure, the structural parts or elements must be isolated and the relationships between and among the elements must be determined. Role analysis and theory can contribute something to both of these tasks.[64]

Role as a term or concept has long been used in the works of students of society. However, it was not until the 1930's that the term was used technically in analysis of role problems. Mead and Linton were important early theorists.[65]

George Herbert Mead's work, published as Mind, Self, and Society,[66] contained several considerations relevant to role

---

[64]Edwin J. Thomas and Bruce J. Biddle, "Basic Concepts for the Variables of Role Phenomena," Role Theory: Concepts and Research, ed. Bruce J. Biddle and Edwin J. Thomas (New York: John Wiley & Sons, Inc., 1966), p. 60.

[65]Edwin J. Thomas and Bruce J. Biddle, "The Nature and History of Role Theory," Role Theory: Concepts and Research, p. 5-6.

[66]George H. Mead, Mind, Self, and Society (Chicago: University of Chicago Press, 1934).

theory. Mead's examination of interaction, the self, and socialization influenced the growth of the "symbolic interactionism" school of sociology which has carried on considerable role research.[67]

In The Cultural Background of Personality, Ralph Linton defined role as "the sum total of the culture patterns associated with a particular status. It includes the attitudes, values and behavior prescribed by the society to any and all persons occupying this status."[68]

Earlier, Linton had made the important distinction between status and role.

> A status, as distinct from the individual who may occupy it, is simply a collection of rights and duties....A role represents the dynamic aspect of a status. The individual is socially assigned to a status and occupies it with relation to other statuses. When he puts the rights and duties which constitute the status into effect, he is performing a role. Role and status are quite inseparable, and the distinction between them is of only academic interest. There are no roles without statuses or statuses without roles. Just as in the case of status the term role is used with

---

[67] Thomas and Biddle, "The Nature and History of Role Theory," p. 6.

[68] Ralph Linton, The Cultural Background of Personality (New York: Appleton-Century-Crofts, Inc., 1945), p. 77.

> a double significance. Every individual has a series of roles deriving from the various patterns in which he participates and at the same time a role, general, which represents the sum total of these roles and determines what he does for his society and what he can expect from it.[69]

Linton's distinction has been influential in role research. His implication that statuses (positions) had accompanying roles which were elements of societies suggested a possibility for analysis of the social structure.

By 1958, Gross, Mason and McEachern sought to bridge the gap between theoretical and empirical analyses of role. In their study of the role of school superintendents, they analyzed, selected, and classified three definitions of role as representative of the major role formulations in the literature.

The first category would define role to include normative culture patterns. This classification would include Linton's definition.[70]

In the second category, role refers to "an individual's definition of his situation with reference to his and others' social positions."[71]

---

[69]Ralph Linton, The Study of Man (New York: Appleton-Century-Crofts, 1936), pp. 113-114.

[70]Gross, Mason, and McEachern, pp. 11-13.

[71]Ibid., pp. 13-14.

The third category refers to role as "the behavior of actors occupying social positions." In this case, role refers not to a normative pattern for what an actor should do, not to the actor's orientation to the situation, but to what the incumbents of a position actually do."[72]

Talcott Parsons' investigation of role correlates with the second classification. In this action frame of reference for the analysis of social systems, the concept of role is pivotal, for role is the unit element of the social system.

Within the action frame of reference, Parsons defines action as behavior which is oriented toward the attainment of ends, goals or anticipated states of affairs. This behavior takes place in situations and is normatively regulated. It involves the expenditure of energy or effort.[73]

> The role is defined as a sector of the total orientation system of an individual actor which is organized about expectations in relation to a particular interaction context, that is integrated with a particular set of value - standards which govern interaction with one or more alters in the appropriate complementary roles.[74]

---

[72] Ibid., pp. 14-16.

[73] Talcott Parsons, Edward A. Shils, and James Olds, "Values, Motives, and Systems of Action," Toward a General Theory of Action, eds. Talcott Parsons and Edward A. Shils (Cambridge: Harvard University Press, 1951), p. 53.

[74] Talcott Parsons, The Social System (Glencoe: The Free Press, 1951), pp. 38-39.

Parsons, then, considers role a mode of organization of an actor's orientation to a situation, or, as Gross and his associates indicate, "a set of expectations applied to an incumbent of a position."[75]

Additional terms and concepts applicable to role analysis are many. Thomas and Biddle, in considering the current status of the language of role analysis, find two basic difficulties and a third deriving from them:

(1) There is a lack of denotative clarity, partially due to the fact that the terms employed in role analysis have popular as well as technical meanings. Often the two are not the same. Frequently terms are applicable to more than one concept and even in the case of technical meanings are sometimes inexact.[76]

(2) The language of role analysis, although rich, is incomplete. Certain phenomena which belong logically to role theory have not been identified nor conceptualized. Much of the current research focuses on the solution of this problem.[77]

---

[75]Gross, Mason, and McEachern, p. 67.

[76]Thomas and Biddle, "The Nature and History of Role Theory," pp. 9-13. Gross, Mason and McEachern also bring this out clearly, indicating that "what Linton and Newcomb define as role, Davis defines as status. What Davis defines as role, Newcomb calls role behavior and Sarbin role enactment." See Gross, Mason, and McEachern, p. 17.

[77]Thomas and Biddle, "The Nature and History of Role Theory," pp. 13-14.

(3) There is no grand "theory of role" although, partially due to the superabundance of terms, the field of role has been called such.[78]

In the light of these difficulties, and in an effort to investigate further one focus of role analysis, the Parsonian definition of role will be used.[79] Role conception, one of the variables in the present study derives from Parsons' consideration of role; by role conception is meant the expectations and attributes held in regard to the incumbent of a position or status. Position or status is "the location of an actor or class of actors in a system of social relationships."[80] The status referred to in this study is that within the system of social relationships of the academic setting of the nursing department. The role concept referred to is the nurse role.

An incumbent of a status is confronted with expectations of his role by others outside himself. Conflicts arise when expectations differ.

---

[78] Ibid., pp. 13-15.

[79] See above, p. 33.

[80] Gross, Mason, and McEachern, p. 67.

Three bases for differentiating among concepts referred to as role conflict have been used by social scientists.

(1) Definitions of role conflict according to incompatible expectations perceived by the observer may be differentiated from definitions of role conflict according to incompatible expectations perceived by the actor.[81]

(2) Definitions specifying that the actor must occupy two or more social positions simultaneously in order to be exposed to role conflict may be differentiated from those not making this specification.[82]

(3) Definitions specifying that an expectation must be legitimate to involve role conflict may be differentiated from those not so specifying.[83]

Again, the orientation of Parsons is followed in this research. Parsons defines role conflict as "...the exposure of the actor to conflicting sets of legitimized role expectations such that complete fulfillment of both is realistically impossible." Thus it is the incumbent's perception of incompatible expectations.[84]

Therefore, although as Simmons indicated, the ideal types of nurses are not necessarily contradictory, the perception of them

---

[81] Ibid., p. 244. [82] Ibid.

[83] Ibid.

[84] Parsons, Social System, p. 280.

as such by role incumbents could still lead to role conflicts.[85]

In this research, as in that of Gross, Mason, and McEachern, "any situation in which the incumbent of a focal point perceives that he is confronted with incompatible expectations will be called role conflict." As in the Gross and associates' research, the conflict analyzed will be intra-role conflict which means that the incumbent "perceives that others hold different expectations for him as the incumbent of a single position."[86]

The consideration of academic status as a variable goes back to Linton's classic distinction and relationship. If role is so closely related to status, will not those individuals with similar status have similar role conception? Will not those with differing status manifest differing role conception? Will not those who perceive the expectations of more "role alters" (e.g. a highly profession-oriented nurse perceiving more role-others, or a nurse educator with high status and dealing with more "role alters" than the tradition-oriented nurse or the nurse with low status) manifest a higher degree of role conflict? Will not those whose role conception deviates more from the perceived role expectations of the "role alters" experience greater role conflict than those who do not perceive such expectations?

---

[85] See above, p. 28.

[86] Gross, Mason, and McEachern, pp. 248-249.

Empirical Questions and Hypotheses

Within the framework of these theoretical considerations, the social situation of a collegiate nursing department may be considered in terms of several variables: academic status, role conception and role conflict. Academic status is considered important because it is the very basic criterion according to which 1) membership or non-membership in the department is judged, and 2) stratification within the department occurs. Faculty members as faculty members are officially stratified according to academic rank, while grade point average is the official ranking mechanism among students.

Inasmuch as the department is one specializing in nursing, both faculty and students have conceptions of what the nursing role ought to be and, presumably, these conceptions are influenced by the reference groups significant within the social setting of the nursing situation, and designated "role alters" in this study. The role conception of each of these role alters is perceived differentially among the respondents. This differential perception may influence role behavior, may give rise to role conflict, and may in turn influence the variables of academic status and role conception.

Since position in the larger social setting may be an important influence on the three variables - academic status, role conception, and role conflict - the influence of social class

background was studied throughout.

Considering the above, some empirical questions may be asked and some hypotheses formulated.

Empirical questions.--This research is an exploratory descriptive study of the nursing department of a midwestern-urban Catholic women's liberal arts college. In the research an attempt is made to explore three empirical questions relevant to the nursing students and the nursing faculty in terms of academic status, role conception, and role conflict:

1) Do members of the nursing department with higher academic status more frequently conceive of the nursing role as a profession-oriented one than do members with lower academic status?
   a) Academic status
   b) Role conception
2) Do members of the nursing department with higher academic status experience a greater degree of role conflict than do members with lower academic status?
   a) Academic status
   b) Role conflict
3) Do members of the nursing department who, to a greater degree, conceive of the nursing role as a profession-oriented one experience a greater degree of role conflict than do members who, to a lesser degree, conceive of

their role as a profession-oriented one?

a) Role conception

b) Role conflict

Hypotheses.--The review of the literature, the theoretical considerations, and the empirical questions lend themselves to the following hypotheses:

1) Members of the nursing department with high academic status will tend to a greater degree to conceive of the nursing role as a profession-oriented one than will members with intermediate or low academic status.

2) Members of the nursing department with high academic status will tend to experience a greater degree of role conflict than will members with intermediate or low academic status.

3) Members of the nursing department who to a greater degree conceive of the nurse-role as a profession-oriented one will experience a higher degree of role conflict than will members with an intermediate or low degree of profession orientation.

In Chapter II the scope and method of the research are described. Chapter III contains a description of the setting and the characteristics of the sample. Chapter IV contains the results of the investigation of the relationship between the variables academic status and role conception (first hypothesis), and

academic status and role conflict (second hypothesis). The results of the testing of the relationship between role conception and role conflict (third hypothesis) are related in Chapter V. Chapter VI contains the conclusion of the research.

CHAPTER II

SCOPE AND METHOD OF THE RESEARCH

This chapter presents the research procedures employed in this study. It includes a description of the following: the sample; the techniques for gathering data; the variables involved and the operationalization of terms employed in the study; the statistical analysis of the data used in the study; and the application of the findings.

The Sample

The focus of this study is the department of nursing within a midwestern-urban Catholic woman's liberal arts college. "Nursing department" includes the nursing faculty and the nursing students. Faculty members are those who are listed in the college administration records as members of the nursing faculty and who teach or supervise courses offered by the nursing department. Nursing students are those who are enrolled as full-time senior students in the baccalaureate degree program of nursing offered by the college.

The sample included the nineteen full-time faculty members of the department. This was comprised of all full-time faculty members plus one member currently on leave of absence for study. Although she was not teaching during the current semester, she

was on the faculty and had been in contact with the senior students until the Fall, 1966 session; for this reason it was considered valid to include her. The two part-time faculty were excluded. One faculty member chose not to complete the questionnaire. In carrying out the design of the study, the full-time faculty responses were thus eighteen. Students in the sample included the forty-eight full-time senior nursing students and excluded all freshman, sophomore, and junior students. Selection was based on the assumption that in the professionalization process, the full-time faculty members have greater contact with students than do part-time members; that senior students have had more contact with the faculty than the students at other levels, and, therefore, would be more valid subjects for the study of a process, one of the basic assumptions of which is the internalization of concepts and attitudes by the students through contact with the faculty.

The senior student responses were forty-eight; the response of one student was not included in the analysis and report because she was a transfer student from another college at the beginning of her senior year, two months before the study. This brought the final number of the student population to forty-seven.

The Data Gatherine Techniques

The data used in this research were gathered in several ways.

The instrument.--The chief instrument utilized was an Opinion Inventory (Part A)[1] to measure role conception and role conflict. The Inventory consists of 25 items which measure attitudes and orientation toward nursing. Respondents are requested to rate each item from six different points of view:

The respondent's conception of what the nurse's role ought to be (Scale A); the respondent's conception of what nursing educators believe the nurse's role ought to be (Scale B); the respondent's conception of what physicians believe the nurse's role ought to be (Scale C); the respondent's conception of what head nurses believe the nurse's role ought to be (Scale D); the respondent's conception of what the patients believe the nurse's role ought to be (Scale E); the respondent's conception of what the actual situation in nursing is now (Scale F).

The scales were constructed by Sister Madeleine Clémence Vaillot for use as the research instrument for Commitment to Nursing, a study of two collegiate schools of nursing, ten diploma schools of nursing, and five schools of practical nursing. The original scales consisted of thirty items to be evaluated in

---

[1] See Appendix I.

six ways. Their purpose was to reflect in some way the professional world of the respondent and the respondent's reaction to the professional environment in a manner sufficiently structured to yield data which could be analyzed statistically.

Vaillot was unable to accomplish this[2] through means of Stephenson's Q-technique because the sample to be studied made it materially impossible to obtain enough Q-sorts.[3] The scales developed were easier to standardize than Stephenson's Q-sort, more penetrating than the Q-sort, and similar to an instrument developed by Douglas Spencer to measure internal conflict.[4]

However, it was imperative that the Vaillot scales be tested for validity. After construction, the scales were pre-tested in three 3-year diploma schools of nursing and one school of practical nursing. The following hypotheses were used to ascertain the validity of the instrument.

1. There should be statistically significant differences between the scales, for all groups, in all schools.
2. Teachers should be more profession-oriented than physicians.
3. The world of seniors should be more sharply delineated than that of freshmen: their professional distances should be wider.

---

[2]Vaillot, p. 47. [3]Ibid., p. 48.

[4]Douglas Spencer, Fulcra of Conflict (Yonkers-on-Hudson: Wold Books, 1938), p. 79.

4. Seniors in diploma schools should be more professionalized than freshmen in the same schools.
5. The senior diploma school students should be more professionalized than the senior practical nurses.
6. The [scores of] seniors in diploma schools (for registered nurses) should be nearer [the scores of] their teachers than the senior practical nurses. (In both instances, the teachers are R.N.s)[5]

In addition, the scales were submitted for evaluation for validity of content to a panel of experts consisting of nurse educators and head nurses. As a result of the evaluation and the pre-test it was found that twenty-two of the original thirty items satisfied tests for validity. Three of the items were rewritten to satisfy conditions of validity. Also, the independence of the scales and measures of intelligence and academic ability were established.

The final instrument, referred to as Professionalization Scales in Vaillot's research and Opinion Inventory in the present study, is composed of twenty-five items. There are three possible answers for each item. In the case of all items, the most profession-oriented item is marked 0; the least profession-oriented is marked 2. Responses within each scale are totaled. The lower the score on a scale, the stronger the profession-orientation; the higher the score on a scale, the weaker the profession-orientation.[6]

Regarding question content, Powers divides the scale into

---

[5]Vaillot, p. 54.

[6]Ibid., pp. 55-69.

five parts:

1. Items concerning attitudes of the public, attitudes of hospital personnel, and attitudes of the nurse herself: questions 1, 14, 22, 25.

2. Items concerning the responsibility of the nurse to the nursing profession: questions 2 and 5.

3. Items concerning nursing as a profession: questions 3, 7, 9, 11, 15, 18, 19, 21, 24.

4. Items concerning the nurse's relationship to others: questions 4, 10, 16, 20.

5. Items concerning the education of nurses: questions 6, 8, 12, 13, 17, 23.[7]

The questionnaire.--In addition to the Opinion Inventory, a Questionnaire (Part B)[8] was used to collect basic biographical and sociological information, to examine some attitudes in regard to the nursing profession and nursing education, and to investigate subjective and reputational perceptions of academic status. Two types of questionnaires were utilized - one for nursing students and one for nursing faculty.

---

[7]Powers, Journal of Nursing Education, III, 21.

[8]See Appendices II and III.

The college register and administration records were the source of information used to ascertain academic status, cumulative grade point averages, and grade point averages in nursing courses. The administrative records of the nursing department were also used as sources of information, as were minutes and tape recordings of departmental meetings.

Administration of the Instrument and Questionnaire.--The research instrument and the questionnaire were administered to the 48 senior nursing students and the 19 nursing faculty members in early November, 1966. The final sample included 47 senior students and 18 faculty members.

The Opinion Inventory was administered to the students in a classroom setting on a regular class day, under the supervision of the researcher. On the following day the questionnaire was administered under similar circumstances. Six students, unable to return to the college from their morning clinical areas on the day of the administration of the inventory, completed it the following day before completing the questionnaire. One student completed both inventory and questionnaire in the college infirmary. Another student completed the questionnaire and inventory, but the results were not included in the analysis and report because she had transferred from another college only two months earlier, at the beginning of her senior year.

Members of the faculty completed the Opinion Inventory during the time of the weekly nursing faculty meeting. One faculty member, unable to be present, returned the inventory by mail. Inasmuch as it was difficult to schedule a commonly convenient time for the administration of the questionnaire, faculty members requested that the questionnaire be distributed upon completion of the inventory. The members of the faculty agreed to complete the questionnaires independently, return them to the researcher individually, and not to discuss the content of the questionnaire until all questionnaires had been returned. No faculty meeting was scheduled for the following week so that the pressure of time would be lessened. Ten questionnaires were returned within a week of distribution; eight more in the following month. The remaining questionnaire was returned two months after distribution, but could not be included in the results because of partial completion.

For students, completion of the inventory required from 20 to 60 minutes; for faculty, from 40 to 65 mintues. Students required the same amount of time for completion of the questionnaire. It has been estimated that faculty members used from 60 to 90 minutes to complete the questionnaire.

Arrangements for administration of the inventory and the questionnaire were made through, and with the co-operation of, the acting chairman of the nursing department. However, all respondents were assured of the strictly confidential nature of their responses. Questionnaires were not signed, but were assigned identification numbers so that they could be matched with the Opinion Inventory and the academic status level of respondents. Respondents were assured that they would not be identified by name nor would any other respondent or place be identified. They were also assured that their responses would not be identified to anyone within the nursing department or college. This assurance was given orally, also by means of a cover letter,[9] and, in the case of the faculty, again in a follow-up letter distributed after the questionnaires were completed.

Respondents were thanked for their co-operation orally and in a note.

Variables Involved and Operationalization of Terms Employed in the Study

The key variables involved in this research are academic status, role conception, and role conflict. There are also several other variables, all of which will be described below.

---

[9]See Appendices I and II.

Academic status.--In this study status refers to the position of the individual in the structure of a given social system. The social system is the nursing department of a midwestern-urban Catholic woman's liberal arts college. Status within the department refers to academic status. Faculty members and students are ranked according to separate criteria. In the case of both sets of criteria, use was based on the consideration that they were objective measures of academic status.

The measures for academic status are as follows. For faculty members, academic rank was the primary criterion.[10] Associate professors and assistant professors were ranked as 1 (high academic status). Instructors were ranked as 2 (medium academic status). Laboratory assistants were ranked as 3 (low academic status). Within each of these ranks, a secondary criterion was used: that of salary. This was used merely to rank respondents within the three major academic status categories and was not utilized in the final analyses.

The criteria generally used for faculty status-rank within the college are as follows (the listing sequence not necessarily

---

[10]It is recognized that this is a very different criterion from the one used to measure academic status of students. A more comparable measure would have been academic performance of faculty at the time that they were students. This information, however, was not accessible.

implying order of importance)

(1) performance as a teacher

(2) academic preparation-advanced study

(3) professional activity and achievement in the following areas:

(a) publication of scholarly works or research; leadership or effective participation in institutional activities such as committees, curriculum planning, in-service education, special lectures, faculty studies, faculty-student activities; (b) membership and activities in learned societies; (c) grants, scholarships, prizes, and awards; (d) service to schools at other levels, for example: high schools and grade schools.[11]

(4) length of experience

Table 1 indicates the distribution of faculty in the nursing department according to academic status. The largest proportion (55.6 per cent) are instructors, while those ranking as some type of professor equal in proportion to those ranking as laboratory assistants (22.2 per cent in each category).

TABLE 1.--Academic status of faculty respondents

Academic status	Number	Per cent
(1) High	4	22.2
(2) Medium	10	55.6
(3) Low	4	22.2
Total	18	100.0

[11]"Faculty Handbook", (Rev. ed., 1963; mimeographed), p. 20.

For students, academic status was determined by ranking according to grade point average. It was assumed that grade point average would be a valid criterion because it would reflect both academic achievement and clinical performance, key considerations in the academic status of a nursing student. The cumulative grade point averages for all courses taken prior to September, 1966, the semester during which the research was done, were considered. On a 4.0 system, grade point averages greater than 3.0 were considered high and ranked 1. Grade point averages between 2.5 and 3.0 were considered medium and ranked 2. Grade point averages less than 2.5 were considered low and ranked 3.

Table 2 indicates the distribution of students according to academic status. The largest proportion (48.9 per cent) are classified as having medium academic status, while 23.4 per cent rank high and 27.7 per cent rank low in academic status.

TABLE 2.--Academic status of student respondents

Academic status	Number	Per cent
(1) High	11	23.4
(2) Medium	23	48.9
(3) Low	13	27.7
Total	47	100.0

Analysis was also done according to rank based on grade point average in nursing courses to insure validity of grade point average as an index of academic status.

In addition to objective measures of academic status, described above, subjective and reputational approaches to academic status were investigated by means of selected questions in the questionnaire. It was intended originally that this information be used to check the reliability of the objective measures of status. However, this was impossible for several reasons:

(1) Some respondents refused to answer the question.

(2) Several respondents answered the question but requested that their responses not be used.

Role conception.--Role conception refers to the individual's conception of what the nursing role ought to be. Role conception will be classified as high (1), medium (2), or low (3). "High" refers to the most profession-oriented role concept; "low" refers to the least profession-oriented. On the basis of scores received on Scale A of the Opinion Inventory, those respondents receiving low scores (0-9) were considered high in profession orientation; those receiving medium scores (10-20) were classified as intermediate in profession orientation, those achieving high scores (21-31) were considered low in profession-orientation. This breakdown of scores has been used also in Powers' study of nursing students in sectarian and non-sectarian baccalaureate degree programs.[12]

---

[12]Powers, p. 19.

