Role Conception Among Filipino Nurses in Chicago and Some Aspects of Marginality

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ROLE CONCEPTION AMONG FILIPINO NURSES IN CHICAGO
AND SOME ASPECTS OF MARGINALITY

by

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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

January 1965
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CHAPTER I

INTRODUCTION

Scope of the Study

R. C. Stone, in an article in the volume *Readings in Contemporary American Sociology*, writes that interest in the study of the professions seems to have been scarce until about fifteen years ago. A wave of enthusiasm was brought forth by investigations of social types in the city. Such social types tended to be occupational types, consequently drawing attention to professions as aspects of the occupational world. The increasing emphasis on social process also paved the way for the study of occupations in terms of professionalization. (See page 10 for explanation.) Issues delved into in this field have revolved around socio-psychological elements in professionalization, the self-conceptions, conflicts and stresses emerging from changing status and from the development of a specialized group of persons wielding highly developed occupational skills. The notion of process—ceaseless change and adaptation—has been basic to the development of the field.¹

Researches on nursing have been directed toward a study of changing status and professionalization, and an evaluation of the resulting tensions and difficulties experienced by the nurses. This thesis, which is meant to be exploratory, is an attempt to study a particular group of nurses—Filipino nurses in the Greater Chicago area, who came to the United States under the Exchange Visitors Program—as they conceive of their profession, and the relationship of their conceptions to their experiences in the American hospital.

Review of Related Literature

It is not surprising that the most active proponent of nursing research has been the American Nurses' Association. In 1950, the House of Delegates of the Association presented the plans for a five-year program of research in nursing functions. The purpose of the research program was the analysis and delineation of the nursing functions so that better patient care may be rendered. Thirty-two projects in the different states were conducted under the sponsorship of the American Nurses' Association and the American Nurses' Foundation. Everett C. Hughes, Helen MacGill Hughes, and Irwin Deutcher, in their Twenty-Thousand Nurses Tell Their Story give a synthesis of the findings of thirty-

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four studies, as well as the implications for the nurse as a practitioner, her relationships to others in the work situation and the future of nursing.

One of the most interesting studies conducted among nurses was that of Robert W. Habenstein and Edwin A. Christ. In a monograph which bears out the results of their efforts among nurses in some non-metropolitan hospitals in the state of Missouri, Habenstein and Christ introduce three nurse types based upon the individual's concepts of the functions within the profession—the Professionalizer (One who considers nursing as a career), the Traditionalizer (one who considers nursing as a vocation), and the Utilizer (one who considers nursing as a job). The authors also introduce the new concept of the "homeguard" composed of the Old Faithfuls (a variety of Traditionalizers) who give the institution its special character and set its tone and public opinion, and who can make or break authority.

Leonard Reissman and John H. Rohrer add further to the sociologist's collection of personality types. In a study which they conducted at the Charity Hospital in New Orleans, Louisiana, the Dedicated, the Converted, as well as the Disenchanted and the Migrant types of hospital personnel evolved. These types are

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4 Ibid., p. 67.
based upon the initial motives of the hospital employee for entering the profession and the subsequent commitment to the profession itself. The Dedicated type of employee entered the hospital or the nursing profession for positive reasons and wished to continue in that kind of work in the future. For her, hospital work had been and continued to be a most important objective. The Converted type entered the hospital for negative reasons but later came to like the work well enough, such that she has directed her future aspirations toward continued work in the hospital. The Disenchanted type entered the hospital for positive reasons but no longer wished to continue working there in the future. The Migrant type entered the hospital for negative reasons and did not wish to continue working there in the future. She moved in and out of hospital employment without any real desire to remain.

The Community Studies, Inc., under the sponsorship of the Missouri State Nurses' Association, published a series of five studies in connection with the American Nurses' Association's five-year program. All of these studies deal in one way or another with the trend toward professionalization in nursing. In the Evaluation of Nurses by Male Physicians, the researchers conclude that although some doctors tend to be critical of the

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current emphasis on professionalization, the majority of them still retain relatively positive evaluations of the nurses.  

Age, sex, socio-economic status, rural-urban origins and parenthood are given in Public Images of the Nurse as factors which hypothetically could have an influence on the way people look at nurses. For example, high socio-economic groups look upon nursing as an occupation with functions contrary to the traditional feminine role. Lower socio-economic groups, on the other hand, look upon nurses as the "Ministering Angels" of Florence Nightingale ideals.  

A Survey of the Social and Occupational Characteristics of a Metropolitan Nurse Complement by Irwin Deutcher gives a description of the nurses with reference to the social elements of age, marital status, religion, socio-economic status, occupational origins of the fathers, geographic origins, etc. It is mostly statistical.  

Thomas S. McPartland's Formal Education and the Process of Professionalization draws out the shift from the "idealization"

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among freshmen to "reality" among the senior students of nursing, or an increasing trend toward professionalization as the training period progresses. Aspirations of the senior students lead away from direct care of patients at the bedside and emphasize instructional, administrative and technical services.  

Nurses from the state of Ohio cooperated with Robert P. Bullock in a study which he conducted, and which brought about the publication of the book, *What Do Nurses Think of Their Profession?* Bullock sought to determine prevalent nurse attitudes toward their profession and to identify factors which might be significantly associated with job satisfaction. The study reflects the observation that it is among general duty nurses where levels of satisfaction are lowest. Figures reveal that dissatisfaction is associated with factors such as age, attitudes toward independence of action and self-direction, as well as with opportunity for social activities and recreation. With reference to the factor of public opinion, low morale tended to accompany the conviction that nurses are generally looked down upon as either domineering, "fast and free" in sex matters or as servants who work hard in an unpleasant occupation.  

Rhoda L. Goldstein contributes a thorough analysis of

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nurse relationships in three Chicago hospitals in her work, "The Professional Nurse in the Hospital Bureaucracy." She investigates the relationships of the nurse with hospital administration, her nursing superiors, her colleagues, the doctor, the patients and the hospital auxiliary workers. She further introduces a new aspect, the integration of the Negro nurse into the profession. Just as the other researchers did, she discusses the conflict between the "old school" of Traditionalizing nurses and the "new school" of Professionalizers. In parallel to Habenstein and Christ's typology, she discovered that nursing may be viewed as a humanitarian mission or calling (Traditionalizing), a career (Professionalizing), or just a job (Utilizing). Based on this main typology, other typologies which she contributes are: (a) the nurse's orientation to the hospital (Institutional or independent); (b) her attitudes to and relations with the doctor (always highly formal relations, disapproval of social relations with them, or judging them largely on the basis of their professional attributes); (c) her attitudes to and relations with other nurses (inclined to associate or inclined to isolate); (d) her orientation to the patients (technique-oriented, bedside-oriented, or administration-oriented).

Goldstein also discusses the conflicts arising from the changing status of nursing and the ambivalent position which the nurse holds as a professional with the status of a salaried

employee in the bureaucratic structure of the hospital.

William T. Liu and Sheridan McCabe, in their work *The Nursing Home in Oregon*, contribute significant insights into the social structure of nursing homes, their services, personnel relationships and attitudes, patient care and professional norms. Their insights regarding role conflict are very significant.\(^{12}\)

Only four studies regarding Philippine nursing are known to this writer. Three of them are unpublished theses at the Catholic University of America for the degree of Master of Nursing Education. The fourth is a doctoral dissertation in Education for the University of California, Berkeley by Sister Marie Carmen Bergamini. Only two studies will be summarized here because the other two have no significant relevance to this thesis.

Milagros Perez, in her thesis "The Teaching and Work-Related Activities of Thirty-Nine Instructors in Nineteen Hospital Schools of Nursing in the Philippines," suggests an interesting assumption:

> teaching and work-related activities performed by instructors in the United States, as revealed in the nursing research literature will be similar to those performed by instructors in schools of nursing in the Philippines.\(^{13}\)


\(^{13}\)Milagros F. Perez, "The Teaching and Work-Related Activities of Thirty-Nine Instructors in Medical and Surgical Nursing in Nineteen Hospital Schools of Nursing in the Philippines" (Unpublished Master's Thesis, School of Nursing Education, The Catholic University of America, 1961), p. 4.
She justifies this with the following facts:

1. The system of nursing education in the Philippines is patterned after the system of nursing education in the United States;
2. Many nurse educators in the Philippines have obtained advanced nursing education in the United States;
3. Nursing literature from the United States is widely circulated in the Philippines. 14

The results of a study on Filipino nurses who have been in the United States are presented by Sister Marie Carmen Bergamini in her doctoral dissertation. She spent some months in the Philippines interviewing nurses who were enrolled in American schools of nursing during the five-year period 1957 to 1961 and who had returned to the Philippines. In assessing nursing practice in the United States and in the Philippines, Sister Marie Carmen came to the conclusion that a rather close relationship exists between differences noted by the returnees and the barriers which they considered inhibiting the effective practice of nursing.

Adherence to traditional folk medical practice on the part of the majority of Filipinos, resistance to change and the lack of acceptance of scientific medicine, together with socio-economic conditions resulting in widespread poverty and a low standard of living for the masses, combined to form barriers which prevented implementation of nursing practice as studied and observed in the United States. 15

14 Ibid.

Two aspects of the nursing situation in this country will be of interest in this thesis. The first is the increasing trend toward professionalization and the second is the prevailing shortage of nursing personnel in most hospitals.

According to Corwin and Taves, professionalization is "the process through which an occupation gains a monopoly of specialized knowledge and high degree of competence in its utilization. In nursing 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 ... ."16

Traditionally, a nurse was a woman who provided bedside nursing services. This service was rendered for humanitarian reasons and interest in alleviating the suffering. Originally, her services were voluntary, i.e., without charge. Later they became fee services and she herself became a kind of "private duty nurse." Today's nurse sells her skills to an institution in return for a fixed salary and works for a set number of hours per day. In constant association with others, sharing in a division of labor and

handling a vast array of complicated apparatus, she certainly finds herself in a world greatly different from that of her predecessors a few years ago.

Thomas S. McPartland, in his study of student nurses, came to the conclusion that in every school they studied, the nurse has been defined by the administration and the faculty as a person technically skilled in the management of complex or unusual devices or that these kinds of activity are regarded as appealing to prospective students. He further noted that as their education progresses, student nurses are likely to increase the emphasis they give to the technical aspects of nursing. Senior nurse aspirations, he observed, lead away from the direct care of patients at the bedside and emphasize instructional, administrative and technical services which eventually contribute to the well-being of the sick, but in indirect ways.

A set of legal and professional regulations have developed to define adequate instruction and experience in the education of student nurses and to assess the professional competence of graduate nurses. This set of influences was aimed at producing uniformity among schools of nursing.

The development and influence of the American Nurses' Association in all the states as well as several other professional nursing organizations, together with the publication of

17 McPartland, p. 11.
18 Ibid., p. 64.
numerous nursing journals such as the American Journal of Nursing, Nursing Research and Nursing Outlook, are all evidence of the widespread attempt of the nursing profession to be placed among the ranks of the other professions.

Perhaps one of the strongest influences for this increasing trend toward professionalization is the prevailing shortage of nursing personnel in most of the hospitals.

People have tended to utilize the hospital's services more and more. This brought the problem of patients multiplied by functions. Hospital administrators were faced with the dilemma of an inadequate supply of personnel to meet the demands of the patients.

The easiest and quickest solution might have been the recruitment of more nurses. But rapid industrialization in American society produced shortages not only in nursing but in other professions as well. Recruitment became competitive from the point of view of pecuniary gains. Other fields of endeavor offered considerably more than nursing. 19

Emphasis, therefore, shifted to other factors--functions as reassigned to other nursing personnel. Tasks were allocated to less-trained personnel. The nurse aides became very helpful in the performance of some of the simpler nursing tasks, to free the registered nurse for more highly skilled work. Then came the practical nurse, who stands midway between the professional nurse

19 Elizabeth D. Coucey and Diane D. Stephenson, The Field of Private Duty Nursing (Georgia State Nurses' Association, 1955)
and the nurse aide. She undergoes a short classroom and clinical training to imbue her with some of professional ideals of nursing.

The registered nurse, especially in large city hospitals, no longer fits the "ministering angel" role but rather is an administrator or technician. Her patient contact has been reduced to giving "shots", medications and more complex treatments. As such she acts as a technician or a harbinger of pain. "Soothing the brow and rubbing the back are left to non-professional workers, while the nurse is busy writing reports, supervising others, counting narcotics, talking on the phone, or writing order slips."

Hughes, Hughes and Deutcher have noted that.

The care of the person—the bedside 'touch' tasks—is now largely in the hands of auxiliary nurses; and among the several ranks of auxiliaries, this responsibility is in turn passed down so that ... it is as though education were separating the nurse from her patient, and even among the auxiliaries, the nurse aide is likely to provide a greater proportion of direct patient care than is the licensed practical nurse. Ironically, at the very time when education of nurses has become more sophisticated, technical and thorough, other forces are bringing it about that the better educated the nurse, the less does the patient see of her.21

Samuel V. Bennett in 1956 conducted a study of the nursing shortage in Kalamazoo. One of his most important findings is that the shortage of nurses is a nationwide phenomenon. In

20 Goldstein, p. 81.

21 Hughes, Hughes and Deutcher, p. 131.
the case of Kalamazoo, he notes that a disproportionate rate of turnover to the number of graduates may worsen the situation.22

A research project of the California State Nurses’ Association discusses the factors which led to a shortage of nursing personnel in this country. It is believed by most authorities that the shortage has gradually developed since the 1920's with the expansion of public health services and the increased prominence of industrial nursing coupled with the failure of enrollment in nursing schools to keep pace. The depression during the 1930's hindered the expansion of health facilities so that the latent nursing shortage did not become apparent till later. In 1940, a director of the Nurse Placement Service operated in the Midwest by professional nurses' organizations, reported that a balance between the supply of and demand for nurses had been about attained. An imbalance, however, was quickly brought back by World War II. The need for nurses in the military services as well as for nurses health educational programs and the increased use of nurses by war industry drew nurses from civilian hospitals and private practice. Hospitals themselves were faced with greater demands than ever before. An increase in individual income and the benefits of hospitalization insurance proportionately increased the number of admissions in non-federal civilian hospitals.

Normalcy was not achieved with the end of the war. Continued prosperity, the growth of hospital insurance plans, the role of federal and local government in providing health services and facilities and the growing emphasis by the medical professions on preventive medicine and early treatment of disease resulted in more people seeking medical care than ever before. The heavy patient load in veterans' hospitals absorbed some of the nursing supply released by the armed forces. When the war ended, many nurses who had served during the emergency retired from active nursing. Wider adoption of the eight-hour day and forty-hour week further increased the need.\(^{23}\)

A national shortage of at least 50,000 nurses was reported in 1948 by the Committee of the Function of Nurses, appointed by Columbia University to review some of the problems of the shortage of nursing personnel. Since 1950, the United States Department of Labor has classified nursing as a critical occupation.\(^{24}\)

The above paragraphs have discussed the present situation of the nursing profession in the United States. For purposes of this thesis, attention has been placed on the increasing trend toward professionalization. The apparent shortage of nursing personnel as a nationwide problem among United States hospitals has also been established.

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\(^{24}\) Ibid., p. 2.
A description of Philippine nursing is now in order. A summary of the history of the profession in that country is included so that its present status may be better understood.

Culture and the educational standards of a country greatly affect its professions. In a place where women were not considered capable of functions outside the home, they found no incentive to join the ranks of the "ladies in white." Early in the Spanish times, when nursing was first opened in an academic and organized form in 1879 at the University of Santo Tomas, men alone were meant to be called for registration. It was only during the Philippine Revolution against Spain in 1899 that women took an active part in nursing specifically in the care of wounded soldiers. Without previous training in nursing, they dressed wounds, alleviated pain, prepared food and gave comfort to the men engaged in war in the defense of the sacred cause.

In modern Philippines, however, where women are now equally allowed to enter any profession, nursing is one of the professions overflowing with applicants. This has been made more so, when the role and dignity of nursing was found least affected during the war with changes that altered the social standing of other professions.

The early life of the Filipinos, like any other people, had been more or less mixed with superstitious beliefs. The care of the sick and the promotion of health in the past were intermingled with superstitions. According to early writers of Philippine history, the treatment of illness rested in the hands of *herbolarios* (herbmen) or witches.  

Records reveal that hospitals in the Philippines were first established during the fifteenth century. The groups responsible for founding the first ones were: the religious orders and the Spanish administrators. The Spanish government established hospitals for their nationals, especially the soldiers, while the religious hospitals were primarily for missionary purposes. It was the Franciscan Order, more than any other religious group, which was responsible for the establishment of various hospitals in the Philippines. The religious men, who were called hospitalers, did the nursing care of the sick. They were assisted by Filipino attendants whom they previously instructed in the art of caring for the infirm.

In the early development of nursing, the work of the nurse and the physician were not clearly defined. When the first and early medical practitioners were too few to answer the demand for scientific medical care from the provinces, the *practicantes* were given organized teaching to meet the demands for substitute

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27 Ibid., p. 1.
28 Ibid., p. 11.
physicians in places where doctors could not be found. Up to the early thirties, in some towns in the Philippines, army sergeants in the Medical Corps of the American Revolutionary Forces in the Philippines, have continued to practise like doctors in the places where they have intermarried with Filipino women. The Spanish-trained practicantes and cirujano ministrantes later gradually gave way to English-speaking sergeants. When the first "American-trained" Filipino nurses were recruited from their original occupations as household helpers or laundry women, to shift their functions to helping the doctors, the auxiliary role of nursing then did not ask for learning beyond little mechanical training.29

As health demands increased, several training centers (not yet educational centers) were established by several hospitals in the early 1900's. In 1919 the first registration of nurses was made obligatory by the Bureau of Civil Service to establish control on the quality of the nurses to be licensed to practise. Later, in 1924, a Standard Curriculum for Schools of Nursing was published by the League of Nursing Education, now the Nursing Education Section of the Filipino Nurses' Association.30

After the Second World War, the need for higher studies in nursing was felt. Hospital training schools began to graduate

29 Bacala, p. 57.
30 Ibid., p. 108.
trained nurses on the certificate level and educational institutions established the generic baccalaureate program or the bachelor's degree course. According to Bacala, in 1959, there were all in all, thirty-four colleges and schools of nursing in the Philippines—twenty hospital schools of nursing and fourteen colleges of nursing. Ten of the colleges of nursing are in universities and four in colleges with hospital affiliations. Thirteen of the twenty schools of nursing leading to the certificate level are privately-owned, while seven are government-owned. Among the ten university-owned colleges of nursing, eight are offering the generic baccalaureate course and one, a post-basic course exclusively.\(^\text{31}\)

In recognition of the growing importance of the nursing profession, the Philippine government in 1953 passed the Philippine Nursing Law regulating the practice of nursing. In 1956, the Filipino Nurses' Association published "A Curriculum Guide for Philippine Schools of Nursing." Further, in 1958, the Committee on Collegiate Nursing Education Program was established. This Committee is composed of the deans of all colleges of nursing. Its purpose was to establish group unity on the uniform evaluation of collegiate offerings in nursing.\(^\text{32}\) The Filipino Nurses' Association also publishes a bi-monthly periodical, The Philippine

\(^{31}\text{Ibid., p. 52.}\)

\(^{32}\text{Ibid., pp. 108 and 111.}\)
The above points may be presented as evidence of the step-by-step growth in professionalism that Philippine nursing has attained. Yet, in spite of these local trends toward professionalization, Bacala contends that local situations do not equate us with those of foreign lands. It is our needs, our concepts and our social understanding that should be the criteria of the kind of nurses we have to produce. To our people, nursing has been symbolized as the tender palm over a fevered brow, a loving care over a helpless invalid.  

He further says:

In our country, we accept that leadership is an objective in our collegiate nursing education, yet we cannot run away from the public expectation that a nurse must be able to render nursing services.  