Role conflict.--Role conflict refers to intra-role, rather than inter-role conflict, the distinction being as follows: Inter-role conflict refers to the tension the individual experiences as a result of different expectations others hold for him as incumbent of two or more positions. Intra-role conflict refers to the situation in which the individual is exposed to conflicting expectations held by various individuals who define his role. The conflict presupposes that the individual is aware of the conflicting expectations of others. This distinction is one made by Gross, Mason and McEachern in Explorations in Role Analysis.[13]

Scores from 100-139 represent a high degree of role conflict; scores from 60-99 represent a medium degree of role conflict; scores from 20-59 represent a low degree of role conflict.

Social class.--One of the additional variables considered is social class. In this research it refers to the position occupied by individuals within the status structure of American society. Along with this concept goes the assumption that social characteristics as well as psychological characteristics will be distributed differentially among the various classes. Hence, the key variables of this research are analyzed according to social class.

---

[13]N. Gross, W. S. Ward, and A. W. McEachern, pp. 248-249.

Hollingshead's Two-Factor Index of Social Position has been used to determine social class. The two factors utilized by Hollingshead are education and occupation. These were chosen for the following reasons:

> Occupation is presumed to reflect the skill individuals possess as they perform the many maintenance functions in the society. Education is believed to reflect not only knowledge, but also cultural tastes. The proper combination of these factors by the use of statistical techniques enable a researcher to determine within approximate limits the social position an individual occupies in the status structure of our society.[14]

On the basis of scale scores for the two factors, Hillingshead breaks the scores into a hierarchy of score groups which yield five social classes: I (scores from 11-17); II (scores from 18-27); III (scores from 28-43); IV (scores from 44-60); V (scores from 61-77).

Student respondents were classified by a weighted index of their father's education and occupation. Faculty respondents were classified not only by a weighted index of their own education and occupation but also according to their fathers' education and occupation as it was believed that social class orientation would be important. Because of the small number of the population, Hollingshead's classes I and II were combined in this study and called Class 1; Hollingshead's class III is called

---

[14] August B. Hollingshead, Two-Factor Index of Social Position, (New Haven, Connecticut: August B. Hollingshead, 1957; mimeographed), p. 2.

Class 2; and Hollingshead's classes IV and V are combined and referred to as Class 3. The small size of the population also contributed to the absence of an analysis of the hypothesized relationship with control for social class. For this reason only the major variables were studied in terms of social class.

Professional participation.--In the consideration in this study of professional participation of the members of the nursing department, an adaptation of Chapin's Social Participation Scale was made. On the basis of response to a question regarding participation in professional nursing organizations (student's question 1, faculty question 6), a score of 1 was given for each membership, a score of 2 for attendance, a score of 3 for financial contribution (other than dues), a score of 4 for committee membership and a score of 5 for offices held. Scores for each respondent were totaled. Scores of 18 or over were considered high.[15] Scores from 10-17 were considered medium. Scores from 0 to 9 were considered low.

Statistical Procedures

All hypotheses were tested by means of the student's "t" statistic. Through an analysis of means, standard errors,

---

[15]Delbert C. Miller, A Handbook of Research Design and Social Measurement (New York: David McKay, 1965), pp. 208-209.

standard deviations and variance, scores were compared to judge significance of differences. Inasmuch as the direction of results had been specified in the hypotheses, one-tailed tests of significance have been performed. The .05 level of significance had been accepted as the basis for rejecting the null hypotheses. Results between the .05 and .10 level of significance were taken to indicate trends.

IBM electronic computers were used in the analysis of means, standard errors, standard deviations, variance and "t" values for role conception scores, role conflict scores and academic status. Numbers and percentages for descriptive data were hand tabulated.

Throughout the study, responses of student and faculty populations are analyzed separately. This provides an inbuilt control for the main divisions of academic status.

Application of Findings

It is not claimed that conclusions drawn from this study apply generally to all nursing programs, all baccalaureate nursing programs, nor even all baccalaureate nursing programs of mid-western-urban Catholic woman's colleges. Strictly speaking, the generalizations drawn from the data may be made only in regard to the population investigated. However, it is believed that the insights will possibly lead to a greater understanding of role conception and role conflict of individuals in baccalaureate programs through further research.

CHAPTER III

THE SETTING AND POPULATION

The Department of Nursing

The history.--The Department of Nursing studied operates within the framework of a midwestern-urban Catholic women's liberal arts college. The college, founded in 1887 and for a long time emphasizing the fine arts and teacher-education, is owned and operated by a congregation of Catholic Sisters. Its full-time student population for September, 1966 was approximately 1,000.

The Nursing Department became a part of the college in 1954. Its beginnings, however, antedate that year.[1]

The origins can be traced to a diploma school of nursing operated in connection with a hospital owned by the same religious congregation as the one now operating the college. The diploma school was founded in 1932. A decision was made to discontinue the diploma school during the early 1950's. At that time the campus of the college was being relocated in new facilities. A new collegiate nursing program was established to replace the discontinued program.

---

[1]The following historical information is from interviews with the Acting Chairman of the Nursing Department, April 22, 1966 and September 10-11, 1966.

When the baccalaureate program began there were five faculty members and seventy-four nursing students. In September, 1966 there were 18 faculty members and 232 students. The breakdown of students per class appears in Table 3 below.

TABLE 3.--Nursing Students, September, 1966[a]

Class	Number
Freshman	48
Sophomore	76
Junior	60
Senior	48
Total	232

[a]Department of Nursing, Self-Evaluation for Reaccreditation by the National League for Nursing, Department of Baccalaureate and Higher Degree Programs, Supplement 2, September 13, 1966. (Mimeographed).

By September, 1966, a Nursing Education building was nearing completion. The structure, constructed with the aid of federal grants, will contain six classrooms, two lecture halls, conference rooms, 29 faculty offices, a reading room, an audio-visual room, an auditorium and several lounges, thus providing facilities for additional students. However, at the time that the present research was done, classes were held in the nursing demonstration-laboratory room and in the other college classrooms.

The Philosophy and Goals.--The philosophy of the Department of Nursing has been developed by the nursing faculty. It is based on the belief that "since the practice of nursing involves a

complex interrelationship with people it requires intellectual excellence, personal effectiveness and professional competence."[2] This belief is based on the principle that adequate personal and professional development are attainable only by means of a liberal education.[3] In this way the nursing education program is integrally connected with the liberal arts program. Personal development, professional responsibility and leadership are emphasized. One of the purposes of the program is preparation for higher education. In addition, the program

> ...aims to develop intellectual competency and moral responsibility. It is structured to provide a broad base of knowledge and understanding for all major areas of learning. It aims to provide a comprehensive knowledge of the health field and to prepare nurses who are eligible to function effectively in solving health problems, who are able to accept professional responsibility and who are able to assume beginning leadership positions in their profession. It is through the attainment of these objectives that the graduate is prepared for continuing education.[4]

Curriculum.--The curriculum is directed toward the achievement of these goals. The student is required to meet all the general requirements of the college as well as the specific requirements of the nursing department. To fulfill this, the nursing student must earn 144 hours of credit in contrast to 128--the

---

[2]Self-Evaluation Report for Reaccreditation by the National League for Nursing, Department of Baccalaureate and Higher Degree Programs, February 26, 1963., p. 7.

[3]Ibid., pp. 7-11.

[4]Ibid., p. 11.

minimum requirement for graduation. Of the 144 hours of credit, seventy-six are earned in the arts and sciences. These courses include study in the areas of communication skills, behaverial sciences, physical and biological sciences.[5] This program requires attendance at two summer sessions.

The efforts to integrate into the nursing curriculum the knowledge and understanding developed in a liberal education have steadily increased. At present there is no specific course set aside for this as there had been formerly in some areas (e.g., "Basic Science Concepts"). Rather, through team teaching, these are integrated by the individual instructors and teams of instructors.[6]

Related Aspects of Nursing Program.--The normal student credit load is 16 to 17 hours of credit. For the nursing student this requires class as well as clinical work after the freshman year. During the freshman year, the program followed is that of

---

[5]Ibid., p. 56. See also Appendix IV.

[6]This is also true of the courses directly related to nursing. In 1966 one full-time instructor was hired for the purpose of integrating mental health concepts. Concepts of dietetics and pharmacology were integrated into other nursing courses with the the former part-time instructors serving as consultants to the other instructors, and/or as lecturers. These consultants also notify the department of related lectures or events within the larger metropolitan area, but of interest to members of the department, both faculty and students.

the basic liberal arts curriculum. Some specialization begins in the sophomore year when one morning is spent each week interviewing and observing patients in a nearby hospital. During the junior and senior years, four mornings per week are spent at health agencies in the city in which the college is located.

In course work and clinical performance, students are expected to manifest leadership. During the junior year, the 1966-67 senior class participated in weekly group dynamic or free discussion periods in order to develop leadership qualities. Students are also expected to prepare for continuing education through independent study and senior research projects.

While the department and college own no hospitals, they operate extended units in several agencies appropriate for the necessary types of clinical experience. These agencies include two general hospitals, two specialized hospitals, two public health agencies, and specialized departments and clinics of other agencies in the area.

Students and faculty are encouraged to participate in and attend cultural and professional events outside the college in the larger metropolitan area.

The normal faculty service load is forty hours per week. This includes twelve to fifteen class hours each week in lower division courses or nine to twelve hours each week in upper division courses. In addition to classroom teaching, faculty

members are expected to prepare for teaching, counsel students, as well as do research, serve on committees, serve as club-moderators, supervise, and participate in activities for the college. Faculty members also spend time supervising students in clinical areas and plan, implement and evaluate curriculum.[7]

In the fulfillment of these responsibilities the faculty member attends weekly departmental meetings, monthly all-college faculty meetings and a semester departmental seminar.

At the August, 1966 seminar, the nursing faculty undertook as its year's study project "the science and practice of nursing." This study was pursued individually through reading and departmentally through discussions and guest lecturers at faculty meetings. The focus of the study began with the investigation of general systems theory of the natural sciences and led to the consideration of the description, explanation and prediction of the life process in man as the object of nursing science.

In September, 1966 the department undertook team teaching. In this way the teams of teachers and consultants (one team each for sophomore, junior, and senior level) plan, instruct and evaluate a group of students with specific course content for a given period.[8]

---

[7] Self-Evaluation Report for Reaccreditation by the National League for Nursing, Department of Baccalaureate and Higher Degree Programs, February 26, 1963., pp. 45 and 52.

[8] Department of Nursing, Minutes of Nursing Faculty Workshop, August 23-26, 1966.

The teams replaced committees which had been set up according to clinical areas. The teams meet monthly, each team identifying its own objectives and plans. In addition to teams, there are subteams which meet weekly, each subteam identifying its objectives and plans within the framework set up by the class level teams.[9]

This team approach means, as the committee approach meant, that although the faculty-student ratio is small, and faculty and student working together come to know each other better, the contact with students outside one's team, or (if a student) with faculty members outside one's team, is reduced. This was one of the reasons given for non-response to inquiries into the reputational approach to departmental status.

In addition to these responsibilities, some of the faculty members participate as professional nurses or nurse educators in activities outside the college setting. Table 4 indicates the intensity and extent of participation of both students and faculty.

---

[9]Department of Nursing, "Faculty News Notes," September 30, 1966.

TABLE 4.--Intensity and extent of participation in professional nursing organizations[a]

Participation	Students		Faculty	
	Number	Per cent	Number	Per cent
Intensity Score				
High (18+)	0	0.0	4	22.2
Medium (10-17)	2	4.3	2	11.1
Low (0-9)	45	95.7	12	66.7
Total	(47)	100.0	(18)	100.0
Extent				
National Organizations				
0	31	66.0	3	16.7
1	14	29.8	4	22.2
2	2	4.2	7	38.9
3	0		2	11.1
7-11	0		2	11.1
Total	(47)	100.0	(18)	100.0
Local Organizations				
0	38	80.9	11	61.1
1	9	19.1	5	27.7
2	0	0.0	1	5.6
3	0	0.0	1	5.6
Total	(47)	100.0	(18)	100.0

[a]For an explanation of the scoring used, see p. 57. Classification is based on responses to question 1 (student questionnaire) and question 6 (faculty questionnaire).

Selected Sociobiological and Sociological Characteristics

In this section an effort will be made to examine selected social characteristics of the respondent universe. For the greater part of this study, characteristics of student and faculty populations will be considered separately.

Student Population

The final student sample included forty-seven senior nursing students.

Sociobiological characteristics[10]

Sex.--All the respondents were female.

Age.--The student population, as would be expected, was young. Eighty-nine and four tenths per cent were between 20 and 24 years, and the remaining 10.6 per cent were between 24 and 29 (Appendix V, Table 1).

Marital Status.--The majority (95.7 per cent) of the senior students were unmarried. Included in this group are the nine respondents who are members of religious congregations. These nine respondents represent 19.1 per cent of the student population studied. Four of the senior students were engaged (Appendix V, Table 2).

---

[10]General organization of the characteristics into subentity categories follows that found in Habenstein and Christ, pp. 122-154.

Race.--The racial composition of the student population was predominantly Caucasian. One respondent indicated she was of "Micronesian" stock. There were no Negroes in the sample.

Sociological characteristics

Geographical origin.--Forty-five (95.8 per cent) of the student respondents were born in continental United States. One was from Guam and one was from Puerto Rico.

The majority (29) claimed Wisconsin as "home state" with Illinois and Indiana ranking second and third in frequency (Appendix V, Table 3).

The largest proportion comes from urban communities, classifiable as large cities in metropolitan areas. However, very similar proportions come from rural farm areas or small towns (Appendix V, Table 4).

Parents' background.--The place of birth of 91.5 per cent of the students' fathers and 93.6 per cent of their mothers was the continental United States. In slightly less than half of the cases (49.0 per cent) paternal grandparents were born in the continental United States. The percentage of maternal grandparents born in the United States was slightly lower - 44.7 per cent. The further breakdown of percentages for this information are found in Appendix V, Tables 5 and 6.

Socioeconomic class background.--On the basis of Hollingshead's Two-Factor Index of Social Position, according to which

the education and occupation of the fathers of student respondents were weighted, the students were classified as belonging to one of five social classes. The greatest number (22 or 46.8 per cent) were categorized as Class IV. For the purpose of this research, Hollingshead's social classes were combined into three classes.[11] When Hollingshead's classes I and II were combined to form class 1 and Hollingshead's classes IV and V were combined to form class 3 (with Hollingshead's II still classified as 2), the majority of respondents (59.6 per cent) were recorded as class 3. Tables 5 and 6 indicate this.

TABLE 5.--Social class background of student respondents according to Hollingshead

Class	Number	Per cent
I	2	4.3
II	4	8.5
III	13	27.6
IV	22	46.8
V	6	12.8
Total	47	100.0

[11]See above, p. 56.

TABLE 6.--Social class background of student respondents according to modification of Hollingshead

Social Class	Number	Per cent
1	6	12.8
2	13	27.6
3	28	59.6
Total	47	100.0

Occupation and education of parents.--The greatest number of occupations of respondents' fathers were classified as "business manager - lesser professionals" or "clerical workers - technicians." In the case of mothers' occupation, that of "housewife" predominated, with the "clerical - technician" category second.

In the consideration of education, the largest single classification for both fathers and mothers was high school education. Forty-two per cent of the students' fathers and mothers terminated their formal education upon completion of a four-year high school program. As could be expected from the social class composition of the population which is a function of formal educational background, the percentage of respondents' fathers with graduate professional training was only 2.1 per cent (one case). Relatively few (12.8 per cent for fathers; 4.3 per cent for mothers) of the respondents' parents received a

standard university education. However, a greater proportion (27.6 per cent) of the mothers (as compared with 6.4 per cent of the fathers) received a partial college education. Tables 7 and 8 in Appendix V indicate these findings.

Religious affiliation.--The religious affiliation of the group was predominantly (97.9 per cent) Catholic. Eighty-nine and four tenths per cent of the respondents' fathers and 93.6 per cent of the respondents' mothers were also Catholic (Appendix V, Table 9).

Size of family and sibling position.--Most of the senior students come from families with four or more children. While only three were the only child in the family, 33 (70.2 per cent) were oldest or second oldest among their siblings, and 27 (57.5 per cent) were oldest among the siblings of the same sex. This tends to support the contention of Habenstein and Christ that girls in the position of first born female child as well as first female child have a tendency to enter occupations such as nursing which allow for the assumption of "mother-surrogative" roles[12] (Tables 10, 11, and 12 in Appendix V).

---

[12]Habenstein and Christ, p. 135.

Faculty Population

The final faculty sample included eighteen nurse educators.

Sociobiological characteristics

Sex.--All the faculty respondents were female.

Age.--Sixty-three per cent of the faculty members were contained in the age-range 30 to 49, with 27.8 per cent younger and 11.2 per cent older. The mean age was 36.4. Age groupings in five year intervals are shown in Table 13, Appendix V.

Marital Status.--The majority (88.8 per cent) of the faculty respondents were unmarried. However, included in this group are twelve members of a religious congregation, eleven of whom are members of the congregation operating the college and department. These twelve respondents represent 66.6 per cent of the faculty population studied (see Appendix V, Table 14).

Race.--The racial composition of the faculty population was entirely Caucasian.

Sociological characteristics

Geographical origin.--All faculty respondents were born in the continental United States.

In contrast to the student population, a greater proportion of faculty members claimed Illinois as "home state" than Wisconsin. However, most of those from Illinois had lived in Wisconsin for the five years previous to the study. A frequency ranking

of the home states is in Appendix V, Table 15.

The largest proportion of faculty members come from urban communities. Of these, 38.8 per cent come from small cities (10,000-500,000) with 27.8 per cent from large cities in metropolitan areas (Appendix V, Table 16).

Parents' background.--The place of birth of 88.9 per cent of both fathers and mothers of faculty respondents was the continental United States. One-third of both maternal and paternal grandparents were born in the continental United States. In a higher proportion of cases (44.4 per cent of maternal grandparents, and 38.9 per cent of paternal grandparents), the respondents' grandparents were born outside the continental United States. The further breakdown of percentages for this information are found in Tables 17 and 18, Appendix V.

Socioeconomic class background.--In the weighting of the education and occupation factors according to the Hollingshead index, all faculty respondents were classified as class I. However, the social class of the parents of faculty members varied. As with the student respondents, the greatest number (9, or 50 per cent) were categorized as class IV. In the modification of the Hollingshead index, the majority of the parents of faculty members (72.2 per cent) were recorded as class 3. Tables 7 and 8 indicate this.

TABLE 7.--Social class of parents of faculty respondents according to Hollingshead

Class	Number	Per cent
I	2	11.1
II	1	5.6
III	2	11.1
IV	9	50.0
V	4	22.2
Total	18	100.0

TABLE 8.--Social class background of parents of faculty respondents according to modification of Hollingshead

Social Class	Number	Per cent
1	3	16.7
2	2	11.1
3	13	72.2
Total	18	100.0

Occupation and education of parents.--The greatest number of occupations of respondents' fathers were classified "skilled manual employees" or "administrator - semi-professionals." As in the case of the student population the category "housewife" predominated as mothers' occupation, with the "clerical-technician" category second.

In the consideration of education, the largest single classification for both fathers and mothers was junior high school. Forty-four per cent of the faculty members' fathers and 50 per cent of their mothers terminated their formal education after seven to nine years of school attendance. As in the case of the parents of student respondents, relatively few of the parents of faculty members received college educations.

Tables 19 and 20 in Appendix V indicate the occupation and education of the parents of the respondents.

Religious affiliation.--The religious affiliation of the group was predominantly (94.4 per cent) Catholic. As seen in Table 21 of Appendix V, 88.8 per cent of the respondents' fathers and 94.4 per cent of the respondents' mothers were also Catholic.

Size of family and sibling position.--Most of the faculty members came from families with four or more children. Sixty-five per cent were oldest or second oldest among their siblings, and 50 per cent were oldest among siblings of the same sex. As in the case of the students, although not to the same degree, this tends to support the Habenstein and Christ mother-surrogative role statement.[13] (Tables 22 to 24 in Appendix V).

---

[13]See above, p. 71.

Professional education.--Table 9 indicates that two-thirds of the faculty had from one to five years of nursing experience prior to joining the college faculty. The actual years of experience ranged from two years to thirty-five years. This table represents years in nursing service only. If the respondent acted as a nursing instructor while engaged in nursing service part-time, the year was classified as "nursing education experience." This experience is indicated in Table 10.

The range of years of experience in nursing education was smaller (0-16) than that in nursing service. Although the 1-5 year interval was again most common, 6-10 years experience was almost equally so. This placed many faculty members in a position of having had longer experience in nursing education than in nursing service, a factor which might influence them to be more aware of the professionalization of nursing and its requirements.

The highest degree attained by any of the respondents was that of the master's degree, although one member of the department, not included in the study, was at the time on leave of absence nearing attainment of a doctorate. This individual was titular chairman of the department and influenced the orientation of the department and its curriculum, although the degree of her influence was not ascertained in this study.

In addition to the degree earned (as indicated in Table 11) there has been extensive study done by members of the department through academic course work.

TABLE 9.--Faculty respondents by years of nursing experience prior to joining college faculty

Years of experience	Number	Per cent
1 - 5	12	66.7
6 - 10	2	11.1
11 - 15	2	11.1
Over 15	2	11.1
Total	18	100.0

TABLE 10.--Faculty respondents by years of nursing education experience prior to joining college faculty

Years of experience	Number	Per cent
0	3	16.7
1 - 5	7	38.9
6 - 10	6	33.4
11 - 15	1	5.5
Over 15	1	5.5
Total	18	100.0

TABLE 11.--Amount of education of nursing faculty

Type of Degree	Number	Per cent
B.A. or B.S.	4	22.2
M.A. or M.S.	12	66.7
Candidate for M.S.	2	11.1
Total	18	100.0

Professional specialization.--The most common primary area of nursing specialization in both nursing and nursing education was that of medical-surgical nursing. Although both Tables 12 and 13 give the appearance of a very high correspondence between nursing preparation or experience and nursing education specialties, it was found that in eleven cases, the respondent taught in the area for which she had formally specialized and in seven, she taught in some other area. This does not indicate a lack of preparation for teaching in the area because continuous preparation was done through other means, such as course work, attendance at and participation in workshops, seminars, etc.