The social value of nursing in the Philippines has progressed tremendously. While applicants before had to be paid their allowances to attract them, nowadays parents are willing to shoulder all expenses to allow their children to take up nursing. The Filipino idea of mother-roles in the family has been one of the feminine reasons to take up nursing and be of utmost utility for self and family when the occasion arises. One of the most effective influences is the present medical prestige in the country. Society has accepted the scientific advances in medicine.  

\[\text{Ibid.}, \text{ pp. 80-81.}\]

\[\text{Ibid.}, \text{ p. 82.}\]
and surgery. People have become doctor-conscious in illness as well as in its prevention, and in both instances, nurses play the intermediate roles between medicine and the patient. At present there are more student applicants for nursing than the colleges and schools can accept, and more graduates than hospitals can satisfactorily accommodate. Such a situation could be compared to Tiryakian's observations in "Educational Changes in Underdeveloped Areas and Consequences for the Social Structure." In referring to transitional, underdeveloped areas where the system of higher education is well established (as in the case of India, Egypt and the Philippines) he noted that for the small minority who were able to rise above their humble origins, the professions represented the best avenue. But since the economic development of these countries is not commensurate with the extensive educational system, they could not possibly be absorbed in the prestigious occupations they aimed at. Higher education seems to be an escape from manual work to "white collar" jobs. With the scarcity of these prestigious jobs, however, even the highly educated have to face the danger of unemployment. A well-balanced system of higher education and a less developed economy have resulted in a disequilibrium which Tiryakian called the phenomenon of the "unemployment of intellectuals" as well as "under-employment of intellectuals."

35 Ibid., p. 56.
which has become a pressing problem in the Philippines today.\textsuperscript{36}

The nursing profession is not exempt from such a situation. Aspirants from the provinces have flocked to the cities in the hope of becoming graduate nurses. It is surprising to learn, however, that many applicants enter the nursing profession merely because of the opportunity to go abroad. Mrs. Luisa A. Alvarez, president of the Filipino Nurses' Association, says: "This may surprise you but about 80\% of those asked (Why do you choose the profession of nursing over and above the professions of dentistry, pharmacy, education, etc?) have answered me that it is because they want to go to the United States and other countries."\textsuperscript{37}

The Exchange Visitors Program of the Department of State of the United States has proven to be an apparently successful solution to the existing problems: the shortage of nurses in the United States and the underemployment of nurses in Philippine cities.

The Exchange Visitors Program for Nurses of the Department of State of the United States

The year 1938 marks the first efforts at educational


\textsuperscript{37}Luisa A. Alvarez, "Words to Student Nurses," The Philippine Journal of Nursing, XXXII (July-August 1963), 169.
exchange initiated in the United States. A Division of Cultural Relations was established in the Department of State to facilitate exchange with Latin America. Educational and cultural exchange, however, became a major world-wide program only upon the passage of the Fulbright Amendment of 1946 and the Smith-Mundt Act of 1948. State Department statistics on the program date back to 1949. Previous legislation was consolidated in September 21, 1961 under the Fulbright-Hays Act, also known as Public Law 87-256.38

A definition of the "Exchange Visitors Program" is stated in Federal Register Document 63-1900, February 21, 1963, furnished by the Facilitative Services Staff, Bureau of Educational and Cultural Affairs of the Department of State:

... the term "Exchange-Visitor Program" means a program designed to promote interchange of persons, knowledge and skills, and the interchange of developments in the field of education, the arts, and sciences, and concerned with one or more categories of participants as defined in paragraph (h) of this section [student, trainee, teacher, professor, specialist, research assistant, leader, observer, immediate family], which has been designated as such by the Secretary of State, and in actual operation serves to promote mutual understanding between the people of the United States and the People of other countries.39

The five objectives of the program are:

1. The increase of mutual understanding;


39 United States, Federal Register Document 63-1900 (1963), sec. 63.1, (c).
2. The promotion of international cooperation for Educational and Cultural Advancement;
3. Working with those nations seeking United States collaboration in economic and social modernization;
4. The increase in competence of the United States in dealing with international affairs;
5. The support of basic foreign policy objectives of the United States. 40

There are nine different types of sponsorship for an Exchange Visitors Program participant. Some of the types are those sponsored either by the Bureau of Educational and Cultural Affairs of the Department of State; by an international agency in which the United States Government participates; or by educational institutions; hospitals, and related institutions; and by business and industrial concerns. Length of stay in this country is dictated by law for each type of participant. For example, graduate nurses are allowed to stay for the duration of two years; doctors of medicine, five years; business and industrial trainees, eighteen months; and students, as long as they pursue substantial scholastic programs leading to recognized degrees or certificates. 41

An evaluation of the "Exchange-of-Persons Program" is set forth in the pamphlet A Beacon of Hope. This is a report based on a survey made on the effectiveness of the program with specific emphasis on the activities of a reasonably representative sample


41 United States, Federal Register Document 63-1900 (1963) secs. 63.1, (h), and 63.5, (b).
of past recipients of the aid. The study describes mutual advantages derived from the program. Testimony from all sources that the program as a whole is effective, overwhelmed the researchers. The report further included drawbacks which might arise from it and recommended suggestions for improvement.

Following the main objectives of the Exchange Visitors Program, the subsidiary program in nursing has for its purpose the promotion of better international understanding of the United States. It is expected that a fruitful interchange of ideas will result from this program. Educational experiences offered foreign nurses should help them improve knowledge and skills which will be useful to them when they return to their own country.42

Programs available to foreign professional nurses are of three types:

1. The University Program: This type consists of sponsorship by a university. Affiliation may lead to a Bachelor of Science, or Master of Arts degree. Clinical experience is provided the student in associated hospitals.

2. The organization-sponsored Program: Exchangees may be sponsored by the American Nurses' Association or other organizations. Under this type of program, the candidate must be a member in good standing of her own national nursing organization

maintaining membership in the International Council of Nurses. She may then be placed under a university or a hospital. Placement is determined either by her personal preference, sociological interest, or her financial or educational limitations.

3. The Independent Hospital Program: This program provides for a few hours of classes per week. The main part of the program, however, is taken up by patient care. Edith M. F. Pritchard points out that hospital interest in the program tends to center upon the nursing shortage. The foreign nurse is often considered primarily as a means of overcoming this shortage; and her own needs tend to be overlooked. This situation, however, is compensated for by the provision of high stipends, no tuition fees and the arrangement of the foreign nurse's duty rotations to enable her to attend a nearby college or university.43

The State Department officially describes the status of the Exchange Visitor nurse under the hospital program as follows:

1. The program should not be the same as, or be part of any other given to student nurses or other groups in the hospital.

2. Nurses should comply with all the requisites of an Exchange Visitor graduate nurse in that "she is not displacing anyone in the hospital."

3. Her work should be of no material profit to the hospital.

4. She should not be simultaneously employed or receiving income from other sources, whether domestic or foreign.

5. She should not receive remuneration comparable to that of any other employee but should merely get from the hospital an allowance to permit her to buy basic necessities.44

Although these requirements are stipulated, not all of them are specifically followed by both the hospitals and the foreign exchange visitors. Chapter IV will show the discrepancies between the regulations and actual practices.

No statistics are available on the present number of Filipino nurses who have availed themselves of the opportunities offered by this program. The proof of its popularity though is that in Chicago alone, one hospital, employing at least 200 Filipino nurses, would be seriously incapacitated were the program to be withdrawn. The professional nursing staff of St. Luke's Hospital in New York is composed of one-third Foreign Exchange Program participants.45

It is hoped, in this exploratory attempt, that the situation regarding Filipino nurses in Chicago may be brought to light and that solutions may be offered by those under whose charge the case rests.

44 Ibid., p. 31.

45 Ibid.
Theoretical Considerations

Ralph Linton, in the Cultural Background of Personality, probably presents the most basic treatment of the term role. He defines it 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."\(^{46}\)

In defining the term role, the term status was used. Both are related but both must be distinguished. Levinson explains that the concept of social position (status) represents "an element in organizational membership."\(^{47}\) Linton says it is "the position of an individual in the prestige system of his society."\(^{48}\) For example, statuses are ascribed to a person on the basis of his age and sex, birth or marriage. A person learns his roles on the basis of his statuses. "In so far as it represents overt behavior, a role is the dynamic aspect of a status."\(^{49}\)

Levinson notes three senses in which the term role has been used:


\(^{48}\) Linton, p. 77.

\(^{49}\) Ibid.
a. Role may be defined as the structurally given demands (norms, expectations, taboos, responsibilities, etc.) associated with a given social position. Role is, in this sense, something outside the given individual, a set of pressures and facilitations that channel, guide, impede, support his functioning in the organization.

b. Role may be defined as the member's orientation or conception of the part he is to play in the organization. It is, so to say, his inner definition of what someone in his social position is supposed to think and do about it.

c. Role is commonly defined as the actions of the individual members—actions seen in terms of their relevance for the social structure (that is, seen in relation to the prevailing norms). In this sense, role refers to the ways in which members of a position act (with or without conscious intentions) in accord with or in violation of a given set of organizational norms. Here, as in (b), role is defined as a characteristic of the actor rather than of his normative environment.50

Thus, role may refer to behavior prescribed by the society for the occupant of a certain position; it may refer to the individual role occupant's concept of what his behavior should be; or it may refer to what the individual specifically does with reference to the prescribed norms.

Obviously, all three senses will not always coincide or work out in a perfect harmony. In a bureaucracy, for example, one cannot expect that the rules of the organization will always be accepted by the members and internalized in the concept of their roles. The agencies of role socialization will not always

50. Levinson, p. 301.
succeed; individual action will not always reflect structural norms because the appropriate role conceptions may or may not have been internalized.\textsuperscript{51}

Usually a dominant modal role concept will be present corresponding to the structural demand. Relatively, only a few individuals will deviate from the modal pattern. Yet occupants of a given status may have diverse conceptions of their proper roles. Present organizational settings after all are only partial influences to the individual's role conceptions. His concept of the role he has to perform in his occupation is influenced by his childhood experiences, his values, his personality, by his formal education and his entire background in general.

In cases where individual role conceptions or role performances do not quite conform to structurally defined norms, role dilemmas or conflicts will be present. If the impact is great and the disparity seemingly irreconcilable, the individual concerned may experience anxiety and tension so much that his situation could be termed as \textit{marginal}.

Robert E. Park first brought the term \textit{marginal man} to the attention of the sociologists. The marginal man is an individual who finds himself attempting to live in two different cultural groups. This attempt may produce in him an unstable character--a personality type with characteristic forms of behavior. The

\textsuperscript{51}\textit{Ibid.}, p. 306.
situation which he experiences is called *marginality.*\(^{52}\)

Everett V. Stonequist further elaborated on the term in his book *The Marginal Man.* He explains:

One sees this social dislocation clearly and sharply in the case of those individuals who fall between two racial or cultural groups, but is also apparent in the relations of minor groups such as social classes, religious sects and communities. The individual who through migration, education, marriage or some other influence leaves one social group or culture without making a satisfactory adjustment to another finds himself on the margin of each but a member of neither.\(^{53}\)

Stonequist bases his study of the marginal man on the conviction that although an individual's personality is based on instincts, temperaments and the endocrine balance, the primary influence comes from the individual's self concept. Such self concept is determined by the role assigned to him in the society and upon the opinion and attitude which persons in that society form of him. The individual's concept of himself, therefore, is not only an individual product but a social product as well.\(^{54}\)

In addition, William Graham Sumner presents an example:

If a man passes from one class to another, his acts show the contrast between the *mores* in which he was bred and those in which he finds himself. The satirists have made fun of the *pervenu* for centuries. His mistakes and misfortunes reveal the

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\(^{54}\) Ibid., p. xvii.
nature of the mores, their power over the individual, their pertinacy against later influences, the confusion in character produced by changing them, and the grip of habit which appears both in the persistence of old mores and the weakness of new ones.\textsuperscript{55}

The case of the Filipino nurse in the American hospital will be studied in terms of her concept of the nurse role acquired from her experience in the Philippine hospital, from years of training in the Philippine nursing school, and years of childhood in the Philippine farm and/or city. Does this background inculcate in her such norms and values relating to the profession as to make of her a representative of a particular type of nurse? If she does represent a particular type of nurse, does this create in her feelings of uncertainty or confusion in the hospital setting, which could be termed as marginal?

The sociological research tool of ideal types will be resorted to, in the hope that significant answers to these questions will be arrived at.

\textbf{Nurse Typology and Hypotheses}

The use of ideal types has been a very popular device in the study of hospital or nursing personnel. The typology believed to be most appropriate for this study is that contributed by Robert W. Habenstein and Edwin A. Christ.

\textsuperscript{55}William Graham Sumner, quoted by Stonequist, p. 5.
The Professionalizing type of nurse is the "stiff and starched" one. While accepting the principle that good health is better than bad, she places emphasis not so much on the patient, as on the special techniques and specific operations to be performed and developed in order to face the problem of nursing more adequately and intelligently. Her focus is upon knowledge or the application of rational faculties to experience. She is therefore directly attuned to medical science. Accepting the responsibility of caring for the sick and entrusted with the task which once was a mere family concern, the professionalizing nurse in turn asks for special and exceptional treatment by society. She considers it her right to be bestowed professional prerogatives, e.g., the organization of fellow nurses into separate, prestigious and relatively autonomous groups. This distinctiveness is reinforced by the symbols of the nursing profession: uniform, cap and pin. 

The Traditionalizing type of nurse operates on the basis of an ideal personified by Florence Nightingale. Her basic motivation consists in a sense of dedication. Accepting the proverb that "experience is the best teacher," the traditionalizing nurse does not give as much emphasis upon knowledge as does the professionalizer. The focus of her attention is the patient, as an individual and as a personality. Her emphasis is upon medicine as

56Habenstein and Christ, p. 41.
an art. Her function within a pattern of complete and unquestioning deference to the doctor, is simply to bring into force all her nursing skills in the healing of the patient.57

The Utilizing type of nurse is motivated in terms of goals that do not transcend her particular needs. She is not dedicated to an ideal nor to a life philosophy in which the work occupies a central role. Her attitude toward her work is indifferent because it provides only minimally a focal point of personal organization. Innovations are accepted or resisted depending upon their immediate return in terms of time, labor or personal effort saved. Medicine is used merely as a satisfaction of personal needs.58

Coming from a country which is less advanced and more traditional, the Filipino nurse would seem to fall under the Traditionalizer type of nurse rather than the Professionalizer. It is, of course, to be expected that among them Professionalizers are to be found. And the Utilizer type of nurse would be found in any group, whether Filipino or American. In establishing the importance of rural-urban origin with reference to type, Habenstein and Christ state that metropolitan schools of nursing have producing the Professionalizer type of nurses.

57 Ibid., p. 42.

58 Ibid., p. 43.
In view of the above, the following major hypothesis is
to be tested:

1. The Filipino nurse, commonly a Traditionalizer, expe-
riences a marginal position in the Professionalizing atmosphere
of the American hospital.

The following sub-hypotheses are to be tested:

a. Filipino nurses from the provinces (the majority)
tend to be Traditionalizers.

b. Filipino nurses from the cities (the minority) tend
to be Professionalizers.

c. Utilizer type Filipino nurses are just as likely to
come from the province as from the city.

The validity of the major hypothesis will be established
first of all by determining the role conception of Filipino nurses
in Chicago hospitals. If in fact they are Traditionalizers, does
the conflict, if any, arising from their sense of dedication,
attitude toward experience, strict attention toward the patient,
or unquestioning deference to the doctor, against the presence of
different emphases in the professional setting of the American
hospital, create in them experiences which may be classified as
marginal?

Chapter II discusses the methods and techniques used in
this thesis. Chapter III summarizes the results of Part III of
the questionnaire for Filipino nurses, which was used to deter-
mine the nurse typology under which each nurse could be classified.
Chapter IV gives a description of Filipino nurses' experiences as
participants of the Exchange Visitors Program; and Chapter V shows
the relationship between nurse typology among Filipino nurses and their experiences in the hospitals and presents an application of the term *marginality* with reference to Filipino nurses.
CHAPTER II

METHODS AND TECHNIQUES

Sources of Subjects for the Study

An attempt was made to obtain a complete list of Filipino nurses in Chicago and its suburbs at the time of the study. For this reason, a list of hospitals participating in the Exchange Visitors Program was requested from the Bureau of Educational and Cultural Affairs of the Department of State of the United States. This bureau, however, was unable to grant the request since its list of Exchange Visitors Program sponsors is not broken down according to professional training offered. Neither are there available statistics showing either the number of Exchange Visitor nurses who have entered the United States within a given period or the number of those who are at present in this country.

In view of this, a list of hospitals (whether Exchange Visitors Program sponsors or not) within the city was requested from one of the commissions under the City of Chicago. There were 85 hospitals in all in this list of which letters were written to 58. The number and the names of Filipino nurses who were in their employ at that time were requested from these hospitals. The basis of selection of hospitals written to was the number of beds available. Because it was thought that the bigger hospitals are
more likely to accept Filipino nurses than the smaller ones, only those with at least one hundred beds were contacted. In addition, seven hospitals from the Chicago suburbs of Evanston, Oak Park, Evergreen Park and Hinsdale which are known to the writer to have Filipino nurses in their employ were also approached by letter.

Letters were addressed to the Directors of Nursing Service within the period October 1963 to February 1964. From the total of 65 hospitals contacted, 19 did not respond. Two hospitals declined to participate in the study for the reason that so many studies were already being conducted there. Eight hospitals refused to furnish the researcher with a list of their Filipino nurses explaining that it was against the policy of the administration. Fifteen hospitals reported that they did not at that time have Filipino nurses on their staff. Five hospitals sent the number of Filipino nurses working for them at that time, but did not furnish their names. Only 14 hospitals furnished the researcher with the number and names of Filipino nurses in their employ. Two nursing service directors referred the researcher to a religious or professional association for Filipinos in Chicago. Help from personal friends in the different hospitals was requested in obtaining the names of other Filipino nurses in Chicago and vicinity, when it appeared that dependence upon the hospitals in obtaining the names would not be fruitful.

Among the 65 hospitals contacted, a total of 32 hospitals were known to have Filipino nurses in their employ. Nineteen
hospitals sent in the data themselves but data from 13 hospitals were furnished by personal friends. The other 33 hospitals contacted either did not reply, refused to furnish any information or did not employ Filipino nurses.

Responses from 46 hospitals were received from October 1963 to February 1964. Table 1 presents a result of the efforts at contacting the hospitals.

**TABLE 1**

**RESPONSES TO LETTERS OF INQUIRY TO HOSPITALS**

<table>
<thead>
<tr>
<th>Nature of Response</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Which Submitted the Names of Filipino Nurses in Their Employ</td>
<td>14</td>
</tr>
<tr>
<td>Hospitals Which Submitted only the Number of Filipino Nurses in Their Employ</td>
<td>5</td>
</tr>
<tr>
<td>Hospitals Which Declined to Participate in the Study</td>
<td>2</td>
</tr>
<tr>
<td>Hospitals Which Refused to Furnish Information Because It Is Against the Policy</td>
<td>8</td>
</tr>
<tr>
<td>Hospitals Which Referred the Researcher to Other Organizations</td>
<td>2</td>
</tr>
<tr>
<td>Hospitals Which Did Not Have Filipino Nurses in Their Employ</td>
<td>15</td>
</tr>
</tbody>
</table>

Total Number of Hospitals Which Responded | 46 |

Hospitals Which Did not Reply | 19 |

Total Number of Hospitals Contacted | 65 |

A total of 648 nurses was obtained. These were used to make up the universe. Two hundred six names were furnished directly by the hospital administrations, while 380 were secured from other sources outside the hospital. The names of 62 nurses
were unknown. This group represented the number furnished by the five hospitals which did not include the names. The largest number of Filipino nurses in a single hospital was estimated to be 200. Although the hospital concerned refused to give any data regarding its Exchange Visitors Program, the number was estimated on the basis of conversations with a number of its employees. The second largest number was 105, as furnished by the In-service Education Department of the hospital. The number of Filipino nurses in the remaining 30 hospitals ranged downward from 51 to only 1. The mean of Filipino nurses in each of the 32 hospitals included in the study is 20.2.

The Sampling Procedure

The Sampling Procedure For the Questionnaire to the Filipino Nurses:---Each name secured was written on a small card; one name each to a card and one card to a name. These cards were arranged alphabetically. Cards were also made for each of the 62 nurses known to be in the Greater Chicago area but whose names were not available to the writer. Only the names of the hospitals in which they worked appeared on the cards. These cards were distributed at regular intervals into the alphabetically arranged stack of name-cards.