TABLE 12.--Faculty respondents, by primary field of specialization in nursing

Specialization	Number	Per cent
None	2	11.1
Maternal-child health	4	22.2
Medical-Surgical	6	33.3
Psychiatric	3	16.7
Public Health	3	16.7
Administration; integration of all fields	0	..
Total	18	100.0

TABLE 13.--Faculty respondents by teaching speciality

Teaching specialty	Number	Per cent
None	1	5.6
Maternal-child health	4	22.2
Medical-Surgical	6	33.3
Psychiatric	2	11.1
Public Health	3	16.7
Administration; integration of all fields	2	11.1
Total	18	100.0

Selected Characteristics and Attitudes Related to Nursing

In view of the history, philosophy, goals and curriculum of the nursing department as well as the above characteristics of the respondent universe, this section of the study is an attempt to examine selected characteristics and attitudes more directly related to nursing and nursing education, as expressed by members of the department.

To facilitate comparisons of these characteristics and to give insight into the nursing department as a functioning system, student and faculty will be considered together.

Some general professional characteristics.--The extent and intensity of both students and faculty participation in professional nursing organizations have been considered earlier in the

chapter.[14] Table 14 indicates that most students and faculty members read the American Journal of Nursing regularly. Most of the faculty members and half of the senior students read from one to four additional professional magazines regularly (i.e., as often as published). This characteristic may be regarded as one aspect of high profession-orientation.

TABLE 14.--Responses concerning regular reading of professional nursing periodicals or magazines

Item	Student		Faculty	
	Number	Per cent	Number	Per cent
American Journal of Nursing (AJN) only	22	46.8	1	5.6
AJN and one other magazine	17	36.2	11	61.1
AJN and 2 to 4 others	7	14.9	4	22.2
AJN and 5 or more others	0	..	2	11.1
None	1	2.1		
Total	47	100.0	18	100.0

[14]See above, p. 65.

The emphasis on participation in certain social, cultural and other activities, (considered important in professional education), has been implied in the statements of leaders in nursing emphasizing the baccalaureate program. The stated purposes of the nursing department and the liberal arts college of which it is a part also indicate that such activities are relevant to the education of a nursing student. Considering the academic requirements for both students and faculty, respondents were asked if they had to forego or curtail such activities while in nursing school [for students] or while in the position of nurse educators [for faculty]. At least half the faculty members found it necessary as educators to forego or curtail social activities, reading of non-nursing or non-medical materials, family life,[15] and non-required educational activities. Students felt such curtailment necessary in the reading of non-medical materials and non-required educational activities. In most responses of the students to these questions, the response patterns were close to 50 per cent for both alternatives (Appendix V, Table 25).

---

[15]Some of the members of religious communities, when checking "yes" indicated it was felt that participation in the life of the religious congregation, rather than family life was curtailed. Rewording the question for such an alternative might have altered the response pattern.

Professional education and career plans of student respondents.--Outside of the attendance at summer sessions at other colleges, 80.9 per cent of the students had attended college only at the college of this study. Thirty-seven indicated that if they could start their professional training over again they would still choose nursing. All thirty-seven (78.7 per cent of student respondents) indicated they would choose a collegiate school.

As indicated in Table 15, one-third of the student respondents intend to supplement their basic education through pursuit of a master's degree. Both reasons given for doing so indicate a high degree of profession-orientation.

TABLE 15.--Student respondents' intentions to supplement basic education through pursuit of master's degree

Intention and reason	Number	Per cent
Yes	16	34.0
To specialize or teach in a nursing school	(12)	(25.5)
To acquire a liberal education in addition to professional preparation	(4)	(8.5)
No	11	23.4
Unnecessary for what respondent wishes to do in nursing	(7)	(14.8)
Intend to marry soon after graduation	(2)	(4.3)
Must fulfill other obligations first	(2)	(4.3)
Don't know	20	42.6
Total	47	100.0

In response to a question regarding career plans ten years from now, over one-half of the students indicated they intended to be involved in nursing. While this question alone does not indicate either tradition or profession-orientation, the 78.7 per cent of the students listing the pursuit of a liberal education in addition to professional preparation, and 85.1 per cent of the student respondents who express the intention of joining the American Nurses' Association manifest a profession-oriented attitude (Table 16).

TABLE 16.--Student respondents, by career plans for ten years from now

Plan	Number	Per cent
Full-time nursing career	16	34.0
Be married and raise a family	3	6.4
Have part-time nursing position compatible with home responsibilities	16	34.0
Don't know	12	25.6
Total	47	100.0

Faculty respondents were asked to indicate reasons they thought these students chose nursing as well as reasons students remain in the program described in the study. Most faculty members indicated several reasons. "Idealism" or the desire to serve was listed most frequently with "job security" or "useful knowledge" second, as reasons for initial choice. The

expression of reasons often listed as "tradition-oriented", or "utility-oriented" as motivations for individual expressing other "profession-oriented" attitudes indicates that Simmon's contention that these values are not incompatible may be valid.[16] Table 17 shows the frequencies at which several items were listed.

TABLE 17.--Frequency distribution selected items indicated by faculty members as reasons students in this college chose nursing

Item	Frequency[a]
Idealism; desire to serve	12
Future value of nursing-for job security or useful knowledge	8
Self-fulfillment	5
Professional prestige	5
Influence of family	4
Desire to work with people	3
Interest in health professions	3
Other	2

[a]Two faculty members did not respond.

The reason most frequently given for continuation in the program, i.e., satisfaction with the program, may indicate continued compatibility of the program with students' continuing or evolving image of the nurse (Table 18).

[16]See above, pp. 28-29.

TABLE 18.--Frequency distribution for selected items mentioned by faculty as motivations of students to remain in nursing program in college being studied

Item	Frequency
Satisfaction with program-academic, curriculum, clinical practice level of instruction	16
Group cohesion (among students)	6
Less expensive to attend this college	5
Determination to be a nurse	4
Personal growth	4
Faculty-student relationships	3
Cultural opportunities	3
Desire to attend Catholic college	2
Loss of credits in transfer	2

Faculty respondents: attitudes toward nursing education and the nursing department.--Seventy-two per cent of the faculty members were satisfied with the basic nursing education they received. Three respondents originally educated in diploma schools indicated they would have preferred a collegiate program. One who first graduated from a diploma school and then a collegiate program indicated that both have been valuable for understanding current trends in nursing and among nurses, nursing students and nursing educators.

Seventy-two per cent of the present faculty intend to have a full-time nursing education position in five years from now. The majority of the faculty members indicated that they feel committed to nursing and nursing education. All but one indicated that they would choose nursing if they were to begin their professional education over again. Sixteen (88.6 per cent) said they would choose nursing education, although one respondent indicated that she would have preferred to become involved in it after obtaining more experience in nursing service, and another indicated she would prefer some aspect of nursing education other than the collegiate program, e.g., inservice education.

When questioned about their decision to teach in the college in which presently employed, the reasons most frequently listed as major were the reputation and potential of the department, with dedication to teaching second. The relative frequency of "appointment" as a reason is probably due to the high percentage of faculty members who are also members of religious congregations. Table 19 indicates the major reasons listed and their frequencies.

TABLE 19.--Frequency distribution of items indicated by faculty as major reasons for teaching in the college

Reason	Frequency[a]
Reputation and potential of department	10
Like teaching; personal satisfaction from teaching	9
Appointment	8
College - reputation of; loyalty to; advantages of teaching in a college situation	8
Academic freedom (enabling creative contribution)	4
Other	3

[a]One faculty member did not respond.

In regard to curriculum emphases in nursing education, the general philosophy of the department was reflected by the faculty respondents. As indicated in Table 20, a firm grounding in the natural and behavioral sciences as well as an understanding of man as a total person were indicated most frequently as ideal emphases. Only half the faculty members, however, believed these aspects were in fact emphasized in the department. One member felt they were not emphasized; eight (44.4 per cent) were uncertain. In all cases of expressed uncertainty, the respondents indicated the emphasis could be stronger and more unified.

TABLE 20.--Frequency distribution for selection of items by faculty members as ideal emphases in nursing education curriculum

Item	Frequency
Firm grounding in sciences-natural and behavioral	13
Understanding of man as total person (an existential philosophical basis)	8
Liberal arts education including humanities	3
Professional judgment; scientific thinking	3
Basic nursing skills	3
Interpersonal relationships	3
Special area of nursing mentioned	1
Other	4

This expression of a need for unity was found again in the response to the question regarding the unmet needs of the department. The need for unity of objectives and philosophy was most frequently indicated. The need indicated with the next frequency was curriculum revision, then group cohesion and a working relationship. Frequency distributions of the needs indicated may be found in Table 21.

TABLE 21.--Frequency distribution for selection of items by faculty members as unmet needs of the department

Need	Frequency
Unity of objectives and philosophy	9
Curriculum revision	7
Group cohesion; working relationship	6
Qualified faculty	5
Better communication	5
Adequate time for preparation-for courses, classes, and sabbaticals	4
Effective teaching methods, especially team teaching and evaluation of students	3
Acceptance as full-fledged department in college	1
No answer	1

Some of these expressed needs are partially explainable as follows: One-third of the faculty members were new to the department, having begun working in it only a few months prior to the study. In addition to ordinary adjustments of new members to the old and old to new were the adjustments necessary for team teaching.

Also, curriculum revision as an on-going process within nursing education and within the department demands continuous examination of philosophy and goals. Members of the department, participating in many types of professional and academic experiences could be expected, by reason of variety of experience, to represent differing points of view. Responses to a question

regarding the existence of sufficient and satisfactory communication between and among members of the department indicated that only 16.7 per cent found the communication sufficient and satisfactory. Eight members did not believe there was such communication and 38.9 per cent were uncertain, feeling that although communication was adequate in small teams, it was not so in the department as a whole.

Finally, the recency and dearth of attempts to develop a "science of nursing" would render difficult attempts to develop a philosophy and a curriculum based on it.

The "ideal job."--In an effort to gain insights into certain attitudes toward the profession, respondents were asked to indicate the importance of certain factors in an ideal job. Percentages for responses appear in Tables 22a and 22b. In general, the response pattern indicated several tendencies.

Most of the respondents considered warm relationships with the patient important, although student respondents considered them more important than did faculty respondents. All considered a chance to help people important, but being looked upon as a counselor by patients was not of great concern for many.

Most placed high value on having an opportunity for independent action and the use of a high level of abilities and skills with the faculty placing greater emphasis on these characteristics than the students. At the same time, however, both students and faculty placed considerable emphasis on having no serious consequences resulting from mistakes and being able to rely on the aid of other experienced persons. All valued the chance to increase their understanding of basic nursing.

In the case of both students and faculty, half were very concerned with being certain of the results of nursing actions and half were not.

Few considered having a job which is not exceedingly demanding physically, having convenient working hours, or having prestige among nursing colleagues, of great importance.

TABLE 22a.--Per cent distribution of students' responses concerning the characteristics of an ideal job

Item	Per cent considering it						
	Indispensable	Very Important	Fairly Important	Not very Important	No Answer	Total	N
(1) Developing warm relationships with patients.....	40.4	40.4	14.9	..	4.3	100.0	47
(2) Having a job which is not exceedingly demanding physically.....	..	12.8	48.9	34.0	4.3	100.0	47
(3) Having the greatest scope possible for independent action	29.8	48.9	14.9	2.1	4.3	100.0	47
(4) Engaging in a wide range of activities	6.4	34.0	42.6	10.6	6.4	100.0	47
(5) Being virtually certain that my specific nursing actions will lead to the desired results.....	12.7	38.3	38.3	6.4	4.3	100.0	47
(6) Having prestige among my colleagues in the nursing profession.....	..	19.1	59.6	17.0	4.3	100.0	47
(7) Having convenient working hours...	..	23.4	55.3	17.0	4.3	100.0	47
(8) Having to use a very high level of abilities and skill	6.4	51.0	34.0	4.3	4.3	100.0	47
(9) Having the chance to help people..	42.5	46.8	6.4	..	4.3	100.0	47
(10) Having the chance to increase continually my understanding of basic nursing.....	57.4	31.9	6.4	..	4.3	100.0	47
(11) Having no serious consequences resulting from mistakes.....	6.4	53.2	19.1	17.0	4.3	100.0	47
(12) Being able to rely on the aid of other experienced persons	14.9	55.3	23.4	2.1	4.3	100.0	47
(13) Being looked up to as a counselor by patients.....	4.3	14.9	53.1	23.4	4.3	100.0	47

TABLE 22b.--Per cent distribution of faculty members' responses concerning characteristics of an ideal job

Item	Per cent considering it					
	Indispensable	Very Important	Fairly Important	Not very Important	Totals	N
(1) Developing warm relationships with patients.....	11.1	44.4	38.9	5.6	100.0	18
(2) Having a job which is not exceedingly demanding physically.....	..	11.1	38.9	50.0	100.0	18
(3) Having the greatest scope possible for independent action.....	55.6	33.3	11.1	..	100.0	18
(4) Engaging in a wide range of activities..	5.6	27.8	38.8	27.8	100.0	18
(5) Being virtually certain that my specific nursing actions will lead to the desired results.....	5.6	44.4	44.4	5.6	100.0	18
(6) Having prestige among my colleagues in the nursing profession..	..	38.9	44.4	16.7	100.0	18
(7) Having convenient working hours.....	..	16.7	50.0	33.3	100.0	18
(8) Having to use a very high level of abilities and skills.....	5.6	77.7	16.7	..	100.0	18
(9) Having the chance to help people	50.0	50.0	..	..	100.0	18
(10) Having the chance to increase continually my understanding of basic nursing.....	50.0	44.4	5.6	..	100.0	18
(11) Having no serious consequences resulting from mistakes.....	38.9	16.6	5.6	38.9	100.0	18
(12) Being able to rely on the aid of other experienced persons...	27.8	27.8	27.8	16.6	100.0	18
(13) Being looked up to as a counselor by my patients.....	5.6	16.6	38.9	38.9	100.0	18

The "effective nurse" image.--Several questions sought to discover the respondents' image of the effective nurse. Response patterns, as seen in Tables 23a and 23b, indicate the following:

Most of the respondents placed more importance on why patients feel and act as they do than on getting them to do what is good for them. Also, most believed that this involved getting beneath the literal meaning of the patients' word.

Both student and faculty respondents considered the patient's needs as superseding the nurse's needs, student respondents tended to express more idealism in "unlimited giving."

Most respondents emphasized the importance of the ability of all nurses to formulate principles.

Both faculty members and students expressed the desirability of nurses to feel so competent that they are free to criticize constructively both colleagues and other people.

When requested to choose three characteristics of the effective nurse, the abilities chosen most often by nursing students were (1) understanding one's own emotional defenses, (2) being able to treat each patient as an individual, (3) being able to help patients deal with their anxieties about their illnesses, and (4) being able to understand why patient behaves as he does. All of these characteristics would be considered important derivations of both Kaufmann's and Rogers' theoretical

bases for nursing science.[17]

Most students considered being liked by doctors and being liked by other nurses as least important characteristics of an effective nurse, with being liked by patients and being efficient in nursing techniques listed with third and fourth frequency.

A wider variation of choice patterns appeared when students were asked to indicate characteristics most nursing students considered most important. Twenty-nine (the highest frequency) chose efficiency in nursing techniques, followed by such characteristics as being able to treat each patient as an individual and understanding one's own emotional defenses. The latter two characteristics were also chosen frequently by the students when asked about their choice of effective characteristics. However, only four students had chosen efficiency in techniques as important to them personally.

Students felt most faculty members would also choose the ability to treat each patient as an individual as important, as well as understanding one's own emotional defenses, but would consider being liked by other nurses and doctors as least important.

When faculty members were questioned regarding most important characteristics of an effective nurse, over half chose the item

---

[17] See footnote 18, p. 9.

indicated by the students: (1) the ability to treat each patient as an individual, (2) being able to understand why the patient behaves as he does and (3) being able to help patients deal with their anxieties about their illnesses. However, less than half chose the item students indicated most frequently, namely, understanding one's own emotional defenses.

Faculty members considered least important the same items students did.

Faculty members concurred with student respondents on the item most frequently chosen as that which most nursing students (including those not in the sample) considered most important: efficiency in nursing techniques.

Faculty respondents indicated that they thought most nursing educators considered most important the same characteristics which they had chosen with the exception of the choice of efficiency in nursing techniques. Although no faculty respondent had considered this characteristic most important, one-half of them believed most nursing educators did.

Tables 24 and 25 indicate the frequencies with which items were chosen.

TABLE 23a.--Per cent distribution of students' responses to selected statements concerning nursing

Item	Per cent indicating statement applies or is true					
	Always	Usually	Some times	Never	Total	N
(1) It is more important for nurses to get patients to do what is good for them than to try to understand why they feel and act the way they do	..	4.3	36.1	59.6	100.0	47
(2) It is important for nurses to place patients' needs above their own	32.0	59.5	8.5	..	100.0	47
(3) It is important that nurses accept no limit to what they will give of themselves in behalf of patients	8.5	63.8	17.0	10.6	100.0	47
(4) Nurses can understand patients as persons once it is known if they are intelligent or unintelligent, cooperative or uncooperative	2.1	8.5	32.0	57.4	100.0	47
(5) The ability to formulate principles is important in nursing only for those who are in teaching positions .	2.1	4.3	..	93.6	100.0	47
(6) It is desirable for nurses to feel so competent they are free to criticize constructively colleagues and other people	23.4	34.0	32.0	10.6	100.0	47
(7) It is natural for nurses to feel painfully frustrated because they cannot move faster in helping people	4.3	29.8	55.3	10.6	100.0	47
(8) It is important for nurses to look beneath the surface and beyond the literal meanings of patients' words	46.8	36.2	17.0	..	100.0	47
(9) It is essential for nurses to feel free to take issue, to disagree, and to stand by their point of view when their professional convictions differ from those of others	59.6	29.8	10.6	..	100.0	47

TABLE 23b.--Per cent distribution of faculty responses to selected statements concerning nursing

Item	Per cent indicating statement applies or is true					
	Always	Usually	Some times	Never	Total	N
(1) It is more important for nurses to get patients to do what is good for them than to try to understand why they feel and act the way they do	11.1	..	27.8	61.1	100.0	18
(2) It is important for nurses to place patients' needs above their own	27.8	61.1	5.55	5.55	100.0	18
(3) It is important that nurses accept no limit to what they will give of themselves in behalf of patients	5.6	38.9	33.3	22.2	100.0	18
(4) Nurses can understand patients as persons once it is known if they are intelligent or unintelligent, cooperative or uncooperative	5.6	..	55.6	38.8	100.0	18
(5) The ability to formulate principles is important in nursing only for those who are in teaching positions	..	..	5.6	94.4	100.0	18
(6) It is desirable for nurses to feel so competent that they are free to criticize constructively colleagues and other people	44.4	22.2	27.8	5.6	100.0	18
(7) It is natural for nurses to feel painfully frustrated because they cannot move faster in helping people ..	..	33.3	66.6	..	100.0	18
(8) It is important for nurses to look beneath the surface and beyond the literal meanings of patients' words	50.0	33.3	16.7	..	100.0	18
(9) It is essential for nurses to feel free to take issue, to disagree, and to stand by their point of view when their professional convictions differ from those of others.....	72.2	22.2	5.6	..	100.0	18

TABLE 24.— Per cent of respondents who considered selected items the three most important characteristics of an effective nurse

Most Important Characteristic	Per cent[a]					
	Student Respondents Think	Faculty Respondents Think	Student Respondents think most nursing students think	Faculty Respondents think most nursing students think	Student Respondents think most nursing educators think	Faculty Respondents think most nursing educators think
(1) Safeguard other people's emotional defenses	4.3	11.1	2.1	..	4.3	5.6
(2) Understanding your own emotional defenses	68.0	44.4	36.1	5.6	51.0	27.8
(3) Differentiating your problems from those of the patient	17.0	16.6	14.9	..	21.3	27.8
(4) Being sensitive to patients' feelings	14.9	33.3	21.3	22.2	12.8	27.8
(5) Being efficient in nursing techniques	8.5	..	61.7	77.7	31.9	50.0
(6) Being able to help patients deal with their anxieties about their illness	46.8	55.5	29.8	33.3	31.9	44.4
(7) Being able to understand why the patient behaves the way he does	44.7	61.1	27.7	11.1	44.7	38.9
(8) Being able to treat each patient as an individual	59.6	77.7	44.7	33.3	55.3	66.7
(9) Being able to get along with other nurses	12.7	..	10.6	..	4.3	..
(10) Being liked by patients	..	..	4.3	55.5	..	..
(11) Being liked by other nurses	..	..	2.1	11.1	4.3	..
(12) Being liked by doctors	..	..	2.1	11.1	..	..
(13) Working well with doctors	4.3	..	19.1	..	10.6	..
(14) Being able to use your time efficiently	19.1	..	23.4	22.2	27.7	11.1

[a]Each respondent could choose three items. For this reason totals of percentages do not equal 100. Student percentages are based on 47; faculty percentages are based on 18.

TABLE 25.--Per cent of respondents who considered selected items the three least important characteristics of an effective nurse

Least Important Characteristic	Per cent[a] Student Respondents think	Faculty Respondents think	Student Respondents think most nursing students think	Faculty Respondents think most nursing students think	Student Respondents think most nursing educators think	Faculty Respondents think most nursing educators think
(1) Safeguard other people's emotional defenses	4.3	..	19.1	50.0	10.6	22.2
(2) Understanding your own emotional defenses	..	..	25.5	50.0	4.3	16.6
(3) Differentiating your problems from those of the patient	4.3	..	27.7	33.3	10.6	11.1
(4) Being sensitive to patients' feelings	..	..	4.3	..	..	..
(5) Being efficient in nursing techniques	27.7	33.3	10.6	5.6	21.3	27.8
(6) Being able to help patients deal with their anxieties about their illness	..	..	2.1	..	..	..
(7) Being able to understand why the patient behaves the way he does	4.3	..	17.0	..	4.3	11.1
(8) Being able to treat each patient as an individual	..	..	4.3	..	2.1	..
(9) Being able to get along with other nurses	10.6	5.6	19.1	16.6	4.3	16.6
(10) Being liked by patients	44.7	44.4	31.9	5.6	46.8	22.2
(11) Being liked by other nurses	39.0	88.8	65.9	33.3	91.5	72.2
(12) Being liked by doctors	46.0	100.0	65.9	50.0	91.5	66.6
(13) Working well with doctors	82.9	16.6	8.5	22.2	8.5	5.6
(14) Being able to use your time efficiently	8.5	16.6	8.5	22.2	4.3	5.6

[a]Each respondent could choose three items. For this reason totals of per cent will not be equal to 100. Student percentages are based on 47; faculty percentages are based on 18.

Attitudes toward socialized medicine and nurses striking for higher salaries.--It was found (Table 26) that 48.9 per cent of the student respondents and 55.6 per cent of the faculty respondents opposed socialized medicine. The most frequently cited reason for opposition was that it would hinder free enterprise and personal freedom. The most frequently cited reason for approval was that more people could be cared for.

When questioned concerning attitude toward nurses striking for higher salaries, 55.3 per cent of the student respondents and 44.5 per cent of the faculty respondents were opposed. Most of the respondents opposing such a method indicated that they felt other means were sufficient (Table 27). In all cases, those respondents favoring such action would do so only as a last resort with care of patients assured.

TABLE 26.--Respondents, according to attitudes toward socialized medicine

Attitude and Explanation of Qualification	Students				Faculty			
	Number		Per cent		Number		Per cent	
In favor of	18		38.3		5		27.7	
No qualification given		(3)		(6.4)				
More people could be cared for		(10)		(21.2)		(5)		(27.7)
Would curb "big business" in medicine		(2)		(4.3)				
If modified or controlled program		(3)		(6.4)				
Opposed to	23		48.9		10		55.6	
No qualification given		(1)		(2.1)				
But no strong conviction		(2)		(4.3)		(1)		(5.6)
Would hinder growth of medical profession, research or specialization		(1)		(2.1)		(3)		(16.7)
Would hinder free enterprise, personal freedom		(15)		(31.9)		(5)		(27.7)
Present system is adequate or could be made so		(4)		(8.5)		(1)		(5.6)
Don't know	6	(6)	12.8	(12.8)	2	(2)	11.1	(11.1)
No answer					1		5.6	(5.6)
Total	47		100.0		18		100.0	

TABLE 27.--Respondents, according to attitudes toward striking for higher salaries for nurses

Attitude and Explanation of Qualification	Students		Faculty	
	Number	Per cent	Number	Per cent
Favor	(21)	(44.7)	(10)	(55.5)
As LAST RESORT, if notice given and care of patients assured	14	29.8	8	44.4
Same conditions as above, but salary increment alone insufficient; status and/or working conditions also at stake	7	14.9	2	11.1
Opposed	(26)	(55.3)	(8)	(44.5)
To strikes of any kind	4	8.5		
To strikes among nurses-unprofessional and/or weakens commitment to patient	6	12.8	1	5.6
Other means are sufficient	13	27.7	6	33.3
Favor mass resignation instead	3	6.3	1	5.6
Total	47	100.0	18	100.0

Summary

In this chapter the setting and population of the study have been considered. The history, philosophy, goals and curriculum and related aspects of the department of nursing have been described and basic sociobiological and sociological characteristics of the respondent universe have been outlined. In view of the description of the setting and the characteristics of the respondents, selected characteristics and attitudes related to the nursing profession were investigated. In general, a strong profession-orientation was evidenced, although the commitment and dedication to the patient, usually considered characteristic of a tradition-orientation, were also found to be strong and with no perception of conflict by respondents expressing both views.

CHAPTER IV

ROLE CONCEPTION AND ROLE CONFLICT ACCORDING TO ACADEMIC STATUS

The main purpose of this chapter is to report the findings in regard to the hypothesized relationships between academic status (AS) and role conception (RC), and between academic status (AS) and role conflict (Rc) of the nursing students and faculty.

As indicated in Chapter II, the general categories of students and faculty represent the major division of the population according to academic status, and are investigated separately in the analysis of each hypothesized relationship.

In reporting the findings for each hypothesis, an overview of the major variables involved will be given. This overview will be followed by a report of the findings for the specific hypothesis considered in terms of the students. Other findings relevant to the hypothesis will then be indicated. Following the report of findings in regard to students will be that for faculty members. After these data concerning the major hypotheses have been given, there will be a consideration of the influence of social class on the major variables. Hence, the chapter is divided into three sections, one for each hypothesis and one for the consideration of social class as related to the hypotheses.

Academic Status and Role Conception

An overview of hypothesis one.--Members of the nursing department with higher academic status will tend to a greater degree to conceive of the nursing role as a profession-oriented one. The findings on the first hypothesis regarding the relationship between academic status (AS) and role conception (RC) will be reported in this section. Before the report of statistical testing of the mean scores of the role conception scales in terms of the subdivision of academic status, a description and a comparison of the scores of the total student and total faculty groupings are in order.

On the basis of mean scores on the role conception scale (Table 28) both students and faculty were high in profession-orientation, with faculty members manifesting a considerably greater degree of profession-orientation than students. The latter tendency was borne out if standard deviations and ranges of scores are considered. It was manifest also when standard deviations and ranges of scores for both groups were considered. It is a tendency which might be expected, for the faculty are agents of the socialization process in a baccalaureate nursing program which has become identified with the professionalization of nursing. The internalization of these attitudes, as apparently has been accomplished to some degree with the senior students, is in keeping

with the basic assumptions of the professionalization process. However, the fact that the student appears not to have internalized this orientation to the same degree as the faculty may be due to several factors. Although nursing students identify with the general role concept of nurse as their teachers conceive of it, they might not so identify with aspects of it which support the role concept of nurse-educator which is even more closely in alignment with a strong profession-orientation but which is not immediately or apparently relevant to them. In addition, they are probably still influenced by concepts of the nurse role as held by non-professional definers of the role, e.g., parents and friends. As Ausubel[1] would indicate, the processes of desatellization and resatellization have not reached the point of development that they have among faculty members. Again, this is in accordance with the basic assumptions of the professionalization process.

TABLE 28.--Role conception scores of faculty and students

Classification	Mean Score	Standard Deviation	Standard Error
Students[a]	8.021	4.853	0.708
Faculty[b]	4.853	3.389	0.708

[a]N = 47 [b]N = 18

[1]David P. Ausubel, Ego Development and the Personality Disorders (New York: Grune and Stratton, 1952), pp. 176-177.

On the basis of the descriptive statistics just indicated, there appeared a general tendency in support of the major hypothesis with the faculty manifesting greater profession-orientation than the students. However, as indicated previously, for the testing of the hypothesis, it was designated that the role conception scores be considered in terms of subdivisions of academic status (high, intermediate and low) holding the major divisions (students and faculty) constant. A report of the findings on the hypothesized relationship for the student population follows.

Role conception according to academic status of student respondents.--For the student population the data did not support the hypothesized relationship between higher academic status and a greater degree of profession-orientation. As indicated in Table 29, a difference between means on role conception scores was found. Although the differences were very slight, they were in the hypothesized direction. However, these differences did not approach the .05 level of significance (Table 30). Therefore, the null hypothesis was sustained and the relationship hypothesized between academic status and role conception among nursing students was rejected.

Role conception scores in terms of grade point average in nursing courses will now be considered. As indicated in Chapter II, it was believed that in a specialized department of a college, the grade point average for courses given in that de-

partment might be a more valid index of academic status within that department than the overall grade point average. For this reason, the hypothesis was tested using students' rank according to grade point average in nursing courses (GPAN) rather than the overall grade point average (GPA) as the indicator of academic status (AS). The grade point averages in nursing courses (GPAN) were computed and subdivided in the same manner as overall grade point averages (GPA). The results of this were as follows:

Using grade point averages in nursing courses (GPAN) as the index of academic status, no significant differences were found between means of role conception scores. Data for this may be found in the supplementary tables of Appendix VI. The same tendencies as had been evident when grade point average (GPA) had been used as the basis of academic status (AS) were found. There were differences between mean scores on the role conception scale and they were in the hypothesized direction, but the differences were not significant at the .05 level.

As a result of this analysis it would appear that whether academic status (AS) is operationalized on the basis of overall courses (GPAN), among the nursing students it was not significantly related to role conception.

TABLE 29.--Mean score and standard deviation of role conception (RC) for each of the three academic status groups of student respondents

Academic Status	RC Mean	Standard Deviations
1	7.727	7.404
2	7.783	4.011
3	8.692	4.049

N=47

TABLE 30.--Difference between means, "t" values, and levels of significance for student respondents' role conception scores (RC) by academic status (AS)

Academic Status	Difference Between Means	"t" Value	Significance
1 and 2	0.056	0.029	NS[a]
2 and 3	0.909	0.651	NS
1 and 3	0.965	0.405	NS

N=47 [a]Not Significant

Perception of role conception of role alters by students.--The perception by the students of the nurse role concepts of role alters in the social setting of the nursing school and hospital are relevant to the consideration of the role conception of the students as these would appear to be important influences in the formation of the concept. Therefore, the students' perceptions of the nurse-role concept were investigated. These are reported below:

In the analysis of Scales B, C, D, E, and F of the Opinion Inventory, according to academic status, no significant differences were found between mean scores of any set of scale scores

according to the academic status categories of the students (Appendix VI).

On the basis of the mean scores for each scale for the total student population, the following observations (the data for which appear in Table 31) may be made:

TABLE 31.--Student respondents' perception of the role conception of role alters in the nursing school and hospital settings

Perceived Role Conception of	Mean	Standard Deviation	Standard Error
A. Students	8.021	4.853	0.708
B. Nurse Educators	5.106	4.234	0.618
C. Physicians	25.213	5.446	0.794
D. Head Nurses	18.170	7.905	1.153
E. Patients	36.574	6.477	0.945
F. Reality	22.702	7.691	1.122

When the mean scores were ranked from high to low profession-orientation, the mean scores for the nurse educator scale (B) was the most profession-oriented, with the students' own mean score closest to it and categorized as one representing high profession-orientation also. The mean score representing the perceived role concept of head nurses (D) indicated intermediate profession-orientation. Physicians (C) and patients (E) were classified as low in profession-orientation, with the patients' mean score indicating that their nurse role concept was perceived as least profession-oriented. From this it would appear that students perceived the role concept of the nurse educators as

closest to their own role concept. They tended to perceive themselves and nurse educators as having a high degree of profession-orientation. This tendency is in accordance with the basic assumption of the professionalization process: that the agents of the process (who are, primarily, in a baccalaureate nursing program, the nurse educators) transmit not only knowledge and skills, but attitudes and values. However, inasmuch as the views of the senior students were not tested when they entered as freshmen, change cannot be assumed.

A marked difference was noticed between the perceived role concepts of nurse educators (mean, 5.106) and head nurses (mean, 18.170). There is no way of knowing from this study if this perceived difference exists in reality. Were it to exist, it would appear to support the findings of Smith's study of performance evaluation of head nurses and nurse educators in which criteria used to evaluate nursing performance were based on different concepts of nursing and differed to a significant extent. Smith found that these differences created tension among nursing students by forcing them to choose between two positively sanctioned criteria. Whether or not the difference exists in reality for the students in the nursing school of the present study, the perception of the difference and its definition as real could cause tension for the student in her clinical area performance. Inasmuch as objective evaluation in the form of grade is done by

the nurse educator in this study, her values, as perceived, would probably have the stronger sanction.

Of the professional role alters in the hospital setting represented in the scales, the mean score of the perceived role concept of head nurses is closer to that of the student than is the perceived role concept of physicians, although the physicians and head nurses are perceived as closer to one another in their role conception than are students and head nurses. Physicians are perceived as low in nursing profession-orientation. This may be due to the general reluctance of physicians to recognize nursing as a profession in its own right, and rather to consider it an auxiliary of the medical profession. Or, it may be simply an objective evaluation of the role as it <u>is</u>, for the students <u>do</u> perceive the physician's role concept as closest to the nurse's role as it is in reality. Head nurses must cope with the reality of the hospital situation, the physicians' demands, and the demands of the patients (whom the students perceive as least profession-oriented). At the same time they (head nurses) work to a more limited degree with baccalaureate nursing students and educators whose role concepts they find have less legitimation in the immediate situation. This may be one reason why there is a tendency for the students to perceive the head nurses role concept as nearer that of the physician and reality than is their own or that of their teachers.

The findings of Vaillot's study of senior collegiate nursing students were similar to these. Students felt that head nurses and physicians underestimated the professional status of nursing and that their own concept of nursing was closest to that of their instructors, although not quite as strongly profession-oriented. This group also believed that the physician's concept of what the nurses' role ought to be was closest to their view of what that role was in reality.[2]

All these perceived differences are consonant with, and understandable in view of, the basic differences between high and low profession-orientation. In high profession-orientation, nursing is considered autonomous; responsibility for professional action is to other members of the profession. As such, nursing sets its own standards of practice and education. This presupposes the existence of institutions of higher education for the purposes of professionalization of its members. This would be very much in keeping with the role definition of the nurse educator in a collegiate program.

On the other hand, in low profession-orientation, emphasis is on personal services rendered to individual patients, done under the direction and close supervision of the physician. The public is deemed capable and qualified to judge what is good nurs-

---

[2]Vaillot, p. 205.

ing and, because of this, to set standards for nursing education. The status of the nurse in this orientation depends upon the favor of the patients and physician. This view would seem to be more in accordance with the perceived role definition of patients and physicians.

Role conception according to academic status of faculty respondents.--The first hypothesis has been examined as it relates to the student respondents; its relationship in terms of the faculty will now be considered. As in the case of the student respondents, the data for the faculty respondents did not support the hypothesized relationship between higher academic status and a greater degree of profession-orientation.

As indicated in Table 32, there was a difference between mean scores of role conception according to academic status, and these differences were in the hypothesized direction. However, as seen in Table 33, the differences were not significant at the .05 level of significance set for rejection of the null hypothesis. Therefore, the null hypothesis stands and the hypothesis positing a relationship between academic status and role conception among faculty members in the nursing department was rejected as had been the hypothesized relationship between these two variables in the case of the students.

TABLE 32.--Mean scores and standard deviations of role conception (RC) for each of the three academic status groups of faculty respondents

Academic Status	RC Means	Standard Deviations
1	2.000	1.555
2	3.400	3.307
3	4.750	3.862

N=18

TABLE 33.--Difference between means, "t" values, and levels of significance for faculty respondents' role conception scores (RC) by academic status (AS)

Academic Status	Difference between Means	"t" Value	Significance
1 and 2	1.400	0.810	NS[a]
2 and 3	1.350	0.661	NS
1 and 3	2.750	1.364	NS

N=18 [a]Not significant

Perception of role conception of role alters by faculty respondents.--The perception by the faculty members of the role concepts of the role alters in the social setting of both nursing school and hospital was investigated as it had been for the student respondents.

In the analysis of Scales B, C, D, E, and F of the Opinion Inventory according to academic status, no significant differences were found between mean scores of Scales B, C, and D. However, in the case of the perception of the patients' concept of the nurse role (E), a difference in mean scores did appear.

The general direction of the differences between mean scores indicated that the higher the academic status, the greater the tendency to perceive the patients' role concept as low in profession-orientation. The difference between the mean scores on scale E (perceived concept of patients indicated a definite difference) significant at the .05 level in the case of academic statuses 1 and 3. In the case of academic statuses 1 and 2, the scores showed a tendency to differ, approaching significance at the .10 level. Differences in the case of academic statuses 2 and 3 were not significant, showing no evident trend (Table 34).

TABLE 34.--Difference between means, "t" values, and levels of significance for scores on patients' nurse-role concept as perceived by nurse educators

Academic Status	Difference between Means	"t" Value	Significance
1 and 2	6.400	1.505	NS[a]
2 and 3	1.600	0.401	NS[b]
1 and 3	8.500	2.889	S[c]

N=18 [a]$p < .10$ [b]Not Significant [c]$p < .05$

One possible reason for the tendency just indicated would be that those with higher academic status tend more readily to identify with the goals of the system in which they have that status. In a baccalaureate program these goals would tend to emphasize professional autonomy with the profession setting its own standards of practice and education and tending to view

patient evaluation of the nursing role as a) operationally dominated by the physician (and, therefore, not autonomous), and b) almost exclusively dominated with his own (the patient's) care. Additionally, as the academic status increases, involvement in the hospital setting is necessarily curtailed, contact with patients diminishes, perceptions of differences may tend to increase, and the tendency to view two nurse roles, that of nurse-educator as well as that of nurse, grows.

In regard to mean scores for each scale for the total faculty population (the data for which appear in Table 35), the findings were very similar to those of the student population. This is particularly true for scores on Scales C, D, E, and F.[3]

TABLE 35.--Faculty respondents' perception of the role conception of role alters in the nursing school and hospital setting

Perceived Role Conception of	Mean	Standard Deviation	Standard Error
A. Faculty Respondents	3.389	3.003	0.708
B. Nurse Educators	3.722	2.959	0.697
C. Physicians	28.389	8.738	2.060
D. Head Nurses	22.167	6.397	1.508
E. Patients	36.167	6.593	1.554
F. Reality	23.333	4.384	1.033

When the mean scores were ranked from high to low according to profession-orientation, the role concept of the faculty re-

[3]See p. 111.

spondents and the role concept perceived for nurse educators in general were almost alike, scoring very high in profession-orientation. Significantly, none of the mean scores on the role alter scales was classified as intermediate in profession-orientation. Head nurses, physicians, and patients were perceived as having a nurse-role concept which was considered low in profession-orientation. On the basis of these mean scores, it would appear that faculty members perceived their role concept as very similar to that of other nurse educators. In fact, the difference in means was less than one-half of a scale point. In the perception of the difference between nurse educators and head nurses, a large difference was found as it had been among students' perception of these role concepts. In the case of faculty members, the difference was large enough for the role concept of the head nurses to be classified as low in profession orientation, rather than the intermediate profession orientation attributed to this classification by student respondents. This may be due to a greater awareness on the part of the faculty of differences in emphasis in important aspects of nursing education brought out through working with head nurses in evaluating clinical performance of students.

As in the case of the student respondents, physicians were perceived as seeing the nurse role as less profession-oriented than head nurses. However, faculty respondents' perception of the role concept of head nurses was considered more closely re-

lated to the reality than was their perception of the physicians' concept of the role. Similar to the students, patients were perceived as least profession-oriented.

Academic Status and Role Conflict

An overview of hypothesis two.--Members of the nursing department with higher academic status will tend to experience a greater degree of role conflict. In this section the findings in regard to the second hypothesis regarding the relationship between academic status (AS) and role conflict (Rc) will be reported. A description and a comparison of role conflict scores for the total student and faculty populations are in order before the results in terms of high, intermediate and low academic status within each of these groupings are reported.

Mean scores derived from the role conflict scales for both students and faculty members were classified as representing an intermediate degree of role conflict. The mean score for faculty (97.222) was higher than that for students (74.511), indicating a greater degree of role conflict (Table 36). This general tendency appears to support the hypothesis, for in this case the higher academic status faculty indicated a greater degree of role conflict than did the lower academic status faculty or the students. One reason for this may be that faculty members, having greater contact with the role alters than do the students, are more aware of differences in the expectations of role alters.

TABLE 36.--Role conflict scores of faculty and students

Classification	Mean Score	Standard Deviation	Standard Error
Student[a]	74.511	25.078	3.658
Faculty[b]	97.222	21.966	5.177

[a]N=47 [b]N=18

To test the hypothesis, then, the subdivision of academic status into high, intermediate, and low, within the larger division of faculty and students was used. The following are the findings relevant to the second hypothesis.

Role conflict according to academic status of students.--For the student population the data did not support the hypothesis that there is a relationship between high academic status and role conflict (Table 37). Slight differences between role conflict mean scores were found; the differences were in the hypothesized direction, but the differences did not approach the .05 level of significance (Table 38). For this reason the null hypothesis was accepted and the hypothesized relationship between academic status and role conflict among the senior nursing students of this study was rejected.

TABLE 37.--Mean score and standard deviation on role conflict (Rc) for each of the three academic status groups of student respondents

Academic Status	Rc Means	Standard Deviations
1	76.909	32.584
2	74.130	23.946
3	73.154	22.796

N=47

TABLE 38.--Difference between means, "t" values, and levels of significance for student respondents' role conflict scores (Rc) by academic status (AS)

Academic Status	Difference between Means	"t" Value	Significance
1 and 2	2.779	0.281	NS[a]
2 and 3	.976	0.119	NS
1 and 3	3.755	0.405	NS

N=47 [a]Not significant

The role conflict scores were found not to be significantly different in terms of academic status when examined with grade point average (GPA) as the indicator of academic status. These scores were then analyzed with grade point average in nursing courses (GPAN) used as the basis for academic status. Data for this analysis may be found in Appendix VI. The results of the analysis are as follows. Using grade point average in nursing courses (GPAN) as the index of academic status, no significant differences were found between means of role conflict scores.

As a result of this analysis it would appear that whether academic status (AS) is operationalized on the basis of overall grade point average (GPA) or grade point average in nursing courses (GPAN), it is not significantly related to role conflict (Rc) among students.

Role conflict according to academic status of faculty respondents.--The second hypothesis will now be considered as it relates to the faculty members. As in the case of students, the data for the faculty respondents did not support the hypothesized relationship between high academic status and role conflict.

Table 39 indicates differences between mean scores on role conflict scales in terms of academic status. These differences are in the hypothesized direction. However, the differences do not approach significance at the .05 level (Table 40). For this reason the null hypothesis was sustained and the major hypothesis - that there is a relationship between academic status and role conflict - was rejected insofar as the faculty respondents are concerned.

TABLE 39.--Mean score and standard deviation on role conflict (Rc) for each of the three academic status groups of student respondents

Academic Status	Rc Means	Standard Deviations
1	106.500	25.515
2	97.500	25.687
3	87.250	4.113

N=18

In the case of differences for mean scores on role conflict between academic status categories 1 and 3, the differences are significant at the .10 level, indicating a trend toward a higher degree of role conflict for those with high academic status. This may be due to the greater number of contacts with different types of role alters which those having higher status are more apt to have. Having more contacts, they may be more aware of differing role expectations than are those with fewer contacts.

TABLE 40.--Difference between means, "t" values, and levels of significance for faculty respondents' role conflict scores (Rc) by academic status (AS)

Academic Status	Difference between Means	"t" Value	Significance
1 and 2	9.000	0.593	NS[a]
2 and 3	10.250	0.776	NS
1 and 3	19.250	1.490	NS

N=18 [a]Not significant

The Influence of Social Class

One of the continuing interests of this research was the influence of social class with its social and psychological characteristics on the key variables of academic status (AS), role conception (RC), and role conflict (Rc). The small size of the population did not permit a control for social class. Therefore, a separate analysis by social class was carried out.

In an attempt to examine the influence of social class on academic status, it was found that the mean grade point average (GPA) for class 2 was higher than that for class 1; mean grade point average (GPA) for class 2 was higher than that for class 3. The difference between the means of the grade point average for social classes 1 and 2 was significant at the .05 probability level. However, it appeared that social class was influential only in the differences in grade point average (GPA) between these two classes. In the tests for significance of difference between social classes 1 and 3, and 2 and 3 no significant differences were found. This trend was repeated when the means of grade point average in nursing courses were examined in terms of social class. Data for these observations may be found in the supplementary tables in Appendix VI.

The general trend found in this analysis of the social class influence on academic status is similar to the general trend found by Marcel Fredericks in his analysis of the social class influence on the academic performance of medical students.[4]

When role conception scores were examined in terms of social class, no significant differences were found. The same was found true when role conflict scores were analyzed in terms of social class.