From these cards, 200 were chosen in the following way: the total number of cards was divided by 200, and the quotient of 648 by 200 is closer to 3 than to 4; so the first three cards
of the stack were shuffled and one was chosen at random. The latter turned out to be the third card in the alphabetically arranged stack. Succeeding cards which corresponded to multiples of three were then drawn from the stack, i.e., every third card of the stack was picked.

In this manner 216 cards were picked from the stack. Since only 200 nurses were needed, the extra 16 had to be discarded. This was done in the following way: the 216 cards picked were arranged into groups according to hospital. The number of representatives chosen for each hospital was then compared with the total number of nurses in that hospital. If the number of representatives chosen was more than 1/3 of the number available from each hospital, a number of cards corresponding to the difference was discarded. Cards discarded were chosen at random from the original group of cards from the particular hospital. This procedure was followed until only 200 cards were left.

A six-page questionnaire (see page 46 for explanation and Appendix I for copy) was sent to each member of the sample group. Most envelopes were mailed to the nurses at their hospital addresses. For those cards which did not bear the names of the nurses, the questionnaires were sent to the Directors of Nursing Service who were requested to distribute them to a corresponding number of nurses in their hospitals. A statement of the purpose of the study and an assurance of anonymity were expressed in a letter accompanying each questionnaire. Stamped, self-addressed
envelopes were enclosed for the convenience of the respondents.

Questionnaires were mailed out on March 5 and 6, 1964, and
the participants were requested to return the completed forms by
March 15. However, less than the desired minimum of 100 had
turned in accomplished questionnaires by March 19; 94 were re-
ceived. Follow-up letters were therefore sent to all participants
on March 20. Twenty-three more questionnaires were received after
the follow-up letters were sent, which brought the total to 117.
Five questionnaires were returned to the sender because addressees
had moved without leaving any forwarding addresses. Two question-
naires were returned because addressees turned out to be medical
technologists rather than nurses. The total number of workable
questionnaires received was 110 or 55 per cent of the sample.

Table 2, in the following page, presents a distribution of Filippi-
nurses in Chicago by total number obtained, number to whom
questionnaires were sent, and number of those who replied, and
type of control of hospital administration.

The Sampling Procedure for the Interviews with Filipino
Nurses.—From the stack of 200 cards corresponding to the 200
nurses to whom questionnaires were sent, 24 cards were selected.
Personal interviews were requested of the nurses represented in
the cards. The manner of drawing the 24 cards was similar to the
method used in drawing the sample to whom questionnaires were
sent. The total number of 200, divided by 24, resulted in the
TABLE 2

FILIPINO NURSES IN CHICAGO BY TOTAL NUMBER OBTAINED, NUMBER TO WHOM QUESTIONNAIRES WERE SENT, AND NUMBER OF THOSE WHO REPLIED, AND TYPE OF CONTROL OF HOSPITAL

<table>
<thead>
<tr>
<th>Type of Hospital</th>
<th>Number Obtained</th>
<th>Number to Whom Questionnaires Were Sent</th>
<th>Number of Replies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>179</td>
<td>52</td>
<td>29</td>
</tr>
<tr>
<td>Private Non-Sectarian</td>
<td>87</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Catholic</td>
<td>212</td>
<td>66</td>
<td>33</td>
</tr>
<tr>
<td>Protestant</td>
<td>61</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Jewish</td>
<td>109</td>
<td>39</td>
<td>14</td>
</tr>
<tr>
<td>No Indication</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>648</td>
<td>200</td>
<td>110</td>
</tr>
</tbody>
</table>

quotient 8. Every eighth card, therefore, was drawn from the stack of 200. Four were added to the 24 drawn. These were names of nurses who volunteered further help in connection with the thesis when they mailed back the questionnaires.

The follow-up letters for the questionnaires, sent to these 28 nurses included a request for a personal interview from each. These were mailed on March 20, 1964. A postcard was enclosed with each letter, for use of the nurse to designate his or her willingness to grant an interview, with a space for the phone number and signature, so that the prospective interviewee could be contacted and a convenient date agreed upon.

Three envelopes were returned to the researcher because addressees had moved and left no forwarding addresses. Two replied that they could not grant the researcher a personal
Only 6 indicated their willingness to participate further in the study. Four more nurses from the original group of 28 consented to give additional cooperation after a personal phone call from the researcher. The remaining 15 interviewees were contacted also through personal phone calls. Three belonged to the sample group of 200 to whom questionnaires were sent, while the other 12 were obtained from the original universe of 648 nurses. This brought the total to 24 interviewees, representing 12 hospitals.

The first interview was held on April 3, 1964 and the last on May 18, 1964. The average length of an interview was one hour. (See Appendix IV for a copy of the interview guide.)

Eight interviews were conducted in the nurses' residence of the hospital; 10, in the apartments of the nurses, which they usually shared with co-workers; one, in the hospital where she worked; and 6 nurses, who happened to be enrolled for some courses preferred to be interviewed in their schools, either Loyola University or De Paul University.

The Sampling Procedure for the Hospital Administrative Officers.—Four administrative officers from three hospitals were interviewed. The purpose for contacting these officers was to be able to evaluate more objectively the experiences of the Filipino nurses. In one hospital the director of nursing service and the Personnel director were interviewed. In another, the director of
nursing service was the only one interviewed, and in the third, the assistant supervisor of in-service education. Selection of these three hospitals were based on two points: the number of Filipino nurses in their employ and interest in the study. The hospitals with more than 25 nurses were considered. There were 7 such hospitals. Then based on the replies to the request for names, those who showed interest in the study were contacted. Only three fulfilled these requirements. The other four hospitals with more than 25 nurses seemed indifferent and those greatly interested had a small number of nurses in their employ.

The Sampling Procedure for the Questionnaires Sent to Other Hospital Personnel.—Opinions of American doctors, American registered nurses and American practical nurses were thought also to be of profit in obtaining a more objective analysis of the situation of the Filipino nurses. A questionnaire was therefore drawn for each of these three groups. (See Appendices VI, VII, and VIII for copies.) A representation of five from each group was believed to be sufficient. The questionnaires were typed on plain bond paper with spaces provided for responses and stamped, self-addressed envelopes attached. The administrative officers from the three hospitals were requested to distribute them to representatives of each group. Selection was left to the discretion of the officer. Three American doctors and three American registered nurses returned completed questionnaires. No reply was received from any of the practical nurses.
The Research Instruments

The Questionnaire for Filipino Nurses. — The six-page questionnaire (see Appendix I) sent to the 200 Filipino nurses is composed of 60 questions which can be subdivided into three groups: items referring to personal data and interests; questions referring to attitudes toward present position, role satisfaction and relationship with co-workers; and questions to determine the nursing role conception of the Filipino nurse.

Questions 1 to 27, with the exception of 1, 7, 8, and 9 are informational items to describe the social characteristics of the Filipino nurse with reference to age, sex, marital status, religious affiliation, registry, occupational status, social activities and purpose for choosing the profession of nursing.

Question 1, on the place of residence during childhood, as well as Questions 7, 8 and 9 constitute what is considered to be pertinent determinants of rural-urban background. These questions were coded to obtain each respondent's Rural-Urban Score. Items in Question 1 (place of residence during childhood) were assigned weights ranging from 1 to 4, weights being directly related to degree of urbanism. For Question 7 (location of school or college of nursing attended), a score of 4 was assigned to a nurse who had her training from a school in Manila or its suburbs, and 2 to one who had it somewhere else. Questions 8 (elementary education) and 9 (high school education) were similarly coded—2
for those who studied in the province and 4 for those who studied in the city. The mean of the four questions represented the Rural-Urban Score which was correlated to the Role Conception Score. (See Appendix II and pages 48 to 52.)

The second part of the questionnaire is composed of items to indicate adjustment. These items were derived, with modifications, from Robert P. Bullock's *What Do Nurses Think of Their Profession*? Questions 28 to 33 are concerned with the attitude of the nurse towards the organization she works for, as well as the working conditions. Questions 34 to 49 refer to relationships with nursing superiors, doctors, peers and subordinates. These items were coded to determine adjustment, which in turn was correlated to the Role Conception Score.

An evaluation of the merits of the particular work, feelings about the job, attitude toward the organization worked for, the degree of satisfaction derived from the job, and evaluation of the working conditions were considered to be pertinent determinants of role satisfaction or dissatisfaction.

Each item in Questions 28 to 33 was assigned a weight ranging from 5 to 1, the highest score being evidence of satisfaction. In Question 28 (how good the job is), for example, a nurse who considered her job an excellent one received a score of

1Bullock, Appendix.
5; better than average, 4; average, 3; less than average, 2; and poor, 1. Questions 29 to 30 were similarly set up, the nurse being asked to choose one of 5 answers ranging from satisfaction to dissatisfaction. Scores for each question were summed and the mean computed. This score was called the Role Satisfaction Score.

Questions 34 to 49 were the determinants of Interpersonal Relationship Scores. The scores were arrived at in this manner: items referring to favorable interpersonal relationship were assigned the weight of 5; those referring to unfavorable relationships, 1. If the respondent was doubtful and checked the space under "?", he or she was assigned a score of 3. For example, to the question "Do you find it difficult to get orderlies to perform their duties as they should be done?" (#43), an answer of "yes" merited a score of 1; a negative answer, 5; while a nurse who was in doubt received 3 points. In the case of Questions 48 and 49, which are each composed of three items, the mean of the three items was designated as the score for the question. After each answer had been assigned its corresponding weight, the sum again was obtained and the mean computed. This was then called the Interpersonal Relationship Score.

The mean of the Role Satisfaction Score and the Interpersonal Relationship Score was called the Adjustment Score. The Adjustment Score was correlated to the Role Conception Score.

The last part of the questionnaire is made up of eleven questions which try to bring out each respondent's concept of the
nurse role. These questions were patterned after those used by Rohrer and Reissman in *Change and Dilemma in the Nursing Profession.*\(^2\) Items stressing nursing as a career, emphasizing advanced education, administration, teaching and technical aspects would indicate Professionalizing tendencies. Those emphasizing the vocational and humanitarian aspect of nursing as well as direct patient care reflect a Traditionalizing conception. The Utilizer type would be represented by those who consider nursing merely as a job.