---

[4]Fredericks, pp. 123-125.

When the major variables were examined in terms of father's social class for faculty members, it was not possible to draw valid conclusions. Since thirteen out of the eighteen faculty members were categorized as class 3, with three categorized as class 1 and two categorized as class 2, testing with such small numbers in classes 1 and 2 was considered statistically indefensible.

Summary

The major findings reported in this chapter are as follows:

1) Role conception scores were not found to differ significantly on the basis of academic status. This was true for both student and faculty respondents.
2) Role conflict scores were not found to differ significantly on the basis of academic status. This was true for both student and faculty respondents.
3) In the case of students, operationalization of academic status as rank according to overall grade point average or according to grade point average in nursing courses, gave the same results.
4) Students perceived their nurse-role concept and the nurse educators' nurse-role concept to be highly profession-oriented; head nurses were perceived as intermediate in profession-orientation; physicians and patients were perceived as low in profession-orientation; the physician's concept was perceived as closest to perceived reality.

5) Faculty members perceived themselves as highly profession-oriented, as they perceived most nurse educators; head nurses, physicians and patients were all perceived as low in nursing profession-orientation; the role concept of head nurses was perceived as closest to reality.

6) A significant difference was found between the mean grade point average of social class 1 and social class 2 with the mean grade point average of class 2 higher than that of class 1. No significant difference was found between mean grade point average of classes 1 and 3, and 2 and 3.

7) There were no significant differences between mean role concept scores according to social class.

8) There were no significant differences between mean role conflict scores according to social class.

Therefore, when academic status categories of faculty and students within the nursing department were subdivided into high, intermediate and low status rank, the following information was found. Higher academic status was not significantly related to a more highly profession-oriented nurse-role concept. Higher academic status was not significantly related to a high degree of role conflict. Social class was found to influence academic status among students.

CHAPTER V

INTERRELATIONSHIPS OF ROLE CONCEPTION AND ROLE CONFLICT

Having considered the hypothesized relationships between academic status (AS) and role conception (RC), and between academic status (AS) and role conflict (Rc) in the previous chapter, the primary purpose of this chapter is to report the findings regarding the third basic hypothesis. This hypothesis states that members of the nursing department who to a greater degree conceive of their nurse-role as a profession-oriented one, experience a higher degree of role conflict.

In reporting the findings for the hypothesis, an overview of the population in terms of two variables - role concept and role conflict - will be given first. This will be followed by a separate analysis of the hypothesis in terms of the faculty first, and then the students.

Inasmuch as social class has been a continuing interest in this research, the scores on the subdivisions of the overall role conflict scale (A, B, C, D, E, and F) were investigated with social class held constant. The report of the results of this investigation follows the consideration of the influence of role conflict.

Hence, there are two major sections in this chapter: one for the basic hypothesis, and one for the influence of social class on role conflict.

Role Conception and Role Conflict

An overview.--General descriptions of role conception and role conflict scores in terms of the major academic status division of faculty and students have been given in the previous chapter.[1] As indicated in Chapter II, scores on the role conception scale were also categorized as high, intermediate, or low in profession-orientation. As seen in the description of faculty and student population below, none of the faculty respondents and only one of the student respondents was classified as low in profession-oriented role concept. For this reason, tests for significant differences were made only between the high and intermediate categories in the case of both faculty and students.

On the basis of role conception scores of the faculty members, sixteen (88.9 per cent) were classified as high in profession-orientation, two[2] (11.1 per cent) as intermediate in profession-orientation, and none as low in profession-orientation.

---

[1] See pp. 106-108 for role conception description and pp. 119-121 for role conflict description.

[2] Due to the small number of the faculty classified as intermediate in profession-orientation, it is questionable how meaningful the statistical analysis described below is.

Thirty-two students (68.1 per cent) were classified as high in profession-orientation, fourteen (29.8 per cent) as intermediate in profession orientation, and one (2.1 per cent) as low in profession-orientation (Table 41). Thus a higher proportion of faculty than students manifested a high degree of profession orientation, as would be expected in the socialization process.

TABLE 41.--Per cent distribution of faculty and student respondents according to role concept (RC) classification

RC (Profession-Orientation)	Faculty (per cent)	Student (per cent)
(1) High	88.9	68.1
(2) Intermediate	11.1	29.8
(3) Low	..	2.1
Total	100.0	100.0
	N=18	N=47

When scores on the role conflict scales were classified as high, intermediate, and low, the following frequencies were found; among the faculty, seven (38.9 per cent) experienced a high degree of role conflict, ten (55.6 per cent) an intermediate degree of role conflict, and one (5.5 per cent) a low degree of role conflict. Among the students, nine (19.1 per cent) were categorized as perceiving a high degree of role conflict, twenty-four (51.1 per cent) as intermediate role conflict, and fourteen (29.8 per cent) as perceiving a low degree of conflict. Thus, a greater proportion of faculty than students experienced a high degree of

role conflict, with almost equal proportions of faculty and students perceiving an intermediate degree of role conflict (Table 42).

TABLE 42.--Per cent distribution of faculty and students according to role conflict (Rc) classification

Rc	Faculty (per cent)	Student (per cent)
(1) High	38.9	19.1
(2) Intermediate	55.6	51.1
(3) Low	5.5	29.8
Total	100.0	100.0
	N=18	N=47

On the basis of this, it would appear that there was some association between a highly profession-oriented role concept and a high degree of role conflict. The faculty, with a larger proportion manifesting high profession-orientation, also had a greater proportion with a high degree of role conflict than did the students. In the actual testing of the hypothesis, classification as faculty member or student was held constant. The analysis for the faculty respondents is reported in the following section.

Role conflict according to role concept of faculty respondents.--For the faculty respondents, the data did not support the hypothesis that a highly profession-oriented role concept is related to a higher degree of role conflict. As indicated in Table 43, there were differences between those high in profession-

orientation and those with an intermediate degree of profession-orientation. Although the role conflict scores of the highly profession-oriented were higher than the scores of the intermediately profession-oriented, the mean score on role conflict for those with a high professional orientation was classified as one of intermediate role conflict, unless it is rounded to the nearest whole number, in which case it may be classified as a high role conflict score. Nevertheless, the differences between the mean scores for the two groups were not found to be significant at the .05 level of significance (Table 44). For this reason, the basic hypothesis was not supported for the faculty.

TABLE 43.--Mean score and standard deviation of role conflict (Rc) for each of the role concept (RC) categories of faculty respondents

Profession-Orientation of Role Concept (RC	Role Conflict (Rc) Mean	Standard Deviation
(1) High	99.500	22.862
(2) Intermediate	79.000	9.899

N=18

TABLE 44.--Difference between means, "t" values, and levels of significance for faculty respondents' role conflict scores (Rc) by role conception (RC)

Role Conception (RC)	Difference between means	"t" Value	Significance
(1) High and (2) Intermediate	20.500	1.227	NS[a]

N=18 [a]Not significant

The difference between mean scores may have been due to the

greater awareness and concern which the highly professional have for their image and various role alters have of it. Even if the difference had been found statistically significant, it is doubtful if generalizations could have been made from it due to the small number (2) of respondents classified as intermediate in profession-oriented role concept.

In examining the sub-scores of the role conflict scales, statistically significant differences were found between the high and intermediate profession-oriented groups both on their perception of other nurse educators' role concept and on their perception of the nurse-role in reality. On the basis of mean scores, it would appear that those high in profession-orientation tended to regard other nurse educators as high in profession-orientation; those with intermediate profession-orientation tended to regard most nurse educators as intermediate in profession orientation. Mean scores on perception of reality indicated that both groups viewed the actual nurse-role as one low in profession-orientation, although the more profession-oriented the role-concept of the individual the less tradition-oriented was the perception of reality. Again, however, the small number (2) of respondents classified as intermediate in profession-orientation makes generalization hazardous.

Role conflict according to role concept of students.--For the student population, the hypothesized relationship between role concept and role conflict was supported by the data. As indicated in Table 45, the differences between mean scores were in the hypothesized direction. The difference between means of the role conflict scores were found significant at the .0005 level of significance (Table 46). Therefore, the null hypothesis was rejected and the basic hypothesis -- that members of the nursing department who to a greater degree conceive of their nurse-role as a profession-oriented one experience a higher degree of role conflict -- was supported in the case of student respondents.

TABLE 45.--Mean score and standard deviation of role conflict (Rc) for each of the role conception (RC) categories of student respondents

Profession-Orientation of Role Concept (RC)	Role Conflict (Rc) Mean	Standard Deviation
(1) High	83.219	23.065
(2) Intermediate	56.214	20.468

N=46

TABLE 46.--Difference between means, "t" values, and levels of significance for student respondents' role conflict scores (Rc) by role conception (RC)

Role Conception (RC)	Difference between Means	"t" Value	Significance
(1) High and (2) Intermediate	27.005	3.774	S[a]

N=46 [a]Significant; $p < .0005$

In examining the sub-scales which comprise the role conflict scale it was found that the high and intermediate profession-oriented groups also differed significantly on their perception of the nurse educators' nurse-role concept. Analyzed on the basis of mean scores, students classified as high in profession-orientation had a tendency to perceive the role concept of nurse educators as more highly profession-oriented than did their intermediate profession-oriented peers. The mean scores were 5.469 and 8.021, respectively. These differences were found significant at the .05 level. The 5.469 mean score was closer to the mean role concept score of the faculty than was the 8.021 mean. A possible explanation of these phenomena is that students who are more profession-oriented have more closely identified with their teachers' values and attitudes, perceiving the role concept of the nurse educators more accurately than those with intermediate profession orientation.

Both the acceptance of the basic hypothesis and the findings in regard to the perception of differences are understandable in view of the theory of reference groups, particularly the concept of anticipatory socialization. As Merton indicates,

> ...Insofar as subordinate or prospective group members are motivated to affiliate themselves with a group, they will tend to assimilate with the sentiments and conform with the values of the authoritative prestigeful stratum in that

> group. ...And the values of these "significant others" constitute the mirrors in which individuals see their self-images and reach self-appraisals.[3]

For the students, the "authoritative and prestigeful stratum" in the nursing situation tended to be the nurse educators. Students who identified with the nurse educators' role concept tended also to adopt their perceptions of the nurse role concept of role alters. Those students who were more highly profession-oriented were more likely to perceive the differences of the role concepts of role alters, hence experiencing a greater degree of role conflict. This may have occurred even though the students had not had the direct contact with role alters that their teachers did.

The Influence of Social Class

As indicated in Chapter IV, when role conflict scores were examined in terms of social class, no significant differences were found. In an attempt to investigate further the influence of the social class on role conflict, the mean scores on the sub-scales of the role conflict scale were analyzed in terms of social class. Again, no statistically significant differences were found.

---

[3]Robert K. Merton, Social Theory and Social Structure (New York: The Free Press, 1957), p. 254.

Summary

The major findings reported in this chapter are as follows:

1) No significant difference was found between role conflict scores on the basis of role conception among the faculty respondents.
2) No significant difference was found between role conflict scores on the basis of role conception among student respondents. A significant difference was found between the role conflict scores of the highly profession-oriented and the intermediate profession-oriented, with the conflict scores of the highly profession-oriented higher than those of the intermediately profession-oriented.
3) No significant differences were found among the sub-scale scores of role conflict in terms of social class.

Therefore, the basic hypothesis was not supported for the faculty population, but was sustained for the student population. Social class was not found to influence the variables significantly.

The relevance to theory of the findings reported in this chapter and the previous chapter and the implications of these findings for research will be indicated in the following chapter.

CHAPTER VI

SUMMARY AND CONCLUSION

This chapter has several purposes: 1) to summarize the research and its major findings, 2) to indicate the relevance of the findings to theory, and 3) to indicate the implications of these findings for future research.

Summary

In reviewing the results of this research it must be emphasized that it was an exploratory descriptive case study. Hence, the findings are tentative, not definative. Generalizations derived from them are applicable to the department under study.

The foci of the research have been academic status (AS), role concept (RC), and role conflict (Rc) of the members of the nursing department of a midwestern-urban Catholic woman's college. The purpose of the research was to explore three empirical questions. In this section those questions and the hypotheses derived from them will be indicated. Then a brief description of the methodology and scope of the research will be given. This will be followed by a listing of the major findings and an indication of confirmation or rejection of the basic hypotheses.

Empirical questions.--Three empirical questions and the key variables involved in them are as follows:

1) Do members of the nursing department with higher academic status more frequently conceive of the nursing role as a profession-oriented one than do members with lower academic status?
   a) Academic status
   b) Role conception
2) Do members of the nursing department with higher academic status experience a greater degree of role conflict than do members with lower academic status?
   a) Academic status
   b) Role conflict
3) Do members of the nursing department who, to a greater degree, conceive of the nursing role as a profession-oriented one experience a greater degree of role conflict than do members who, to a lesser degree, conceive of their role as a profession-oriented one?
   a) Role conception
   b) Role conflict

Related hypotheses.--These empirical questions, derived from theoretical considerations, gave rise to three basic hypotheses

stated below.

1) Members of the nursing department with high academic status will tend to a greater degree to conceive of the nursing role as a profession-oriented one than will members with intermediate or low academic status.
2) Members of the nursing department with high academic status will tend to experience a greater degree of role conflict than will members with intermediate or low academic status.
3) Members of the nursing department who to a greater degree conceive of the nurse-role as a profession-oriented one will experience a higher degree of role conflict than will members with an intermediate or low degree of profession-oriented.

Scope and method of the research.--Several data gathering techniques were used in this research. The chief instrument was an Opinion Inventory utilized to measure the variables of role concept and role conflict. This inventory consisted of 25 items measuring attitudes and orientation to nursing. Respondents were requested to rate each of the 25 items in six different ways: first, according to the respondent's conception of what the nurse's role ought to be (Scale A); second, according to the respondent's concept of what nurse educators believe the nurse's role ought to be (Scale B); third, according to the respondent's concept of

what physicians believe the nurse's role ought to be (Scale C); fourth, according to the respondent's concept of what head nurses believe the nurse's role ought to be (Scale D); fifth, according to the respondent's concept of what patients believe the nurse's role ought to be (Scale E); and sixth, according to the respondent's concept of what the nurse's role is in the actual nursing situation now (Scale F). These scales had been constructed and their validity had been tested by Sister Madeleine Clémence Vaillot.

In addition to the chief research instrument, described above, a questionnaire was used. Its purpose was to collect basic biographical and sociological information, to examine selected attitudes in regard to the nursing profession and nursing education, and to attempt to investigate subjective and reputational perceptions of academic status. (The latter purpose was not accomplished). Two types of questionnaires were utilized - one for student respondents and one for the faculty respondents.

To ascertain academic status as defined for students, cumulative grade point averages and grade point averages in nursing courses were used; for faculty the college register and administration records were examined. Administrative records of the nursing department, as well as minutes and tape recordings of that department's meetings were also used as sources of information.

The gathering of the data was, for the most part, accomplished during November, 1966. The research instrument and the questionnaire were administered to the 48 senior nursing students in a classroom setting under the supervision of the researcher on two regular class days, one for the instrument and one for the questionnaire. The results from 47 of these were used in analysis of the data. The 18 faculty members completed the instrument under the direction of the researcher during a departmental faculty meeting. They completed the questionnaire independently at their own convenience.

In the gathering of data and in their statistical analysis, faculty and students were treated separately. Faculty included those who were listed in the college administration records as members of the nursing department and who taught and supervised courses offered by the nursing department. Students included full-time senior students in the baccalaureate degree program of nursing offered by the college.

In regard to role concept, respondents were classified as high, intermediate or low in profession-orientation on the basis of their scores on Scale A of the Opinion Inventory. Sixteen (88.9 per cent) of the eighteen faculty respondents were classified as high in profession-orientation, two (11.1 per cent) as intermediate, and none as low in profession-orientation. In the

case of the forty-seven students, thirty-two (68.1 per cent) were ranked as high in profession-orientation, fourteen (29.8 per cent) as intermediate, and one (2.1 per cent) as low in profession-orientation.

Role conflict was derived from the differences of scores on Scales B, C, D, E, and F from the score on Scale A. In this case, seven (38.9 per cent) of the faculty respondents experienced a high degree of role conflict, ten (55.6 per cent) an intermediate degree of role conflict, and one (5.5 per cent) a low degree of role conflict. For students, nine (19.1 per cent) experienced a high degree of role conflict, twenty-four (51.1 per cent) an intermediate degree, and fourteen (29.8 per cent) a low degree of role conflict.

Academic status classification was made on the basis of cumulative grade point average for students and academic rank for faculty. Eleven (23.4 per cent) of the students were categorized as high in academic status, twenty-three (48.9 per cent) as intermediate, and thirteen (27.7 per cent) as low in academic status. Of the eighteen faculty respondents, four (22.2 per cent) had high academic status, ten (55.6 per cent) had intermediate, and four (22.2 per cent) had low academic status. To insure the validity of cumulative grade point average as an indicator of student academic status, analysis was also done on the basis of grade point average in nursing courses.

The influence of social class on the key variables was of interest in the research. Respondents were classified on the basis of Hollingshead's "Two-Factor Index" as applied to their fathers' education and occupation. Due to the small number of the population, Hollingshead's classes I and II were combined and called class 1: Hollingshead's class III was called class 2; and Hollingshead's classes IV and V were called class 3.

Frequency distributions and percentages for data gathered by means of the questionnaire were computed by the researcher.

When questioned regarding attitudes toward nursing and nursing education, members of the department gave evidence of a strong profession-orientation, although the commitment and dedication, usually considered to be characteristic of a tradition-orientation were found to be strong. Respondents expressing both views seemingly perceived no conflict in maintaining them.

To test the basic hypotheses, the mean scores on the various scales were analyzed for significant differences by means of the "Students 't' statistic." The .05 level of significance was accepted as the basis for rejecting the null hypothesis. Results at the .10 level of significance were taken as indications of trends. IBM electronic computers were used to compute the "t" values.

Findings.--Briefly stated, the findings of the research are these:

1) Role conception scores were not found to differ significantly on the basis of academic status. This was true for both student and faculty respondents.
2) Role conflict scores were not found to differ significantly on the basis of academic status. This was true for both student and faculty respondents.
3) In the case of students, operationalization of academic status as rank according to overall grade point average or according to grade point average in nursing courses, gave the same results.
4) Students perceived their nurse-role concept and the nurse educators' nurse-role concept to be highly profession-oriented; head nurses were perceived as intermediate in profession-orientation; physicians and patients were perceived as low in profession orientation; the physician's concept was perceived as closest to perceived reality.
5) Faculty members perceived themselves as highly profession-oriented, as they perceived most nurse educators; head nurses, physicians and patients were all perceived as low in nursing profession-orientation; the role concept of head nurses was perceived as closest to reality.

6) A significant difference was found between the mean grade point average of social class 1 and social class 2 with the mean grade point average of class 2 higher than that of class 1. No significant differences were found between mean grade point averages of classes 1 and 3, and 2 and 3.

7) There were no significant differences between mean role concept scores according to social class.

8) There were no significant differences between mean role conflict scores according to social class.

9) No significant difference was found between role conflict scores on the basis of role conception among the faculty respondents.

10) No significant difference was found between role conflict scores on the basis of role conception among student respondents. A significant difference was found between the role conflict scores of the highly profession-oriented and the intermediate profession-oriented, with the conflict scores of the highly profession-oriented higher than those of the intermediately profession-oriented.

11) No significant differences were found among the subscale scores of role conflict in terms of social class.

Acceptance or rejection of basic hypotheses.--Insofar as measured in this research, the first two basic hypotheses were rejected in the cases of both faculty and students. No statis-

tiscally significant relationships were found between academic status and role concept, and between academic status and role conflict. Insofar as the variables were operationalized in this research, the third basic hypothesis was rejected in the case of the faculty: no statistically significant relationship was found between role concept and role conflict. However, the hypothesis was confirmed in the case of the students.

Relevance of the Findings to Theory

The results of this study tend to show that role concept did not differ significantly on the basis of academic status. In the case of students, one explanation for this might be that the students completing (as seniors) their baccalaureate program already had an image of the nurse which was, at least potentially, profession-oriented when they chose a baccalaureate school. For faculty this might be due to several factors:

1) For those who are members of religious congregations, those manifesting high (or a potential for high) profession-orientation are the ones most likely to be appointed to teach in the collegiate setting.

2) Those faculty members manifesting a more tradition-oriented concept elect to return to nursing service rather than continue in nursing education in the collegiate setting.

3) After pursuing higher degrees necessary before teaching in a collegiate setting, the faculty members become socialized to acceptance of a highly professionalized role concept. Related to this, of course, is the question of which is more influential in affecting the nurse educator - the professionalizing experience of nurse or of educator.

Further research would be necessary to confirm these explanations.

It was also found that academic status did not influence role conflict significantly. Most members manifested an intermediate degree of conflict. Seemingly, not only the faculty members' role concept, but also their perception of role alters' role concept, were passed on to the students. Examination of sub-scale scores would seem to support this.

In the case of the students, differences between role conflict scores did seem to be influenced by role concept. Here it would appear that the more closely the student identified with the profession-oriented nurse-role, the more closely her perception of the role alters' concept approximated that of her teachers.

These findings are related particularly to some aspects of reference group theory, especially to the concept of anticipatory socialization, as set forth by Robert K. Merton.[1] The various

---

[1]Merton, pp. 239-271.

role alters represented in the scales may be considered significant reference groups. They are clearly associated with both the status and the role of nurse. The students are striving for that status and are being socialized into "proper" role behavior. Inasmuch as the socialization setting is in a department follow- a collegiate program, the "authoritative and prestigeful stratum" with which the students, the prospective group members, are motivated to affiliate themselves are the nurse educators in their immediate social situation, i.e., the faculty members.

Gross and Herriott indicate a similar area of theoretical relevance. To understand role behavior, one must understand the actor's concept of the role and the role conception of the significant others in the organizational setting who comprise the actor's role network. These significant others (or role alters as they are termed in this research) are the sources of the rewards and sanctions of his behavior.[2]

The concept of role (which has been used in this paper) implies that role expectations are learned. In the professions, this learning usually involves a double process of socialization.[3] One process involves specialized preparation in institutions of higher learning where the role is usually learned from specialists who are highly profession-oriented. Ideal images are inculcated.

---

[2]Neal Gross and Robert Herriott, Staff Leadership in Public Schools: A Sociological Inquiry (New York: John Wiley and Sons, 1965), p. 92.

[3]Ibid., p. 93

This aspect of the process was examined in this research. A second process is enacted and experienced when those having completed their formal education, enter another organizational setting. The ideal concepts of their roles as conceptualized while students may vary from those held by the significant others in the work setting.

Implications for Future Research

The findings of this exploratory study and this consideration of theory indicate some related areas of research in addition to the ones already mentioned:

1) What factors influence the choice of the baccalaureate program by certain students and the hospital school by others? Are these factors also the major influences in the type of role concept developed?

2) To what degree is the role concept manifested by the student the result of interaction with faculty members? Does the role concept change from freshman to senior year? How? Why?

3) What are the actual nurse-role concepts of head nurses and physicians with whom the students have contact? Are these related to the students' concepts? The educators' concepts?

4) Is role conflict as operationalized in this study accompanied by anxiety? Does it (role conflict) become an indicator of the amount of stress to be experienced in the work-organization setting?

Conclusion

The findings and the theoretical and research considerations would also have some implications for those involved in nursing education and nursing service. First, upon entering nursing service and when faced with the discrepancies between the ideal role concept, the perceived role concepts, and a real role, what will be the effect of this role conflict on the actual performance of the nurses? Is the degree of role conflict as operationalized in this research an indicator of stress and anxiety to come in the nursing service situation? Will role conflict promote or obstruct effective nursing care?

Second, if the perceptions of role concepts of role alters are accurate, what will happen to the students who identify strongly with the role concept of their teachers? Most of the students seem to do so. Yet the role alters in the hospital or in other nursing situations often are perceived as having nurse role concepts of a very different type. And these are the role alters who will sanction the behavior of the nurse. Will the students accept the non-educator alters' definitions of the role? How are they prepared to adapt? What are the coping patterns whereby they come to grips with role conflict? Which concepts are recognized as legitimate?

Answers to these questions will strongly influence the number of nurses who will remain in the nursing field and the rate at which nursing is professionalized.

Appendix I

Opinion Inventory

Cover Letter 1

Dear Nursing Student:

This questionnaire is part of a study of your opinion and your estimate of others' opinions of nursing as a profession. There are no right or wrong answers. However, you are expected to put yourself in the place of nursing teachers, doctors, head nurses, and patients, and to think of the issues proposed as they would think of them. Your honest opinion will be appreciated.

Please do not sign your name. The completed questionnaire will be kept confidential. The number on your questionnaire is only for the researcher to use for cross checking in carrying out statistical measures on the data.

There are two parts to this study:

Part A: The Opinion Inventory, for which there is a separate answer sheet.

Part B: The Questionnaire.

Sincerely,

Sister Margaret M. Sery, O.S.F.

Cover Letter 2

Dear Nursing Educator:

This questionnaire is part of a study of your opinion and your estimate of others' opinions of nursing as a profession. There are no right or wrong answers. However, you are expected to put yourself in the place of other nursing educators, doctors, head nurses, and patients, and to think of the issues proposed as they would think of them. Your honest opinion will be appreciated.

Please do not sign your name. The completed questionnaires will be kept confidential. The number on your questionnaire is only for the researcher to use for cross checking in carrying out statistical measures on the data.

There are two parts to this study:

Part A: The Opinion Inventory, for which there is a separate answer sheet.

Part B: The Questionnaire.

Sincerely,

Sister Margaret M. Sery, O.S.F.

Part A: The Opinion Inventory

DIRECTIONS: Read each item carefully, then, on the answer sheet:

1. Under column A, write in the appropriate space the number of the answer which, in your opinion, represents the ideal situation: what you think ought to be true.
2. Under column B, write the number of the answer which represents the situation that teachers in schools of nursing would consider to be ideal.
3. Under column C, write the number of the answer which you believe represents what physicians think ought to be true.
4. Under column D, write the number of the answer which those who are responsible for running the hospital wards: the head nurses think ought to be true.
5. Under column E, write the answer which represents what the patients think ought to be true.
6. Under column F, write the number of the answer which most closely describes the actual situation in nursing, such as you see it; not what ought to be true, but what is true of nursing now.

Please answer all items, giving only one answer for each column.

The Opinion Inventory

1. People in general think of nurses as part of a:
   0. Learned profession, like lawyers, physicians and teachers.
   1. Profession requiring skills and some knowledge, on the same level as x-ray and laboratory technicians.
   2. Profession requiring a warm heart, willing hands and a level head.

2. The primary responsibility of the nurse, as a member of a profession is to:
   0. Improve continuously the standards of nursing practice, in order to afford better care to the people.
   1. Keep abreast of the progress realized in the profession in order to be a better practitioner.
   2. Be such as to give efficient and warm care, in order to achieve speedy restoration of health to the patients with whom she comes in contact.

3. The social usefulness of an occupation largely determines whether or not it is a profession, and few would deny that nursing renders invaluable services to society. The scope of these services should be determined by
   0. The profession itself, that knows in what measure and in what manner it can best serve society.
   1. Society itself, in the persons of employers of nurses and users of nurses' services.
   2. Individual nurses and their patients, who know best what relationship is most satisfying to both.

4. To facilitate relationships in the hospital, it would be desirable that practical nurses wear:
   0. A special uniform, setting them apart from registered nurses.
   1. A nurse's uniform, the pin of their school, but no band on their cap.
   2. The same uniform as registered nurses.

5. As nurses are professional women, they should be:
   0. Fully responsible for the errors committed in the exercise of their profession.
   1. Legally responsible only when they assume responsibility beyond their professional capacity.
   2. Legally protected by the doctors and the hospital administrators under whom and for whom they work.

6. In order to give the best possible nursing care, taking into account the emotional and the spiritual needs of the patient, as well as his physical needs, the necessary basis for a professional nursing education is:
   0. A sound knowledge of social sciences, like sociology and psychology, as well as of the biologic sciences.
   1. Some scientific knowledge, supplemented with clinical experience.
   2. A natural ability to sympathize with the patient, developed and reinforced by adequate clinical experience.

7. The "Code for Professional Nurses," prepared by the Committee on Ethical Standards of the American Nurses' Association, states that nurses should not accept tips or bribes. The reason for it is that:
   0. Professional persons are entitled to a just compensation and should not have to depend upon extra income from those whom they minister.
   1. It is beneath the dignity of professional persons to put themselves on the level of maids or waitresses.
   2. Those nurses who made the Code are the ones who get fat salaries, and they do not always understand the needs of the rank and file.

8. Nursing programs administered by educational institutions (colleges and school departments) might graduate students needing a longer initial orientation period at the bedside than hospital schools, whose graduates have had ample practice. This is:
   0. As it should be: professional schools are supposed to give a sound basis of scientific principles but not an apprenticeship.
   1. To be expected: But it would be desirable that hospital schools stress theory more, and college and school departments give more actual practice.
   2. Wrong: both the hospital as an employer, and the patient, are entitled to the best of service on the nurse's part from the first day she is hired.

9. Nurses as professional persons should receive a salary in keeping with their professional status. Consequently:
   0. There should be much more difference than there is now between the salaries of nurses having a degree and those who do not.
   1. The difference between nurses' salaries should be based on merit rather than on preparation.
   2. Nurses doing the same work should receive the same salary, be they registered or practical nurses.

10. The custom demanding that nurses rise to their feet for physicians should be:
   0. Abolished, because nurses are no longer the servants of the physicians but their equal, their colleagues and their helpmates.
   1. Continued only in the case of women physicians.
   2. Continued because it symbolizes the fact that physicians are the ones who bear the responsibility of patients' care.

11. The licensure of graduate nurses depends entirely upon a battery of pencil-and-paper tests, prepared by the National League of Nursing. Such a procedure is:
   0. Satisfactory, because it tests adequately the intellectual aspects of nursing, fundamental for a profession, and upon which practice can easily be built.
   1. Satisfactory, for only graduates from state-approved schools can take the tests, and their clinical experience must have been adequate for their school to be approved.
   2. Unsatisfactory, because many graduates can be very good in theory and not good at all at the bedside.

12. To make sure that the student's assignments in the hospital will be determined by her educational needs rather than by the needs of the hospital for service, the nursing program should be:
    0. Administered by an educational institution, and the student should pay for all parts of it, including hospital practice.
    1. Accredited and controlled by the nursing profession, no matter what its administration is.
    2. Administered by a service institution, as a hospital, which would pay the students for the services they render.

13. Selection of well-qualified applicants to schools of nursing is the most promising way to improve professional standards. Consequently, schools should accept only those candidates who are:
    0. Intellectually superior, and able to carry a stiff program of studies.
    1. Able to master and apply the fundamental principles upon which safe nursing is based.
    2. Sufficiently intelligent to understand and to follow orders.

14. In modern society, the role of the professional nurse is to:
    0. Plan, co-ordinate and direct all the nursing activities aiming at the prevention of disease, the cure of illness, and the restoration of patients to social usefulness.
    1. Carry out the physicians' plans for the restoration of patients' health, and observe and report changes in the patients' condition, to enable the physicians to plan their care more efficiently.
    2. Give to the patient physical and emotional support, as nurses have done for centuries.

15. The results of the State Board Tests are given in standard scores. This means that success or failure depends upon what the nurse knows, but also upon what other nurses, with whom she is compared, know. Such a system of licensing nurses is:
    0. Good; for as schools strive to help their graduates to obtain good marks, the standards are being raised, and nursing improved as a profession.
    1. Fair; the main advantage is that different schools and different States can be compared, making competition possible.
    2. Bad; because it sets a premium on knowledge, to the exclusion of qualities and attitudes which are even more important for nurses.

16. In nursing practice, close nurse-patient relationship, or "tender, loving care," should be:
    0. Carefully planned, administered and recorded by the nurse, and its results evaluated, as any other nursing treatment.
    1. An attitude carefully drilled during the course of nursing education as basic to good nursing.
    2. Spontaneous expression of the nurse's warmth and sympathy.

17. The best authorities to judge what constitutes "good" nursing care and, consequently, what should be taught in schools of nursing, are:
    0. Nurse directors of nursing service in hospitals and other institutions where nursing care is given.
    1. Physicians and employers of nurses, as well as nurses.
    2. Patients, who are the ones to sense whether or not the nurse who cares for them puts her soul into it.

18. Nurses as professional persons are in a difficult economic situation: they do not share the high profits of business, and they do not have the protection of organized labor. To remedy this situation, nurses should:
    0. Strengthen the bargaining function of their professional organizations.
    1. Be reconciled with the facts that the rewards of a profession consist in the satisfaction of knowing that one is useful to society.
    2. Realize that, if their patients like them and if the doctors are well satisfied with their services, they will get a fair treatment.

19. The responsibility for setting the standards for accreditation of nursing programs should rest with:
    0. The nursing profession alone.
    1. Nurses, with physicians and hospital administrators.
    2. The public, with nurses, physicians and hospital administrators.

20. The nursing profession has become so complex that a certain degree of specialization within it is to be expected. Such specialization would:
    0. Result in better patients' care because it should be based upon advanced preparation in a college or a university for the nurse specialist.
    1. Result in more efficiency; but it would also mean lack of continuity in patients' care, as many specialists would follow one another at the bedside.
    2. Be very hard on both patient and nurse, for it would destroy the warm human relationship between them, which is the heart of nursing.

21. The nursing service department of hospitals and of other institutions caring for the sick should be so organized that:
    0. Nurses with different preparation have a different role, clearly defined, with a minimum of overlapping between their respective functions.
    1. Registered nurses be helped by practical nurses.
    2. Nurses, no matter what their preparation, perform the work most congenial to them and for which their personal qualifications and experience qualify them.

22. A study of the history of nursing and of the evolution of the nurses' role throughout the centuries reveals that nurses:
    0. Have lately become members of an autonomous profession, based upon scientific knowledge, with a clear-cut role to play in society, and that they are responsible only to the profession for their professional activities.
    1. Since Florence Nightingale, are no longer the obedient handmaiden of the doctors, but have become their intelligent co-workers and are prepared to assume initiative and responsibility in their collaboration with them at the bedside of the sick.
    2. In spite of changed social conditions, are now what they always were: a mother figure and a source of comfort, physical and emotional.

23. If nursing is to attain full professional status, a bachelor degree should be required from:
    0. All nurses, if they are to be considered as "professional."
    1. Those nurses who supervise others, like head nurses, supervisors, etc.
    2. Those whose position demands special knowledge, and carries large responsibility, like directors of nursing service, educational directors, etc.

24. A professional nurse, duly licensed in the State where she practices, should be allowed to:
    0. Plan and carry out the total nursing care of the patients entrusted to her.
    1. Plan and carry out nursing care for her patients, under the physician's supervision.
    2. Carry out the nursing care planned by the physician and under his supervision.

25. Usually, the prestige accorded to nursing in the hospital is:
    0. The same as that given to physicians, because nurses are as skilled and proficient in their profession as physicians in theirs.
    1. Similar to that of physiotherapists, medical librarians, medical technologists, etc., because the nurses' contribution to patients' care is about the same.
    2. Unique, because nurses' contribution to patients' welfare depends more upon what they are as persons than upon their professional preparation.

Answer Sheet for PART A:

Item	A You think ought to be	B Nursing Teachers think ought to be	C Physicians think ought to be	D Head Nurses think ought to be	E Patients think ought to be	F What IS true NOW
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

Appendix II

Questionnaire - Student

Part B: Questionnaire

This is a confidential questionnaire.

INSTRUCTIONS

1. This questionnaire takes about 60 minutes to complete. Most questions require a check or a circle. If the checklist alternative does not fully express your opinion, check the alternative closest to your opinion and jot a note in the left hand margin.

2. The numbers in the margin have been placed there to increase reliability of processing. Please disregard them as you fill out the questionnaire.

****

1. Do you belong to any professional nursing organizations? Please indicate below the name of the organization and the extent of your involvement, i.e. whether you are a member, active member, board member, officer, etc. Please be specific. Use back of sheet if necessary.

Name of Organization	Type of Involvement

2. Do you read any professional magazine or periodical regularly? (By regularly is meant as often as it is published.)

_____ (1) yes

_____ (2) no

3. If your answer to number 2 was "yes," please indicate the title of the publication.

4. When you graduate and become registered, do you intend to joint the American Nurses' Association?

_____ (1) yes

_____ (2) no

_____ (3) don't know

5. Suppose you are offered two jobs after graduation which are the same in almost every respect (salary, schedule, size of hospital, convenience, etc.). The only difference is that on one job you would have a greater opportunity to utilize the more technical nursing skills, while on the second job you would have more opportunity for meaningful relationships with patients. Which job would you prefer?

_____I would prefer the job where I would have greater opportunity to use my technical nursing skills

_____I would prefer the job where I would have more opportunity for meaningful relationships with patients

6. After graduation, imagine that you are offered two jobs that are basically the same in almost all respects. The only difference is that on the first job you would work with techniques familiar to you while the second job would include use of techniques not familiar to you but where you would have the opportunity to learn them. Which job would you prefer?

_____I would prefer the job where I had the basic skills and techniques

_____I would prefer the job where I have an opportunity to learn techniques with which I am not familiar

7. Do you intend to make a career of nursing and to have a full-time nursing position in ten year from now?

_____ (1) yes

_____ (2) no

_____ (3) don't know

8. If your answer to number 7 is "no," what do you intend to do in ten years from now?

_____ (1) Be married and raise a family

_____ (2) Have a part-time nursing position compatible with home responsibilities

_____ (3) Have a career, but not nursing

_____ (4) Other (Specify) _____

_____

9. If you could start your professional education over again, would you still choose nursing?

_____ (1) yes

_____ (2) no

10. If your answer to number 9 is "yes," and if you were free to choose any school you like, would you choose (Check one.)

_____ (1) A collegiate school of nursing

_____ (2) A diploma school of nursing

_____ (3) A school for practical nurses

11. What is your main reason for choosing the collegiate nursing program? (Check one.)

_____ (1) To specialize, or to teach in a school of nursing

_____ (2) Because an R.N. without a degree will shortly be displaced by LPN's on the one hand, and college graduates on the other

_____ (3) To acquire a liberal education in addition to professional preparation

_____ (4) Because a degree is needed to get anywhere these days

_____ (5) Other (Specify) _____

_____

12. Do you intend to supplement your basic nursing education and go to graduate school to get a Master's degree? (Check one.)

_____ (1) yes

_____ (2) no

_____ (3) don't know

13. If your answer to number 12 is "yes," what is the main reason which accounts for your desire? (Check one.)

_____ (1) To specialize, or to teach in a school of nursing

_____ (2) Because there will be so many nurses with B.S. degrees that, unless you get a Master's degree you will have to do the jobs now performed by graduates of diploma programs

_____ (3) To acquire a liberal education in addition to professional preparation

_____ (4) Because you need a graduate degree to get anywhere these days

_____ (5) Other (Specify) _____

_____

14. If your answer to number 12 is "no," what is the main reason which explains your decision? (Check one.)

_____ (1) It costs too much time, money, effort

_____ (2) I don't need it for what I want to do in nursing

_____ (3) I intend to get married and have a family as soon as possible

_____ (4) I can keep abreast of what is new in nursing and in the world without going to graduate school

_____ (5) Other (Specify) _____

_____

Nursing students sometimes state that they have to forego or curtail certain social, cultural, or family activities while they are in nursing school. Do you feel that you have been forced to forego any of the following while you have been in nursing school? If so, did you mind it very much?

15. Had to forego recreational activities (dates, sports, bull sessions, etc.)

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

16. Had to forego keeping abreast of current events.

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

17. Had to forego reading non-medical books and magazines.

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

18. Had to forego or curtail family life.

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

19. Had to forego non-required educational activities (visiting lecturers, special seminars, elective readings, cultural programs, etc.)

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

In a college nursing department, senior students can be ranked according to high, medium, or low status. Please answer the following questions in regard to statuses of senior nursing students.

(Please be frank in your answers. Your answers will be kept confidential.)

20. Name three senior nursing students with high status.

(1) _____ (highest)

(2) _____ (the one just after the highest)

(3) _____ (the one after that)

21. Name three senior nursing students with low status.

(1) _____ (lowest)

(2) _____ (the one before the lowest)

(3) _____ (the one before that)

22. Name three senior nursing students with medium status.

(1) _____

(2) _____

(3) _____

23. What is your status within the nursing department? (Please check one.)

_____ (1) high

_____ (2) medium

_____ (3) low

24. What basis did you use in assigning these statuses?

_____

_____

_____

In a college nursing department, faculty members can also be ranked according to high, medium, or low status. Please answer the following questions in regard to statuses of the nursing faculty.

25. Name three nursing faculty members with high status.

(1) _____ (highest)

(2) _____ (the one just after the highest)

(3) _____ (the one after that)

26. Name three nursing faculty members with low status.

(1) _____ (lowest)

(2) _____ (the one before the lowest)

(3) _____ (the one before that)

27. Name three nursing faculty members with medium status.

(1) _____

(2) _____

(3) _____

28. What basis did you use in assigning these statuses?

_____

_____

_____

29. How important do you consider each of the following in being an effective nurse?

	Very Important	Fairly Important	Not Very Important
(1) Safeguard other people's emotional defenses.....	___	___	___
(2) Understanding your own emotional defenses.....	___	___	___
(3) Differentiating your problems from those of the patient	___	___	___
(4) Being sensitive to patients' feelings	___	___	___
(5) Being efficient in nursing techniques	___	___	___
(6) Being able to help patients deal with their anxieties about their illness.....	___	___	___
(7) Being able to understand why the patient behaves the way he does	___	___	___
(8) Being able to treat each patient as an individual..	___	___	___
(9) Being able to get along with other nurses	___	___	___
(10) Being liked by patients...	___	___	___
(11) Being liked by other nurses	___	___	___
(12) Being liked by doctors....	___	___	___
(13) Working well with doctors.	___	___	___
(14) Being able to use your time efficiently	___	___	___

30. Now go back and re-read the items contained in question 29. Indicate the number of those three items which you consider most important in being an <u>effective nurse</u>.

(1) _____

(2) _____

(3) _____

31. Now indicate the number of those three items which you consider least important in being an effective nurse.

(1) _____

(2) _____

(3) _____

32. Now indicate those three items by number that most nursing students would consider most important.

(1) _____

(2) _____

(3) _____

33. Now indicate those three items by number that most nursing students would consider least important.

(1) _____

(2) _____

(3) _____

34. Now indicate those three items that most nursing faculty would consider most important.

(1) _____

(2) _____

(3) _____

35. Now indicate those three items that most nursing faculty would consider least important.

(1) _____

(2) _____

(3) _____

36. If you look back over your education as a nurse, how difficult has each of the following been? (Check)

	Very Difficult	Fairly Difficult	Not Very Difficult
(1) Learning the technical aspects of nursing	___	___	___
(2) Learning to deal with patients' attitudes and feelings	___	___	___
(3) Learning to fit nursing theory with nursing practice	___	___	___
(4) Learning to accept the differences between what you expected of nursing and what nursing is really like	___	___	___
(5) Learning to be "professional" about painful experiences encountered in hospitals...	___	___	___

37. Most people have some idea of what they would want in an ideal position, that is, if they could dream up a job which had all the things which they like. What importance would each of the following things have in your ideal job? (Check one for each statement.) In my ideal job I feel the following would be:

	Indis-pensable	Very Important	Fairly Important	Not Very Important
(1) Developing warm relationships with patients.....	___	___	___	___
(2) Having a job which is not exceedingly demanding physically.....	___	___	___	___
(3) Having the greatest scope possible for independent action	___	___	___	___

	Indis-pensable	Very Important	Fairly Important	Not Very Important
(4) Engaging in a wide range of activities	___	___	___	___
(5) Being virtually certain that my specific nursing actions will lead to the desired results	___	___	___	___
(6) Having prestige among my colleagues in the nursing profession	___	___	___	___
(7) Having convenient working hours	___	___	___	___
(8) Having to use a very high level of abilities and skills...	___	___	___	___
(9) Having the chance to help people ...	___	___	___	___
(10) Having the chance to increase continually my understanding of basic nursing.....	___	___	___	___
(11) Having no serious consequences resulting from mistakes.	___	___	___	___
(12) Being able to rely on the aid of other experienced persons	___	___	___	___
(13) Being looked up to as a counselor by patients.....	___	___	___	___

38. Check one for each of the statements below:

	Always	Usually	Sometimes	Never
(1) It is more important for nurses to get patients to do what is good for them than to try to understand why they feel and act the way they do	___	___	___	___
(2) It is important for nurses to place patients' needs above their own	___	___	___	___

	Always	Usually	Sometimes	Never
(3) It is important that nurses accept no limit to what they will give of themselves in behalf of patients	___	___	___	___
(4) Nurses can understand patients as persons once it is known if they are intelligent, co-operative or unco-operative.....	___	___	___	___
(5) The ability to formulate principles is important in nursing only for those who are in teaching positions	___	___	___	___
(6) It is desirable for nurses to feel so competent that they are free to criticize constructively colleagues and other people.....	___	___	___	___
(7) It is natural for nurses to feel painfully frustrated because they cannot move faster in helping people	___	___	___	___
(8) It is important for nurses to look beneath the surface and beyond the literal meanings of patients' words	___	___	___	___
(9) It is essential for nurses to feel free to take issue, to disagree, and to stand by their point of view when their professional convictions differ from those of others.....	___	___	___	___

39. Are you in favor of or opposed to socialized medicine in general?

_____ (1) In favor

_____ (2) Opposed to

Please explain _____

_____

_____

40. Are you in favor of or opposed to nurses striking for higher salaries?

_____ (1) In favor

_____ (2) Opposed to

Please explain_____

_____

_____

Finally, a few questions about your family background:

41. Where were you born?

_____ _____ _____
City State Country

42. During most of your life, where did you live? (Check one.)

_____ (1) Rural area

_____ (2) Small town (less than 10,000)

_____ (3) Small city (10,000-500,000)

_____ (4) Large city in a metropolitan area (over 500,000)

_____ (5) Suburb near a large city

_____ (6) Other (Specify) _____

_____

43. Where was your father born?

_____ _____ _____
City State Country

44. Where were his parents born? (indicate country)

Father's father _____

Father's mother _____

45. Where was your mother born?

City _____ State _____ Country _____

46. Where were her parents born? (indicate country)

Mother's father _____

Mother's mother _____

47. Classify yourself, your father and your mother with regard to religion. Please be specific. If non-affiliated, indicate this.