An analysis of Questions 50 to 60 would help toward a better understanding of how the role conception of each nurse was determined from her answers. But inasmuch as most of the questions can be interpreted similarly, only three questions, 50, 51 and 52 will be analyzed. In this way repetition and verbosity are avoided. With reference to Question 50, for example, choice of item a (vocation) would indicate a tendency toward the Traditionalizer type; item b (career), the Professionalizer type; and item c (job), the Utilizer type.

In Question 51, if item a (Do research in medicine) was considered *very important*, the respondent would show tendencies toward professionalization, but if it was considered to be *not necessary*, this would show a traditionalizing inclination. The

\(^2\)Rohrer and Reissman, pp. 400-407.
opposite would be true for item b (Give more personal attention to patients) of the same question. A nurse who tends to be a Traditionalizer is more likely to check under very important and a Professionalizer, under not necessary. In both items, a Utilizer is likely to choose the middle ground, thus checking under fairly important. The Utilizer is the one who would be most interested in "making clear who is responsible for the different jobs in the hospital," (item c), therefore, one such nurse would be most likely to check under very important. A Traditionalizer would consider this not necessary as long as the patients' needs were attended to; while a Professionalizer would realize that it is fairly important especially with reference to the smooth running of the organization and the efficient performance of functions. A Utilizer who looks upon nursing as a means to an end would consider as very important that the hospital "provide higher wages and better working conditions for the employees" (item d). A Professionalizer would not disregard the merits of such a policy inasmuch as it is an incentive for more efficient performance, so she is likely to check under fairly important. The Traditionalizer's sense of dedication would tend to make her look upon this as not necessary. "Giving good training to people who work in the hospital" (item e) is related to definition of functions (item c). A Utilizer then would be most likely to consider this very important; a Professionalizer again would not disregard the merits of such a policy and would consider this fairly important; while a
Traditionalizer, who believes that no amount of training could take the place of experience, would regard this as not necessary.

Question 52 lists ten professions and occupations and asks the respondent to compare the nursing profession with each of them as to the degree of prestige or respect which each should receive from the public. A Professionalizer would tend to place her profession on a high level, a Utilizer would not be too concerned about this and a Traditionalizer would not consider prestige as very important and might even tend to place her profession on a low level. It was assumed by this researcher that the nurse should receive less prestige and respect than a woman doctor; the same as a laboratory technician, a dietician, a private registered nurse, a librarian, and a social worker, but more than a clerk in the hospital, a beauty shop operator, a stenographer and a waitress. A respondent, therefore, who regarded her profession as higher than or on the same level as that of a woman doctor, higher than those of a laboratory technician, a dietician, a private registered nurse, a librarian and a social worker was considered to be a Professionalizer. One who considered her profession on the same level as those of a clerk in the hospital, a beauty shop operator, a stenographer and a waitress, or less than those of a laboratory technician, a dietician, a private registered nurse, a librarian and a social worker would have traditionalizing tendencies. It was believed that a Utilizer would regard her profession as deserving less prestige than that of a woman.
doctor's, more than those of a clerk in the hospital, a beauty shop operator, a stenographer and a waitress, but the same as those of a laboratory technician, a dietician, a private registered nurse, a librarian and a social worker.

Part III was scored in a manner similar to Part II. Items indicative of Professionalizing tendencies were assigned the weight of 5; Traditionalizing, 1; and Utilizing, 3. Scores for questions composed of more than 1 item (as in Question 51) were obtained by computing the mean score of the items. Scores for questions 50 to 60 were again added and the mean computed. This represented what was called the Role Conception Score. A nurse who strictly is a Professionalizer would have received the score of 5; one who is completely a Traditionalizer, 1; and a Utilizer, 3.

Appendix II presents a summary of weights assigned to items in the questionnaire pertinent to the computation of Rural-Urban Scores, Role Satisfaction Scores, Interpersonal Relationship Scores, and Role Conception Scores.

It is to be noted that although objectivity in assigning weights was attempted, it is recognized that an element of bias is always present in every researcher.

The Interview Guide for Filipino Nurses.--The Interview Guide for Filipino nurses is composed of 25 open-end questions (see Appendix IV). The purpose of the questions was to determine the expectations of the nurses before her arrival in this country.
her assessment of what she encountered in the hospital situation, her interpersonal relationships and an assessment of her experience in general. Responses were not coded. From this section it was hoped that aspects of marginality, if any, would be determined. Factors indicating the presence of this phenomenon were to be: differences between the nursing functions performed in the American hospital and those performed in the Philippines; differences between nursing theory learned from the nursing school and present nursing practice; differences in emphasis on professional roles between the two countries; differences in interpersonal relations with hospital personnel and differences between expectations as to the hospital setting before arrival and actual experiences encountered. It is to be noted again that in this study, the term "marginality" will be used to refer only to the hospital situation, rather than to the total culture and personality of the individual, as used by Park and Stonequist.

Questions directly pertaining to the Exchange Visitors Program were also included.

The Interview Guides for the Hospital Personnel.—Ten questions were asked of the administrative officers (Appendix V); 5, the American nurses (Appendix VI); and 4 each were asked both the American doctors (Appendix VII) and the American practical nurses (Appendix VIII). The questions sought to draw an evaluation of the Filipino nurses’ performance, how well they adjust to
the hospital setting, their good points as well as handicaps. Additional questions presented to the administrative officers were requirements for acceptance of a Filipino nurse in the hospital, comparison of training between Americans and Filipinos and problems encountered with the latter group.

Limitations of the Study

1. With reference to the universe from which the sample was drawn, it is recognized that the list of nurses from the Greater Chicago area was incomplete. The incompleteness was due:
   a. to the inability to secure the names of hospitals in Chicago, participating in the Exchange Visitors Program;
   b. the unwillingness on the part of a number of hospitals known to the writer to be members of the Program to participate in the study and therefore to furnish a list of the Filipino nurses on their staff.

2. With reference to the sampling procedure for the Filipino nurses interviewed, it is recognized that such was not strictly scientific. Because of the poor response received from the mailed requests for an interview, any nurse willing to be interviewed was accepted until the desired number of 25 interviewees was reached.

3. With reference to the questionnaire, it is recognized that some of the items in certain questions relating to role conception (#50 to 60) cannot be used specifically as strict
determinants of any role type. This is so because this part of the questionnaire was patterned after that used by Rohrer and Reissman who refer to different, though similar, role types, rather than upon the one drawn by Habenstein and Christ from whose work the nurse typology used in this thesis has been patterned. However, many items do serve as adequate determinants.

4. This writer recognizes the subjective nature of the manner in which weights were assigned to the different items in the questionnaire in the determination of scores. Because of the inability to secure a scientifically-accepted test for the computation of the data needed, a coding system had to be drawn for the purposes of this study.
CHAPTER III

THE FILIPINO NURSE IN CHICAGO

Social Characteristics

What kind of people are the Filipino nurses in the sample group? Where do they come from?

Society considers nursing as a profession mostly filled by women. It is not surprising, therefore, that in this study far fewer men are involved than women. Women accounted for 96.4 per cent, as compared to 3.6 per cent male nurses.

The proportion of respondents who spent most of their childhood in the city was 30.9 per cent compared with 10.9 per cent who spent most years in the farm or barrio; 43.6 per cent in a small town or village and 14.6 per cent in a provincial capital. (See Table 3.)

TABLE 3

RESPONDENTS, BY PLACE OF CHILDHOOD RESIDENCE

<table>
<thead>
<tr>
<th>Place</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm or Barrio</td>
<td>12</td>
<td>10.9</td>
</tr>
<tr>
<td>Small Town or Village</td>
<td>48</td>
<td>43.6</td>
</tr>
<tr>
<td>Provincial Capital</td>
<td>16</td>
<td>14.6</td>
</tr>
<tr>
<td>City</td>
<td>34</td>
<td>30.9</td>
</tr>
<tr>
<td>Totals</td>
<td>110</td>
<td>100.0</td>
</tr>
</tbody>
</table>
There is a marked concentration of representatives from the 21 to 25 age group with 57.3 per cent of the sample. Thirty-one and eight-tenths per cent of the sample are from the 26 to 30 level; 10.0 per cent are between 31 to 40 and 0.9 per cent are over 40. (See Table 4.)

TABLE 4

RESPONDENTS, BY AGE GROUP

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 to 25</td>
<td>63</td>
<td>57.3</td>
</tr>
<tr>
<td>26 to 30</td>
<td>35</td>
<td>31.8</td>
</tr>
<tr>
<td>31 to 40</td>
<td>11</td>
<td>10.0</td>
</tr>
<tr>
<td>Over 40</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>110</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

It was found from the questionnaires that 85 of the respondents (77.3 per cent) are single, while 25 (22.7 per cent) are married. Among the married, 9 have their families with them in Chicago; 6 left them in the Philippines; and 10 left the item blank.

Roman Catholicism predominates as the religion of the group with 93 members (84.5 per cent). Five (4.5 per cent) indicated that they are Protestants without designating the particular denomination. There are two Methodists and two members of the United Church of Christ. The Episcopalian and Presbyterian Churches, the Seventh Day Adventists and the Philippine Independent Church are represented by one member each. One stated that she
has no religious affiliation and three failed to indicate under what category they belong.

Tables 5 and 6 give a breakdown of the academic attainment and present occupation of the parents of the respondents respectively. Table 6 is in the following page.

**TABLE 5**

**PARENTS OF RESPONDENTS, BY ACADEMIC ATTAINMENT**

<table>
<thead>
<tr>
<th>Academic Attainment</th>
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<th>Mother</th>
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<tr>
<td></td>
<td>Number</td>
<td>Per Cent</td>
</tr>
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<td>Professional (or Postgraduate) Degree</td>
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<tr>
<td>Bachelor's Degree</td>
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<tr>
<td>Teachers' Certificate or Graduate Nurse Certificate</td>
<td>11</td>
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<td>Some College</td>
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<td>Academic High School</td>
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<tr>
<td>Totals</td>
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<td>99.9</td>
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</table>

Where did the nurses receive their grade and high school education? Responses revealed that 73 nurses spent their grade school years in the province, while 37 had their elementary schooling in the city. Seventy-one received their high school education from schools in the province, 39 from schools in the city.