Self _____

Father _____

Mother _____

48. What is your father's major occupation? (If he is not living or is retired, indicate what his major occupation was.) Please be specific, e.g. truck driver, dentist, baker, baker self-employed.

_____

49. What is your mother's major occupation? (If she is not living or is retired, indicate what it was.) Again, please be specific.

_____

In the next two questions, indicate to the best of your knowledge the formal education of your parents. Circle the last grade completed.

50. Father

Elementary: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 13 14 15 16

Post-Graduate: 17 18 19 20 and over

51. Mother
Elementary: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 13 14 15 16

Postgraduate: 17 18 19 20 and over

52. If either (both) of your parents is dead, please indicate when he/she died.

Father died _____
(year)

Mother died _____
(year)

53. Where and when did you receive your education prior to entering nursing school?

High School _____ Years Attended 19__ to 19__

Location _____
City and State

High School _____ 19__ to 19__

Location _____
City and State

College (if you have attended one other than the one you are now attending)

_____ Years Attended 19__ to 19__
(Name)

_____
(Location - City and State)

_____ 19__ to 19__
(Name)

_____
(Location - City and State)

54. How many brothers have you? _____

What are their ages? _____

55. How many sisters have you? _____

What are their ages? _____

56. What is your marital status?

_____ (1) single

_____ (2) married

_____ (3) engaged

_____ (4) divorced/separated

_____ (5) widowed

_____ (6) Religious

57. Age _____

58. Sex: _____ (1) female

_____ (2) male

59. Race: _____ (1) Caucasoid

_____ (2) Mongoloid

_____ (3) Negroid

Appendix III

Questionnaire - Faculty

Part B: QUESTIONNAIRE

This is a confidential questionnaire.

INSTRUCTIONS

1. This questionnaire takes about 60 minutes to complete. Most questions require a check or a circle. If the checklist alternative does not fully express your opinion, check the alternative closest to your opinion and jot a note in the left hand margin.

2. The numbers in the margin have been placed there to increase reliability of processing. Please disregard them as you fill out the questionnaire.

****

1. Please indicate your nursing experience before joining the nursing faculty of the college in which you now teach. Use back of sheet if necessary.

Name of Institution	Title of Position	Dates
		from____to____
		from____to____
		from____to____
		from____to____

2. If you were engaged in nursing education before joining the faculty of the college in which you now teach, please indicate this below. Use back of sheet if necessary.

Name of Institution	Title of Position	Dates
		from___to____
		from___to____
		from___to____
		from___to____

3. Please indicate the extent of your training in nursing.

Name of Institution	Degree Received	Dates Attended
_____	_____	from____to_____
_____	_____	from____to_____
_____	_____	from____to_____

4. Please indicate your primary field of specialization in nursing.

_____ (1) Maternal-Child Health

_____ (2) Medical-Surgical

_____ (3) Psychiatric

_____ (4) Public Health

_____ (5) Other (Specify) _____

5. Please indicate the area of speciality in which you teach.

_____ (1) Maternal-Child Health

_____ (2) Medical-Surgical

_____ (3) Psychiatric

_____ (4) Public Health

_____ (5) Other (Specify) _____

6. Do you belong to any professional nursing organizations? Please indicate below the name of the organization and the extent of your involvement, i.e. whether you are a member, active member, board member, officer, etc. Please be specific. Use back of sheet if necessary.

Name of Organization	Type of Involvement
_____	_____
_____	_____
_____	_____

7. Do you read any professional magazine or periodical regularly? (By regularly is meant as often as it is published.)

_____ (1) yes

_____ (2) no

8. If your answer to number 7 was "yes," please indicate the title of the magazine.

_____ _____

_____ _____

_____ _____

_____ _____

9. Would you prefer to have been trained in a nursing school other than the one from which you graduated?

_____ (1) yes

_____ (2) no

Please explain_____

_____

_____

10. Do you intend to have a full-time nursing education position in five years from now?

_____ (1) yes

_____ (2) no

11. If your answer to number 10 is "no," what do you intend to do in five years from now?

_____ (1) Be married and raise a family

_____ (2) Have a part-time position compatible with home responsibilities

_____ (3) Return to nursing practice

_____ (4) Have a career unrelated to nursing

_____ (5) Other (Specify) _____

12. If you could begin your professional education over again, would you still choose nursing?

_____ (1) yes

_____ (2) no

13. Would you choose nursing education?

_____ (1) yes

_____ (2) no

In a college nursing department, senior students can be ranked according to high, medium, or low status. Please answer the following questions in regard to statuses of senior nursing students. (Please be frank in your answers. Your answers will be kept confidential.)

14. Name three senior nursing students with high status.

(1)_____(highest)

(2)_____(the one just after the highest)

(3)_____(the one after that)

15. Name three senior nursing students with low status.

(1)_____(lowest)

(2)_____(the one before the lowest)

(3)_____(the one before that)

16. Name three senior nursing students with medium status.

(1) _____

(2) _____

(3) _____

17. What basis did you use in assigning these statuses?

_____

_____

_____

18. What do you think are some particular reasons for the nursing students at your college for choosing the nursing profession in the first place?

(1) _____

(2) _____

(3) _____

19. What do you think are the three major motivations that keep a nursing student at the college in which you teach once she is enrolled?

(1) _____

(2) _____

(3) _____

In a college nursing department, faculty members can be ranked according to high, medium, or low status. Please answer the following questions in regard to statuses of the nursing faculty.

20. Name the three nursing faculty members with high status.

(1) _____(highest)

(2) _____(the one just after the highest)

(3) _____(the one after that)

21. Name three nursing faculty members with low status.

(1) _____(lowest)

(2) _____(the one before the lowest)

(3) _____(the one before that)

22. Name three nursing faculty members with medium status.

(1) _____

(2) _____

(3) _____

23. What is your status within the department? (Please check one.)

_____(1) high

_____(2) medium

_____(3) low

24. What basis did you use in assigning these statuses?

_____

_____

_____

25. What do you think the curriculum emphasis in nursing education ought to be?

(1) _____

(2) _____

(3) _____

26. Are the aspects mentioned above emphasized in the college in which you teach?

_____(1) yes

_____(2) no

_____(3) uncertain

If "uncertain" please explain _____

_____

_____

27. Is there sufficient and satisfactory communication between and among faculty members in the nursing department?

_____(1) yes

_____(2) no

_____(3) uncertain

If "uncertain" please explain _____

28. What are the still unmet needs of the nursing department in which you teach?

_____

_____

_____

29. What are the major reasons for your decision to teach in the college in which you teach?

(1) _____

_____

(2) _____

_____

(3) _____

_____

Nursing students sometimes state that they have to forego or curtail certain social, cultural, or family activities while they are in nursing school. Do you feel that as a teacher of nursing you have been forced to forego any of the following? If so, did you mind it very much?

30. Had to forego recreational activities (social events, sports, etc.)

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

31. Had to forego keeping abreast of current events.

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

32. Had to forego reading non-medical books and magazines.

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

33. Had to forego or curtail family life.

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

34. Had to forego non-required educational activities (visiting lecturers, special seminars, elective readings, cultural programs, etc.)

_____ (1) yes

_____ (2) no

If "yes," did you mind it?

___(1) very much; ___(2) much; ___(3) some; ___(4) little

35. How important do you consider each of the following in being an effective nurse?

	Very Important	Fairly Important	Not Very Important
(1) Safeguard other people's emotional defenses.....	___	___	___
(2) Understanding your own emotional defenses.....	___	___	___
(3) Differentiating your problems from those of the patient.....	___	___	___
(4) Being sensitive to patients' feelings.....	___	___	___
(5) Being efficient in nursing techniques.....	___	___	___
(6) Being able to help patients deal with their anxieties about their illness.....	___	___	___

	Very Important	Fairly Important	Not Very Important
(7) Being able to understand why the patient behaves the way he does	___	___	___
(8) Being able to treat each patient as an individual...	___	___	___
(9) Being able to get along with other nurses	___	___	___
(10) Being liked by patients....	___	___	___
(11) Being liked by other nurses	___	___	___
(12) Being liked by doctors.....	___	___	___
(13) Working well with doctors...	___	___	___
(14) Being able to use your time efficiently.....	___	___	___

36. Now go back and re-read the items contained in question 35. Indicate the number of those three items which you consider most important in being an effective nurse.

(1) _____

(2) _____

(3) _____

37. Now indicate the number of those three items which you consider least important in being an effective nurse.

(1) _____

(2) _____

(3) _____

38. Now indicate those three items that most nursing educators would consider most important.

(1) _____

(2) _____

(3) _____

39. Now indicate those three items that most nursing educators would consider least important.

(1) _____

(2) _____

(3) _____

40. Now indicate those three items by number that most nursing students would consider most important.

(1) _____

(2) _____

(3) _____

41. Now indicate those three items by number that most nursing students would consider least important.

(1) _____

(2) _____

(3) _____

42. If you look back over your career as a nurse, how difficult has each of the following been? (Check)

	Very Difficult	Fairly Difficult	Not Very Difficult
(1) Learning the technical aspects of nursing.....	___	___	___
(2) Learning to deal with patients' attitudes and feelings.....	___	___	___
(3) Learning to fit nursing theory with nursing practice	___	___	___
(4) Learning to accept the differences between what you expected of nursing and what nursing is really like.....	___	___	___
(5) Learning to be "professional" about painful experiences encountered in hospitals.....	___	___	___

43. Most people have some idea of what they would want in an ideal position, that is, if they could dream up a job which had all the things which they like. What importance would each of the following things have in your ideal job? (Check one for each statement.) In my ideal job I feel the following would be:

	Indispensable	Very Important	Fairly Important	Not Very Important
(1) Developing warm relationships with patients.....	___	___	___	___
(2) Having a job which is not exceedingly demanding physically.....	___	___	___	___
(3) Having the greatest scope possible for independent action.	___	___	___	___
(4) Engaging in a wide range of activities	___	___	___	___
(5) Being virtually certain that my specific nursing actions will lead to the desired results.....	___	___	___	___
(6) Having prestige among my colleagues in the nursing profession.....	___	___	___	___
(7) Having convenient working hours.....	___	___	___	___
(8) Having to use a very high level of abilities and skills....	___	___	___	___
(9) Having the chance to help people.....	___	___	___	___
(10) Having the chance to increase continually my understanding of basic nursing	___	___	___	___
(11) Having no serious consequences resulting from mistakes.....	___	___	___	___
(12) Being able to rely on the aid of other experienced persons..	___	___	___	___
(13) Being looked up to as a counselor by my patients.....	___	___	___	___

44. Check one for each of the statements below:

	Always	Usually	Sometimes	Never
(1) It is more important for nurses to get patients to do what is good for them than to try to understand why they feel and act the way they do	___	___	___	___
(2) It is important for nurses to place patients' needs above their own.....	___	___	___	___
(3) It is important that nurses accept no limit to what they will give of themselves in behalf of patients	___	___	___	___
(4) Nurses can understand patients as persons once it is known if they are intelligent or unintelligent, cooperative or unco-operative	___	___	___	___
(5) The ability to formulate principles is important in nursing only for those who are in teaching positions	___	___	___	___
(6) It is desirable for nurses to feel so competent that they are free to criticize constructively colleagues and other people	___	___	___	___
(7) It is natural for nurses to feel painfully frustrated because they cannot move faster in helping people	___	___	___	___
(8) It is important for nurses to look beneath the surface and beyond the literal meanings of patients' words..	___	___	___	___
(9) It is essential for nurses to feel free to take issue, to disagree, and to stand by their point of view when their professional convictions differ from those of others	___	___	___	___

45. Are you in favor of or opposed to socialized medicine in general?

_____ (1) In favor

_____ (2) Opposed to

Please explain _____

_____

_____

46. Are you in favor of or opposed to nurses striking for higher salaries?

_____ (1) In favor

_____ (2) Opposed to

Please explain _____

_____

_____

Finally, a few questions about your family background.

47. Where were you born?

_____ _____ _____

City State Country

48. During most of your life, where did you live? (Check one.)

_____ (1) Rural area

_____ (2) Small town (less than 10,000)

_____ (3) Small city (10,000-500,000)

_____ (4) Large city in a metropolitan area (over 500,000)

_____ (5) Suburb near a large city

_____ (6) Other (Specify) _____

_____

49. Where was your father born?

City _____ State _____ Country _____

50. Where were his parents born? (indicate country)

Father's father _____

Father's mother _____

51. Where was your mother born?

City _____ State _____ Country _____

52. Where were her parents born? (indicate country)

Mother's father _____

Mother's mother _____

53. Classify yourself, your father and your mother with regard to religion. Please be specific. If non-affiliated, indicate this.

Self _____

Father _____

Mother _____

54. What is your father's major occupation? (If he is not living or is retired, indicate what his major occupation was.) Please be specific, e.g., truck driver, dentists, baker, baker self-employed.

_____

55. What is your mother's major occupation? (If she is not living or is retired, indicate what it was.) Again, please be specific.

_____

In the next two questions, indicate to the best of your knowledge the formal education of your parents. Circle the last grade completed.

56. Father
Elementary: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 13 14 15 16

Postgraduate: 17 18 19 20 and over

57. Mother
Elementary: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 13 14 15 16

Postgraduate: 17 18 19 20 and over

58. If either (both) of your parents is dead, please indicate when he/she died.

Father died _____ (year)

Mother died _____ (year)

59. Where and when did you receive your education prior to entering nursing school?

		Years Attended
High School	_____	19___ to 19___
Location	_____ City and State	19___ to 19___
High School	_____	19___ to 19___
Location	_____ City and State	

College (If you have attended one other than the nursing school in which you were trained.)

Name _____ 19___ to 19____

Location _____
City and State

Name _____ 19___ to 19____

Location _____
City and State

60. How many brothers have you? _____

What are their ages? _____

61. How many sisters have you? _____

What are their ages? _____

62. What is your marital status?

_____ (1) single

_____ (2) married

_____ (3) engaged

_____ (4) Divorced/separated

_____ (5) widowed

_____ (6) Religious

63. Age: _____

64. Sex: _____ (1) female

_____ (2) male

65. Race: _____ (1) Caucasoid

_____ (2) Mongoloid

_____ (3) Negroid

APPENDIX IV

Sample Curriculum

Freshman Year

First Semester	Sem Hrs	Second Semester	Sem Hrs
Bi 3, General Biology.....	4	Bi 4, General Biology.....	4
Ch 4, General Chemistry.....	3	Ch 20, Organic Chemistry.....	3
En 1, Composition.....	3	En 2, Composition.....	3
Pl 1, Logic.....	3	Pl 41, Philosophy of Man.....	3
Th 5, Scriptural Theology 1..	2	Th 6, Scriptural Theology 2..	2
Fine Arts or Speech Elective.	2	Fine Arts Elective.....	2
Pe 1, General Physical Ed. or Dance.....	0	Pe 2, General Physical Ed. or Dance.....	0
	17		17

Sophomore Year

First Semester		Second Semester	
Bi 121, Microbiology.....	4	Ch 26, Biochemistry Survey...	3
En 61, Major British Writers.	3	En 62, Major British Writers.	3
N 55, Fundamentals of Nursing	3	N 70, Medical-Surgical Nursing 1.....	4
Pl 56, Ethics.....	3	Psy 55, Developmental Psy. ..	2
Psy 11, General Psychology...	2	So 51, Foundation in Sociology.....	3
Th 53, Scriptural Theology 3.	2	Th 56, Scriptural Theology 4.	2
	17		17

Summer Session (7 weeks)	Sem Hrs
N 100, Medical-Surgical Nursing 2...	6

Junior Year

First Semester	Sem Hrs
N 102, Medical-Surgical Nursing 3	6
N 155, Psychiatric Nursing	6
Psy 115, Personality Development	3
Th 123, Sacramental Theology	2
	16

Second Semester	Sem Hrs
N 105, Maternity Nursing	6
N 150, Nursing of Children	6
Psy 119, Human Learning	2
Th 124, Sacramental Theology	2
	16

Summer Session (6 weeks)

	Sem. Hrs.
History Elective	3
Sociology Elective	3
	6

Senior Year

First Semester	
N 160, Public Health Nursing	6
N 170, History and Trends in Nursing	3
N 181, Nursing Leadership	5
Th 127, Selected Theological Problems	1
	15

Second Semester	
N 165, Medical-Surgical Nursing 4	6
N 182, Coordinating Nursing Seminar	5
Pl 103, Fundamental Metaphysics	3
Th 149, Christian Marriage	2
	16

APPENDIX V

SUPPLEMENTARY TABLES FOR CHAPTER III

TABLE V-1.--Age characteristics of student respondents

Age Category	Number	Per cent
20-24	42	89.4
25-29	5	10.6
Total	47	100.0

TABLE V-2.--Marital status of student respondents

Marital Status	Number		Per cent	
Single	45		95.7	
Lay		(36)		(76.5)
Engaged		(4)		(8.5)
Religious		(9)		(19.1)
Married	2		4.3	
Total	47		100.0	

TABLE V-3.--Students' home state (in order of frequency expressed)

Home State	Frequency
Wisconsin	29
Illinois	9
Indiana	3
Michigan	1
Minnesota	1
Ohio	1
Oklahoma	1
South Dakota	1
Guam	1
Total	47

TABLE V-4.--Rural-urban background of student respondents

Location	Number	Per cent
Rural farm	10	21.3
Rural non-farm	1	2.1
Small town (less than 10,000)	11	23.4
Small city (10,000-500,000)	5	10.6
Large city in metropolitan area (over 500,000)	14	29.8
Suburb near large city	6	12.8
Total	47	100.0

TABLE V-5.--Place of birth of parents of student respondents

Place of Birth	Father		Mother	
	Number	Per cent	Number	Per cent
Continental United States	43	91.5	44	93.6
Other	4	8.5	3	6.4[a]
Total	47	100.0	47	100.0

[a]Includes one born in Puerto Rico.

TABLE V-6.--Place of birth of grandparents of student respondents

Place of Birth	Paternal grandparents		Maternal grandparents	
	Number	Per cent	Number	Per cent
Both continental United States	23	49.0	21	44.7
One continental United States; one other	4	8.5	6	12.8
One continental United States; one don't know	1	2.1		
Both other	18	38.3[a]	18	38.2[b]
No answer	1	2.1	2	4.3
Total	47	100.0	47	100.0

[a]Includes one "both Puerto Rico."
[b]Includes one "one Puerto Rico; one other."

TABLE V-7.--Occupational classification of student respondents' parents[a]

Category	Fathers		Mothers	
	Number	Per cent	Number	Per cent
High executive; major professional	1	14.9	..	..
Business manager; lesser professional	14	29.8	6	12.8
Administrator; semi-professional	..	..	2	4.2
Clerical and/or salesworker; technician; owner of small farm	12	25.5	9	19.2
Skilled manual employee	7	14.9	..	..
Machine operator; semi-skilled employee	7	14.9	3	6.4
Unskilled (Housewife)			27	57.4
Total	47	100.0	47	100.0

[a]These figures represent the parents' occupations, or, if deceased, the major occupations of the parents when living. In 85.1 per cent of the cases, both parents were living. Five fathers and three mothers were deceased.

TABLE V-8.--Formal education of student respondents' parents

Formal Education	Fathers		Mothers	
	Number	Per cent	Number	Per cent
Graduate professional training	1	2.1	..	..
Standard college or university	6	12.8	2	4.3
Partial college	3	6.4	13	37.6
High school	20	42.5	17	27.6
Partial high school (10-11 years)	3	6.4	5	10.6
Junior high school (7-9 years)	11	23.4	6	12.8
Less than 7 years	3	6.4	4	8.6
Total	47	100.0	47	100.0

TABLE V-9.--Religious affiliation of student respondents and student respondents' parents

Religion	Students		Fathers		Mothers	
	Number	Per cent	Number	Per cent	Number	Per cent
Catholic	46	97.9	42	89.4	44	93.6
Protestant	1	2.1	4	8.5	1	2.1
No answer			1	2.1	2	4.3
Total	47	100.0	47	100.0	47	100.0

TABLE V-10.--Size of family of student respondents

Number of Siblings	Number	Per cent
One	3	6.4
Two	9	19.2
Three	5	10.6
Four	11	23.4
Five	5	10.6
Six	7	14.9
Seven	2	4.3
Eight	..	
Nine	..	
Ten or more	4	8.5
No answer	1	2.1
Total	47	100.0

TABLE V-11.--Student respondents according to birth position among siblings

Birth Position	Number	Per cent
First	22	46.8
Second	11	23.4
Third	5	10.64
Fourth	4	8.5
Fifth	1	2.12
Sixth	2	4.3
Seventh	1	2.12
Eighth	..	..
Ninth	..	..
Tenth or more	1	2.12
Total	47	100.0

TABLE V-12.--Student respondents according to birth position among siblings of same sex

Birth Position	Number	Per cent
First	27	57.5
Second	11	23.4
Third	4	8.5
Fourth	3	6.4
Fifth	..	..
Sixth	1	2.1
No answer	1	2.1
Total	47	100.0

TABLE V-13.--Age characteristics of faculty respondents

Age Category	Number	Per cent
20-24	1	5.6
25-29	4	22.2
30-34	3	16.6
35-39	4	22.2
40-44	2	11.1
45-49	2	11.1
50-54	1	5.6
55-59	..	..
60-64	1	5.6
Total	18	100.0

TABLE V-14.--Marital status of faculty respondents

Marital Status	Number		Per cent	
Single	16		88.8	
Lay		(4)		(22.2)
Religious		(12)		(66.6)
Married	1		5.6	
Divorced/separated	1		5.6	
Total	18		100.0	

TABLE V-15.--Faculty home state (in order of frequency expressed)

Home State	Frequency
Illinois	9
Wisconsin	6
Kentucky	1
Nebraska	1
Pennsylvania	1
Total	18

TABLE V-16.--Rural-urban background of faculty respondents

Location	Number	Per cent
Rural farm	1	5.6
Rural non-farm	1	5.6
Small town (less than 10,000)	1	5.6
Small city (10,000-500,000)	7	38.8
Large city in metropolitan area (over 500,000)	5	27.8
Suburb near large city	3	16.6
Total	18	100.0

TABLE V-17.--Place of birth of parents of faculty respondents

Place of Birth	Father		Mother	
	Number	Per cent	Number	Per cent
Continental United States	16	88.9	16	88.9
Other	2	11.1	2	11.1
Total	18	100.0	18	100.0

TABLE V-18.--Place of birth of grandparents of faculty respondents

Place of Birth	Paternal grandparents		Maternal grandparents	
	Number	Per cent	Number	Per cent
Both continental United States	6	33.3	6	33.3
One continental United States; one other	4	22.2	3	16.7
Both other	7	38.9	8	44.4
No answer	1	5.6	1	5.6
Total	18	100.0	18	100.0

TABLE V-19.--Occupational classification of faculty respondents' parents[a]

Category	Fathers		Mothers	
	Number	Per cent	Number	Per cent
High executive; major professional	3	16.7	..	..
Business manager; lesser professional	..	..	3	16.7
Administrator; semi-professional	5	27.7	..	..
Clerical and/or salesworker; technician; owner of small farm	1	5.6	2	11.1
Skilled manual employee	6	33.3	..	..
Machine operator; semi-skilled employee	2	11.1	..	..
Unskilled	1	5.6		
(Housewife)			13	72.2
Total	18	100.0	18	100.0

[a]These figures represent the parents' occupations, or, if deceased, the major occupations of both parents when living. In 85.1 per cent of the cases, both parents were living. Five fathers and three mothers were deceased.

TABLE V-20.--Formal education of faculty respondents' parents

Formal Education	Father		Mother	
	Number	Per cent	Number	Per cent
Graduate professional training	2	11.1	..	..
Standard college or university	..	..	1	5.6
Partial college	1	5.6	2	11.1
High school	3	16.7	4	22.2
Partial high school (10-11 years)	2	11.1	..	..
Junior high school (7-9 years)	3	44.4	9	50.0
Less than 7 years	2	11.1	2	11.1
Total	18	100.0	18	100.0

TABLE V-21.--Religious affiliation of faculty respondents and faculty respondents' parents

Religion	Faculty		Father		Mother	
	Number	Per cent	Number	Per cent	Number	Per cent
Catholic	17	74.4	16	88.8	17	94.4
Protestant	1	5.6	1	5.6	1	5.6
No answer	..	..	1	5.6	..	..
Total	18	100.0	18	100.0	18	100.0

TABLE V-22.--Size of family of faculty respondents

Number of Siblings	Number	Per cent
One	1	5.6
Two	3	16.7
Three	3	16.7
Four	1	5.6
Five	4	22.2
Six	2	11.1
Seven	2	11.1
Eight	..	..
Nine	1	5.6
Ten or more	1	5.6
Total	18	100.0

TABLE V-23.--Faculty respondents according to birth position among siblings

Birth Position	Number	Per cent
First	5	27.7
Second	7	38.8
Third	1	5.6
Fourth	2	11.1
Fifth	1	5.6
Sixth	..	..
Seventh	1	5.6
Eighth	1	5.6
Total	18	100.0

TABLE V-24.--Faculty respondents according to birth position among siblings of same sex

Birth Position	Number	Per cent
First	9	50.0
Second	4	22.2
Third	4	22.2
Fourth	1	5.6
Total	18	100.0

TABLE V-25.--Responses concerning necessity of foregoing or curtailing selected activities

Activity foregone or curtailed	Students		Faculty	
	Number	Per cent	Number	Per cent
Recreation, social activities				
Yes	19	40.4	11	61.1
No	27	57.5	7	38.9
No response	1	2.1		
Total	47	100.0	18	100.0
Keeping abreast of current events				
Yes	19	40.4	8	44.4
No	28	59.6	10	55.6
No response				
Total	47	100.0	18	100.0
Reading non-medical materials				
Yes	26	55.3	9	50.0
No	21	44.7	9	50.0
No response				
Total	47	100.0	18	100.0
Family life				
Yes	19	40.4	11	61.1
No	28	59.6	6	33.3
No response			1	5.6
Total	47	100.0	18	100.0
Non-required educational activities				
Yes	25	53.2	11	61.1
No	21	44.7	7	38.9
No response	1	2.1		
Total	47	100.0	18	100.0

APPENDIX VI

SUPPLEMENTARY TABLES FOR CHAPTER IV

TABLE VI-1.--"t" value, significance level (p), and degrees of freedom (df) for the differences between mean scores for all variables in terms of students' academic status based on grade point average in nursing courses. (GPAN)

AS Based on GPAN	RC			Rc			B		
	"t"	p	df	"t"	p	df	"t"	p	df
1 and 2	0.547	> .05	39	0.084	> .05	39	0.197	> .05	39
1 and 3	0.101	> .05	16	0.188	> .05	16	0.126	> .05	16
2 and 3	0.392	> .05	33	0.366	> .05	33	0.020	> .05	33

AS Based on GPAN	C			D			E		
	"t"	p	df	"t"	p	df	"t"	p	df
1 and 2	0.292	> .05	39	1.266	> .05	39	0.502	> .05	39
1 and 3	0.820	> .05	16	0.765	> .05	16	0.583	> .05	16
2 and 3	0.622	> .05	33	0.115	> .05	33	1.149	> .05	33

AS Based on GPAN	F		
	"t"	p	df
1 and 2	0.227	> .05	39
1 and 3	0.303	> .05	16
2 and 3	0.244	> .05	33

TABLE VI-2.--"t" value, significance level (p), and degrees of freedom (df) for the differences between mean scores on scales B, C, D, E, and F in terms of academic status of respondents

AS	Scale B			Scale C			Scale D		
	"t"	p	df	"t"	p	df	"t"	p	df
Students									
1 and 2	0.707	>.05	32	0.791	>.05	32	0.942	>.05	32
1 and 3	0.372	>.05	22	0.031	>.05	22	0.451	>.05	22
2 and 3	0.346	>.05	34	0.787	>.05	34	1.668	>.05	34
Faculty									
1 and 2	1.417	<.10	12	0.330	>.05	12	0.211	>.05	12
1 and 3	0.887	>.05	6	0.762	>.05	6	0.166	>.05	6
2 and 3	0.325	>.05	12	0.514	>.05	12	0.399	>.05	12

AS	Scale E			Scale F		
	"t"	p	df	"t"	p	df
Students						
1 and 2	0.942	>.05	32	0.057	>.05	32
1 and 3	0.451	>.05	22	0.422	>.05	22
2 and 3	1.668	<.10	34	0.583	>.05	34
Faculty						
1 and 2	1.505	<.10	12	1.725	<.10	12
1 and 3	2.889	<.05	6	1.686	<.10	6
2 and 3	0.401	>.05	12	0.659	>.05	12

TABLE VI-3.--"t" value, significance level (p), and degrees of freedom (df) for the differences between mean scores on all variables in terms of social class (SC) of students.

SC	GPA			GPAN			RC		
	"t"	p	df	"t"	p	df	"t"	p	df
1 and 2	2.012	<.05	17	2.153	<.05	17	0.466	>.05	17
1 and 3	1.262	>.05	32	1.138	>.05	32	0.644	>.05	32
2 and 3	1.126	>.05	39	1.244	>.05	39	0.007	>.05	39

SC	Rc			Scale B			Scale C		
	"t"	p	df	"t"	p	df	"t"	p	df
1 and 2	0.417	>.05	17	0.955	>.05	17	0.367	>.05	17
1 and 3	0.021	>.05	32	0.245	>.05	32	0.245	>.05	32
2 and 3	0.537	>.05	39	0.651	>.05	39	0.092	>.05	39

SC	Scale D			Scale E			Scale F		
	"t"	p	df	"t"	p	df	"t"	p	df
1 and 2	1.325	>.05	17	1.451	<.10	17	0.039	>.05	17
1 and 3	1.070	>.05	32	1.462	<.10	32	0.647	>.05	32
2 and 3	0.092	>.05	39	0.575	>.05	39	0.907	>.05	39

BIBLIOGRAPHY

Books

Abramovitz, A. B., and Burnham, E. Self-Understanding in Profession Education: A Pilot Project in Wisconsin Schools of Nursing. Madison, Wisconsin: Wisconsin State Board of Health. (no date given)

American Nurses' Association. Facts about Nursing. New York: The American Nurses' Association, 1961.

Bales, Robert F. Interaction Process Analysis: Cambridge: Addison-Wesley Press, Inc., 1950.

Bell, Robert R. (ed.) The Sociology of Education. Homewood, Ill.: The Dorsey Press, Inc., 1962.

Boyle, Rena. A Study of Student Nurse Perception of Patient Attitudes. Washington, D. C.: U. S. Department of Health, Education and Welfare, 1960.

Bullock, Robert P. What Do Nurses Think of Their Profession? Columbus, Ohio: The Ohio University Research Foundation, 1954.

Burling, T., Lentz, E. and Wilson, R. The Give and Take in Hospitals. New York: Putnam, 1956.

Caplow, Theodore. The Sociology of Work. New York: McGraw Hill, 1964.

Christ, Edwin A. Nurses at Work. Columbia, Missouri: University of Missouri, 1956.

Davis, Fred (ed.). The Nursing Profession. New York: John Wiley & Sons, Inc., 1966.

The Evaluation of Nurses by Male Physicians. Kansas City, Missouri: Community Studies, Inc., 1955.

Firth, Raymond. Elements of Social Organization. New York: Philosophical Library, 1951.

Ford, Thomas R. and Stephenson, Diane D. Institutional Nurses: Roles, Relationships and Attitudes in Three Alabama Hospitals. University, Alabama: University of Alabama Press, 1954.

Freeman, Howard E., Levine, Sol, and Reader, Leo C. (eds.) Handbook of Medical Sociology. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1963.

Gallagher, Anna Helen. Educational Administration in Nursing. New York: Macmillan Company, 1965.

Gross, Neal and Herriott, Robert. Staff Leadership in Public Schools: A Sociological Inquiry. New York: John Wiley & Sons, 1965.

Gross, N., Mason, W. S., and McEachern, A. W. Explorations in Role Analysis: Studies of the School Superintendency Role. New York: John Wiley & Sons., 1958.

Habenstein, Robert W., and Christ, Edwin A. Professionalizer, Traditionalizer, and Utilizer. Columbia, Missouri: University of Missouri Press, 1955.

Hare, A. Paul. Handbook of Small Group Research. New York: The Free Press, 1962.

Hughes, Everett C., Hughes, Helen MacGill, and Deutcher, Irwin. Twenty Thousand Nurses Tell Their Story. Philadelphia: J. B. Lippincott Company, 1958.

Jahoda, Marie, Deutsch, M., and Cook, S. E. (eds.) Research Methods in Social Relations. New York: Dryden Press, 1951.

Lindzey, G. (ed.) Handbook of Social Psychology. 2 vols. Reading, Mass.: Addison-Wesley, 1954.

Linton, Ralph. The Cultural Background of Personality. New York: Appleton-Century-Crofts, Inc., 1945.

Linton, Ralph. The Study of Man. New York: Appleton-Century-Crofts, 1936.

Loomis, Charles P. Social Systems: Essays in Their Persistence and Change. New York: D. Van Nostrand Company, Inc., 1960.

McGlothin, William J. Patterns of Professional Education. New York: G. P. Putnam's Sons, 1960.

McGrath, Earl J. Liberal Education in the Professions. New York: Columbia University, 1960.

McPartland, Thomas S. Formal Education and the Process of Professionalization. Kansas City, Missouri: Community Studies, Inc., 1957.

Mead, George H. Mind, Self, and Society. Chicago: University of Chicago Press, 1934.

Merton, Robert K. Social Theory and Social Structure. rev. ed. Glencoe, Illinois: The Free Press, 1957.

Merton, Robert K., Broom, Leonard, and Cottrell, Leonard S. Jr. (eds.) Sociology Today. New York: Basic Books, Inc., 1959.

Merton, Robert K., Reader, George C., and Kendall, Patricia L. The Student Physician: Introductory Studies in the Sociology of Medical Education. Glencoe, Illinois: Free Press, 1957.

Miller, Delbert C. A Handbook of Research Design and Social Measurement. New York: David McKay, 1965.

Parsons, Talcott. The Social System. Glencoe, Illinois: The Free Press, 1951.

Parsons, Talcott, and Shils, Edward A. (eds.) Toward a General Theory of Action. Cambridge, Mass.: Harvard University Press, 1951.

Public Images of the Nurse. Kansas City, Missouri: Community Studies, Inc., 1955.

Reissman, Leonard, and Rohrer, John H. (eds.) Change and Dilemma in the Nursing Profession. New York: G. P. Putnam's Sons, 1957.

Robb, Isabel Hampton. Educational Standards for Nurses. Cleveland: E. C. Koeckert, 1907.

Rogers, Martha E. Reveille in Nursing. Philadelphia: F. A. Davis Co., 1964.

Simmons, Leo W. and Henderson, Virginia. Nursing Research: A Survey and Assessment. New York: Appleton-Century-Crofts, 1964.

Spalding, Eugenie Kennedy, and Notter, Lucille. Professional Nursing: Foundations, Perspectives and Relationships. Philadelphia: J. B. Lippincott, 1965.

Spencer, Douglas. Fulcra of Conflict. Yonkers-on-the-Hudson: World Books, 1938.

Thomas, Edwin J. and Biddle, Bruce J. (eds.) Role Theory: Concepts and Research. New York: John Wiley & Sons, Inc., 1966.

Vaillot, Sister Madeleine Clémence. Commitment to Nursing. Philadelphia: J. B. Lippincott Co., 1962.

Vollmer, Howard M. and Mills, Donald L. Professionalization. Englewood Cliffs, New Jersey: Prentice-Hall, 1966.

Articles and Periodicals

"ANA Board Responds to Members' Questions on the Education Position," American Journal of Nursing, LXVI (March, 1966), 517.

"ANA's First Position on Education for Nursing," American Journal of Nursing, LXVI (March, 1966), 515-17.

"ANA Position on Education for Nursing," American Journal of Nursing, LXV (December, 1965), 106-11.

Baker, S. R. "A Study of Attitude Change in a College Program of Nursing Education," Nursing Research, XII (Fall, 1964), 345-7.

Bates, A. P. "Some Sociometric Aspects of Social Ranking in a Small Face-to-Face Group," Sociometry, XV (1952), 330-41.

Bates, F. L. "Position, Role, and Status: A Reformulation of Concepts," Social Forces, XXXIV (May, 1956), 313-21.

Becker, Howard. "Notes on the Concept of Commitment," American Journal of Sociology, LXVI (July, 1960), 32-40.

Becker, Howard S., and Carper, James. "The Development of Identification with an Occupation," American Journal of Sociology, LXI (January, 1956), 289-298.

Becker, Howard S., and Carper, James. "The Elements of Identification with an Occupation," American Sociological Review, XXI (June, 1956), 341-48.

Benne, Kenneth D., and Bennis, Warren. "Role Confusion and Conflict in Nursing," American Journal of Nursing, LIX (February, 1959), 196-8.

Benoit-Smullyan, Emile. "Status, Status Types and Status Interrelationships," American Sociological Review, IX (April, 1944), 151-61.

Cates, Judith N. "Images of the Health Profession," The Sociological Quarterly, VI (Autumn, 1965), 391-97.

Childs, Irwin L. "The Use of Interview Data in Quantifying the Individual's Role in the Group," Journal of Abnormal and Social Psychology, XXXVIII (July, 1943), 305-18.

Corwin, Ronald G. "The Professional Employee: A Study of Conflict in Nursing Roles," American Journal of Sociology, XLVII (May, 1961), 604-15.

Corwin, Ronald G. "Role Conceptions and Career Aspirations: A Study of Identity in Nursing," The Sociological Quarterly, II (March, 1961), 69-86.

Corwin, Ronald G. and Taves, Marvin J. "Some Concomitants of Bureaucratic and Professional Conceptions of the Nurse Role," Nursing Research, XI (Fall, 1962), 223-28.

Davis, Fred, and Olesen, Virginia L. "Baccalaureate Students' Images of Nursing: A Follow-Up Report," Nursing Research, XV (Spring, 1966), 151-58.

Davis, F., and Olesen, Virginia L. "Baccalaureate Students' Images of Nursing: A Study of Change, Consensus, and Consonance in the First Years," Nursing Research, XIII (Winter, 1964), 8-15.

Deutscher, Irwin, and Montague, Anne. "Professional Education and Conflicting Value Systems: The Role of Religious Schools in the Educational Aspirations of Nursing Students," Social Forces, XXXV (December, 1956), 125-31.

Devereux, George, and Weiner, Florence R. "The Occupational Status of Nurses," American Sociological Review, XV (October, 1950), 628-34.

Eron, Leonard D. "The Effect of Nursing Education on Attitudes," Nursing Research, IV (June, 1955), 24-27.

Ehrlich, Howard J., Rinehart, James W., and Howell, John C. "The Study of Role Conflict: Explorations in Methodology," Sociometry, XXV (March, 1962), 85-99.

Fox, David, et al. "Characteristics of Basic Nursing Faculty," Nursing Outlook, XII (December, 1964), 40-43.

Getzels, J. W. and Guba, E. G. "Role, Role Conflict, and Effectiveness," American Sociological Review, XIX (April, 1954), 164-75.

Goode, Wm. J. "Community within a Community: The Professions," American Sociological Review, XXII (April, 1957), 194-200.

Holliday, Jane. "The Ideal Characteristics of a Professional Nurse," Nursing Research, X (Fall, 1961), 205.

James, B. J. "Methodological Problems in the Application of Sociometry under 'Uncontrolled' Conditions," Sociometry, XVIII (1955), 111-21.

Johnson, Miriam M., and Martin, Harry W. "A Sociological Analysis of the Nurse Role," American Journal of Nursing, LVIII (March, 1958), 373-77.

Lenski, Gerhard. "Status Crystallization: A Non-Vertical Dimension of Social Status," American Sociological Review, XIX (August, 1954), 405-13.

McKinney, John C. and Ingles, Thelma. "Professionalization of Nurses," Nursing Outlook, VII (June, 1959), 365-66.

Martin, Harry W. "The Behavioral Sciences and Nursing Education: Some Problems and Prospects," Social Forces, XXXVII (October, 1958), 61-67.

Merton, Robert K. "The Search for Professional Status," The American Journal of Nursing, XL (May, 1960), 662-64.

"The 1960 ANA Convention," The American Journal of Nursing, LX (June, 1960), 832.

Pius XII, "On Religious Vocations," The Catholic Mind, LI (June, 1953), 381.

Powers, Sister Eleanore Francis. "Attitudes Toward Professionalization and Career Plans: A Study of Nursing Students in Sectarian and Non-Sectarian Baccalaureate Degree Program," Journal of Nursing Education, III (August, 1964), 17-25.

Rushing, W. A. "Role Concept: Assumptions and Their Methodological Implications," Sociology and Social Research, XLIX (October, 1964), 46-57.

Shuval, Judith T. "Perceived Role Components of Nursing in Israel," American Sociological Review, XXVIII (February, 1963), 37-46.

Smith, Elizabeth Reichert. "Patterns of Interpersonal Preferences in a Nursing School Class," Nursing Research, III (June, 1954), 26-32.

Smith, Kathryn M. "Discrepancies in the Role Specific Values of Head Nurses and Nursing Educators," Nursing Research, XIV (Summer, 1965), 196.

Stauffer, Samuel and Toby, Jackson. "Role Conflicts and Personality," American Journal of Sociology, LVI (March, 1951), 395-406.

Williams, T. R., and Williams, M. M. "Socialization of the Student Nurse," Nursing Research, VIII (Winter, 1959), 18-25.

Zaccaria, Joseph and Reynolds, Genevieve. "Nursing Students' Attitudes toward Their Career: A Challenge for Nursing Education," The Journal of Nursing Education, V (August, 1966), 31-36.

Unpublished Materials

Ehrlich, H. J. "The Analysis of Role Conflicts in a Complex Organization: The Police," Unpublished Ph. D. dissertation, Michigan State University, 1959.

Fredericks, Marcel A. "The Professionalization of Medical Students: Social Class, Attitudes and Academic Achievement," Unpublished Ph. D. dissertation, Department of Sociology, Loyola University, 1965.

Goldstein, Rhoda L. "The Professional Nurse in the Hospital Bureaucracy," Unpublished Ph. D. dissertation, Department of Sociology, University of Chicago, 1954.

Holliday, Jane. "An Ideal Image of the Professional Nurse, with a Method for Formulating a Composite Ideal Nurse," Unpublished Ph. D. dissertation, Columbia University Teachers College, 1961.

Hollingshead, August B. "Two-Factor Index of Social Position," New Haven, Connecticut: August B. Hollingshead, 1957. (Mimeographed.)

Kaufmann, Margaret Ann. "Identification of Theoretical Bases for Nursing Practice," Unpublished Ph. D. dissertation, University of California, Los Angeles, 1958.

Mauksch, Hans O. "The Nurse: A Study in Role Perception," Unpublished Ph. D. dissertation, University of Chicago, 1960.

Rogers, Martha E. An Introduction to the Theoretical Bases of Nursing Practice (In progress).

Other Sources

Because anonymity was guaranteed to the respondents of this study, the following sources must contain incomplete bibliographical data.

Department of Nursing. "Faculty News Notes," September 30, 1966.

Department of Nursing. Minutes of Nursing Faculty Workshop. August 23-26, 1966.

Department of Nursing. Self-Evaluation Report for Reaccreditation by the National League of Nursing, Department of Baccalaureate and Higher Degree Programs. February 26, 1963. (Mimeographed)

Department of Nursing. Self-Evaluation Report for Reaccreditation by the National League of Nursing, Department of Baccalaureate and Higher Degree Programs - Progress Report. September 13, 1966. (Mimeographed)

"Faculty Handbook," Rev. Ed., 1963. (Mimeographed)

Personal interview with the Acting Chairman of the Nursing Department. April 22, 1966.

Personal interview with the Acting Chairman of the Nursing Department. September 10-11, 1966.