Several reasons are stated for the choice of nursing as a profession. The predominant reason given (53.6 per cent) for
TABLE 6
PARENTS OF RESPONDENTS, BY OCCUPATION

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</tbody>
</table>

a Includes a minister and an army officer.
b Includes a storekeeper.
c Includes nurses, agronomists, agriculturists.
d For example, seamstresses, stenographers.
e Includes a labor agent and retired persons.

Entering the nursing profession is the desire to render service to humanity. Fourteen chose nursing because of family and environmental influence, 10 thought they would derive the most satisfaction from this profession, while 8 were attracted by the nobility, prestige and glamor of the profession. Five selected it for economic reasons, 3 because of the opportunity for travel that it offers and 6 for the opportunity to meet people. One simply wanted to get away from home to the nursing school and 4 were
uncertain of the reasons which prompted them to become nurses.

No less than 57 nurses of the sample group are holders of Bachelor of Science in Nursing degrees. Fifty-three received their training for graduate nurse certificates. The most popular college of nursing among the degree holders is that of the University of Santo Tomas in Manila. Table 7 presents a more detailed breakdown according to school, location, degree and number of representatives for each category.

**TABLE 7**

**RESPONDENTS, BY SCHOOL, LOCATION AND TYPE OF NURSE TRAINING**

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<thead>
<tr>
<th>School and Location</th>
<th>Bachelor's Degree</th>
<th>Graduate Nurse Certificate</th>
</tr>
</thead>
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<tr>
<td>Baguio Colleges, Baguio, Mountain Province</td>
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<td>4</td>
</tr>
<tr>
<td>Baguio General Hospital, Baguio, Mountain Province</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brokenshire School of Nursing, Davao City, Davao</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Cebu General Hospital, Cebu City, Cebu</td>
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<td></td>
</tr>
<tr>
<td>Central Philippines University, Iloilo City, Iloilo</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chinese General Hospital, Manila</td>
<td></td>
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</tr>
<tr>
<td>Dagupan Colleges, Dagupan City, Pangasinan</td>
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<td>Far Eastern University Committee on Nursing, Manila</td>
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<td>Manila Sanitarium and Hospital School of Nursing, Manila</td>
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</tr>
<tr>
<td>School and Location</td>
<td>Bachelor's Degree</td>
<td>Graduate Nurse Certificate</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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</tr>
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</tr>
<tr>
<td>Philippine Christian Colleges - Mary Johnston Hospital School of Nursing, Manila</td>
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<td>Philippine Women's University, Manila</td>
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<tr>
<td>Quezon Memorial Hospital School of Nursing, Lucena, Quezon</td>
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</tr>
<tr>
<td>St. Luke's Hospital, Quezon City</td>
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<tr>
<td>St. Paul's School of Nursing, Iloilo City, Iloilo</td>
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<td>San Juan de Dios Hospital School of Nursing, Manila</td>
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<td>San Pedro Hospital School of Nursing, Davao City, Davao</td>
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<tr>
<td>Silliman University, Dumaguete City, Negros Oriental</td>
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<td>No School Designated</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No Answer</td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>110</td>
</tr>
</tbody>
</table>
The years of graduation from nursing school range from 1938 to 1963. Twenty-seven graduated in 1961; 22 in 1960; 22 in 1962; 14 in 1959; 11 in 1958; 5 in 1957; 3 in 1956; 2 in 1955; 2 in 1953; and 1 each in 1963, 1949, 1944, 1940 and 1938. Three did not indicate their years of graduation. All of the nurses are registered in the Philippines.

Six of the nurses are holders of additional degrees: 4 with liberal arts degrees and 2 with Masters in Education. Seventeen are enrolled for credit in some of the schools in Chicago, 35 are not yet enrolled but plan to, while 55 do not plan to study further. Three did not reply.

The majority of the subjects arrived in this country within the period January 1962 to December 1963. Table 8 on page 63 presents a detailed breakdown.

Although Exchange Visitor nurses are allowed a stay of two years in this country, they may transfer to another hospital after the completion of a year's contract in the first hospital which accepted them from the home country. However, some remain in the same hospital throughout the entire two-year stay. Table 9 in the following page presents a breakdown of the length of time each nurse had been working with her current employer at the time she completed the questionnaire, and Table 10 (on page 64) presents the distribution of nurses according to the type of control of the hospital they were working for at that time.
### TABLE 8

**RESPONDENTS, BY DATE OF ARRIVAL IN THE UNITED STATES**

<table>
<thead>
<tr>
<th>Year of Arrival</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1952</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>1953</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>1954</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>1957</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>1959</td>
<td>3</td>
<td>2.7</td>
</tr>
<tr>
<td>1960</td>
<td>3</td>
<td>2.7</td>
</tr>
<tr>
<td>1961</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>1962 (January to June)</td>
<td>29</td>
<td>26.4</td>
</tr>
<tr>
<td>1962 (July to December)</td>
<td>25</td>
<td>22.8</td>
</tr>
<tr>
<td>1963 (January to June)</td>
<td>28</td>
<td>25.5</td>
</tr>
<tr>
<td>1963 (July to December)</td>
<td>16</td>
<td>14.5</td>
</tr>
<tr>
<td>1964</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>110</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 9

**RESPONDENTS, BY LENGTH OF EMPLOYMENT IN PRESENT HOSPITAL**

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two years or more</td>
<td>18</td>
<td>16.4</td>
</tr>
<tr>
<td>One Year to 2 years</td>
<td>47</td>
<td>42.7</td>
</tr>
<tr>
<td>Six months to 1 year</td>
<td>36</td>
<td>32.7</td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>9</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>110</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Because of their Exchange Visitor status, Filipino nurses are not usually assigned to administrative positions. Most (102) are general duty nurses, the classification believed to offer the most in view of their position as trainees. Four, however, had the privilege of being promoted to the position of head nurse.
TABLE 10

RESPONDENTS, BY TYPE OF HOSPITAL ADMINISTRATION

<table>
<thead>
<tr>
<th>Type of Hospital Administration</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>29</td>
<td>26.3</td>
</tr>
<tr>
<td>Private Non-Sectarian</td>
<td>22</td>
<td>20.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>33</td>
<td>30.0</td>
</tr>
<tr>
<td>Protestant</td>
<td>11</td>
<td>10.0</td>
</tr>
<tr>
<td>Jewish</td>
<td>14</td>
<td>12.7</td>
</tr>
<tr>
<td>No Answer</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>110</td>
<td>99.9</td>
</tr>
</tbody>
</table>

Three hold positions as assistant head nurses, and one respondent is a part time nurse.

What methods were used to acquaint the nurses with the demands of their work? Table 11 presents the sources of job knowledge or how each nurse learned what she was supposed to do.

TABLE 11

RESPONDENTS, BY SOURCES OF JOB KNOWLEDGE

<table>
<thead>
<tr>
<th>Source of Job Knowledge</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Instruction</td>
<td>16</td>
<td>10.9</td>
</tr>
<tr>
<td>Orientation or the Job</td>
<td>80</td>
<td>54.5</td>
</tr>
<tr>
<td>Informally</td>
<td>5</td>
<td>3.4</td>
</tr>
<tr>
<td>Personal Observation</td>
<td>39</td>
<td>26.5</td>
</tr>
<tr>
<td>Postgraduate Work</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>In-service Meetings</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>No Answer</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>147^a</td>
<td>100.0</td>
</tr>
</tbody>
</table>

^a Multiple answers add up to more than 110.
Seventy-two respondents stated that their hospitals offer a program for Exchange Visitors, while 38 gave a negative answer to the question. Fifty-one recommended participation in the program to one of the other of their friends in the Philippines but 58 did not do so and one failed to indicate whether or not she has.

With reference to the question, "If you could have your way, what would you most like to be doing about five years from now (whether in the hospital or not)?", 50 nurses expect to continue practising their profession; 6 hope to attain higher positions in the profession itself; 20 wish to become nursing instructors; 4 desire to be working as public health nurses; 12 expect to be studying further, either nursing or other fields of studies; 18 hope to be rearing their own families; 1 wishes to do research in nursing; 6 would rather work in other fields, for example in business; 2 wish to travel and observe nursing trends in different countries; and 3 gave no answer.

It is interesting to note the large number of respondents who intend to continue practising their profession. While in this country, most girls would expect to be married and having their own families, it seems surprising that girls from a more traditional country would tend to have an urbanized attitude regarding careers for women.

Ninety-eight nurses indicated that there are people in the hospital whom they would like to have as friends even outside.
But 12 state that they do not care for any. Eighty-two go out socially with other hospital personnel, while 27 do not. Most of them (85) go out with other Filipinos, 61 with Americans and 20 with people of other nationalities. The discrepancy between the total and the number of respondents is due to the selection of more than one item by some.

Thirty-six belong to religious organizations; 19, to social clubs; 19 to professional associations; and 20, to nationality groups. Thirty-four have no organizational membership. Among the 76 affiliated with organizations, only 13 participate in the activities regularly; 14 participate often but 43 seldom ever attend. Six stated that they never attend.

In an inquiry on reading habits, daily and weekly local newspapers are most popular. Table 12 on page 67 presents a list of reading preferences.

It is to be expected that the ordinary mature individual would read the daily newspapers. One would expect also that, for a group who want to further their knowledge and experience in nursing by coming to a more developed country, nursing journals or books relating to the profession would be read in addition to usual reading matter for the ordinary lay person. Table 12, however shows that a mere 8.3 per cent of the sample group do read such. If this factor were to be considered in determining the nurse's role conception, the reading of nursing journals would indicate the Professionalizer type. The table shows that only a
### TABLE 12
READING HABITS OF RESPONDENTS

<table>
<thead>
<tr>
<th>Reading Materials</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily and Weekly Newspapers</td>
<td>59</td>
<td>25.9</td>
</tr>
<tr>
<td>Life Magazine</td>
<td>31</td>
<td>13.6</td>
</tr>
<tr>
<td>Readers' Digest</td>
<td>31</td>
<td>13.6</td>
</tr>
<tr>
<td>Women's Magazines (McCall's, Good Housekeeping, Better Homes, etc.)</td>
<td>21</td>
<td>9.2</td>
</tr>
<tr>
<td>Nursing Journals</td>
<td>19</td>
<td>8.3</td>
</tr>
<tr>
<td>Time Magazine</td>
<td>18</td>
<td>7.9</td>
</tr>
<tr>
<td>Look Magazine</td>
<td>15</td>
<td>6.6</td>
</tr>
<tr>
<td>Philippine Newspapers and Weeklies</td>
<td>12</td>
<td>5.3</td>
</tr>
<tr>
<td>Saturday Evening Post</td>
<td>10</td>
<td>4.4</td>
</tr>
<tr>
<td>Anything</td>
<td>8</td>
<td>3.5</td>
</tr>
<tr>
<td>Religious Books or Magazines</td>
<td>4</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>228</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Multiple answers add up to more than 110.

small percentage would fall under this type, a situation which is similar to the result derived from the Role Conception Scores explained in the following pages.

Thus, the typical Filipino nurse in Chicago may be described as female, 21 to 25 years of age, single and Roman Catholic. She spent most of her childhood years in the province, either on a farm, in one of the towns, or in the provincial capital. Her parents completed high school and, on occasion, may even be college graduates. For the most part, her mother is a housewife, while her father works for a firm or the government or else has his own business or professional practice. She received
her grade school and high school education in the province, but attended nursing school in the city. She is a registered nurse in the Philippines. She entered the nursing profession for its values to humanity. Usually she will have been graduated from 1960 to 1962 and she came probably to this country in 1962 or 1963. On the average she has been working for her present employer for about a year, and she is a general duty nurse. She acquired her specific job training through orientation while working. There is usually a program for Exchange Visitor nurses in her hospital. Chances are just about equal that she has or has not recommended participation in the program to her friends in the Philippines. She does not plan to enroll for additional credits in any of the schools here. There are people in the hospital she likes as friends, even outside, she goes out socially with them, but they are mostly Filipinos. She is more likely to belong to a religious organization or a nationality group rather than a social or professional group, or have no affiliation at all. But she seldom attends activities. She reads daily or weekly newspapers more than other forms of reading materials. (See summary of responses in Appendix III.)

Role Conception of the Filipino Nurses

The Entire Sample Group.—Role Conception Scores for each subject were derived on the basis of responses to Part III of the Questionnaire. Method of computation is explained in pages 48 to
52. To facilitate computations, scores were rounded to two significant digits, then multiplied by 10 to produce a whole number for scores.

Role Conception Scores could have ranged from 10 to 50. It was judged by this writer that a score of 50 would have marked as an ideal type, a Professionalizer; 30, a Utilizer and 10, a Traditionalizer. The range of 10 to 50 is 40. In order to determine the range of scores that will correspond to each of the three nurse types, the range of 40 was divided by 3. The result is 13.33. Thus, it was decided that a respondent who received any of the first 14 scores (10 to 23) would be classified as a Traditionalizer; one who received any of the next 13 scores (24 to 36) would be classified as a Utilizer; and one who received any of the last 14 scores (37 to 50), would be classified as a Professionalizer.

Upon computation of scores, the highest Role Conception Score received by any of the respondents was 39 and the lowest was 17. Table 13, on page 70, presents a frequency distribution of Role Conception Scores of the 110 respondents. The median Role Conception Score is 25.8, and the mean is 26.4.

The highest possible Rural-Urban Score (computation explained in pages 46 and 47), reflecting urban background is 40 and the lowest, reflecting rural background, is 18. Actual scores had the same range, 18 to 40. The median Rural-Urban Score is 25.8 and the mean is 28.1. (See Table 13, page 70.)
### Table 13

**Frequency Distribution of Role Conception Scores**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 - 39</td>
<td>1</td>
</tr>
<tr>
<td>36 - 37</td>
<td>3</td>
</tr>
<tr>
<td>34 - 35</td>
<td>8</td>
</tr>
<tr>
<td>32 - 33</td>
<td>4</td>
</tr>
<tr>
<td>30 - 31</td>
<td>12</td>
</tr>
<tr>
<td>28 - 29</td>
<td>8</td>
</tr>
<tr>
<td>26 - 27</td>
<td>22</td>
</tr>
<tr>
<td>24 - 25</td>
<td>22</td>
</tr>
<tr>
<td>22 - 23</td>
<td>18</td>
</tr>
<tr>
<td>20 - 21</td>
<td>6</td>
</tr>
<tr>
<td>18 - 19</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110</strong></td>
</tr>
</tbody>
</table>

### Table 14

**Frequency Distribution of Rural-Urban Scores**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 - 40</td>
<td>20</td>
</tr>
<tr>
<td>37 - 38</td>
<td>2</td>
</tr>
<tr>
<td>35 - 36</td>
<td>10</td>
</tr>
<tr>
<td>33 - 34</td>
<td>1</td>
</tr>
<tr>
<td>31 - 32</td>
<td>2</td>
</tr>
<tr>
<td>29 - 30</td>
<td>4</td>
</tr>
<tr>
<td>27 - 28</td>
<td>8</td>
</tr>
<tr>
<td>25 - 26</td>
<td>33</td>
</tr>
<tr>
<td>23 - 24</td>
<td>0</td>
</tr>
<tr>
<td>21 - 22</td>
<td>14</td>
</tr>
<tr>
<td>19 - 20</td>
<td>13</td>
</tr>
<tr>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110</strong></td>
</tr>
</tbody>
</table>

Nurses with scores between 18 and 25 (inclusive) would be classified as having rural background; those whose scores ranged from 26 to 33 would be of combined rural and urban backgrounds; while those who scored from 34 to 40 would be regarded as urban.
Sixty-three nurses (57.3 per cent) fell under the first category; 15 (13.6 per cent), under the second; and 32 (29.1 per cent) under the third. (See Table 15.)

By means of the Pearson Product-Moment Coefficient of Correlation formula, the relationship between Role Conception Scores and Rural-Urban Scores was computed. It was believed that nurses coming from urban areas and therefore having high Rural-Urban Scores would have correspondingly high Role Conception Scores or be classified as Professionalizers. The following is Pearson's formula:

\[
\rho_{xy} = \frac{\frac{\sum x'y'}{N} - \frac{\sum x'}{N} \frac{\sum y'}{N}}{\sqrt{\frac{\sum x^2}{N} - \frac{\sum x^2}{N} \frac{\sum x^2}{N}}} \frac{\sqrt{\frac{\sum y^2}{N} - \frac{\sum y^2}{N} \frac{\sum y^2}{N}}}
\]

The Coefficient of correlation arrived at is .0105. This indicates an insignificant relationship between the two variables of nurse Role Conception and Rural-Urban background.

Table 15 on page 72 presents a distribution of respondents by nurse typology and rural-urban background.

Analysis shows that Table 15 does not portray the expected distribution. One expected outcome was that some greater proportion of nurses of urban background would be Professionalizers. From the table, this is not borne out. Among the respondents from urban backgrounds, only 3.1 per cent show Professionalizing tendencies, while 34.4 per cent fall into the Traditionalizer category and 62.5 per cent are Utilizers. A similar trend exists
<table>
<thead>
<tr>
<th>Nurse Typology</th>
<th>Urban</th>
<th>Rural-Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per</td>
<td>Per</td>
<td>Per</td>
<td>Sum</td>
</tr>
<tr>
<td>34-40</td>
<td>26-33</td>
<td>18-25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F  37 - 50</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>U  24 - 36</td>
<td>20</td>
<td>13</td>
<td>45</td>
<td>78</td>
</tr>
<tr>
<td>T  10 - 23</td>
<td>11</td>
<td>2</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Totals</td>
<td>32</td>
<td>15</td>
<td>63</td>
<td>110</td>
</tr>
</tbody>
</table>

\[ \text{a} \] Fifty per cent of all Professionalizers are urban in backgrounds.

\[ \text{b} \] Fifty per cent of all Professionalizers have rural backgrounds.

\[ \text{c} \] Twenty-five and six-tenths per cent of the Utilizers are of urban backgrounds.

\[ \text{d} \] Sixteen and seven-tenths per cent of Utilizers are of mixed rural and urban backgrounds.

\[ \text{e} \] Fifty-seven and seven-tenths per cent of Utilizers are of rural backgrounds.

\[ \text{f} \] Thirty-six and six-tenths per cent of Traditionalizers are of urban backgrounds.

\[ \text{g} \] Six and seven-tenths per cent of Traditionalizers are of mixed rural and urban backgrounds.

\[ \text{h} \] Fifty-six and seven-tenths per cent of the Traditionalizers are of rural backgrounds.

\[ \text{i} \] Twenty-nine and one-tenths per cent of the entire group of respondents are of urban backgrounds.

\[ \text{j} \] Thirteen and six-tenths per cent of the entire group of respondents are of mixed rural and urban backgrounds.

\[ \text{k} \] Fifty-seven and three-tenths per cent of the respondents are of rural backgrounds.
among respondents from rural backgrounds, with 71.4 per cent belonging to the Utilizer category and only 26.9 per cent showing Traditionalizing tendencies.

Among respondents of combined rural and urban backgrounds, 86.7 per cent are found to be Utilizers, fulfilling expectations. The rest are Traditionalizers, comprising 13.3 per cent.

The expectation that more Traditionalizers would come from rural rather than urban backgrounds seems to be borne out. Fifty-six and seven-tenths per cent of Traditionalizers are from rural areas. The percentage (36.7 per cent) of Traditionalizers from urban backgrounds seems much higher than expected, however.

Table 15 indicates that 57.3 per cent of the respondents come from rural backgrounds, while 29.1 per cent are urban. Among the Professionalizers, 50 per cent are urban, and 50 per cent also are rural; while among Utilizers, 25.6 per cent are urban, 57.7 per cent are rural, and 16.7 per cent of combined urban and rural backgrounds; and among the Traditionalizers, 36.7 per cent are urban, 56.7 per cent, rural, and 6.7 per cent, of urban and rural combinations.

It seems, therefore, from this analysis, which substantiates results obtained from the correlation in page 71, that rural-urban background is not specifically related to role conception.
Nurse Typology According to Actual Scores.--By way of comparison with the nurse typology discussed in pages 69 to 73, which was based on possible Role Conception Scores which could have been received by the respondents, another typology is presented in the following pages, based on the actual scores received. The purpose of this new typology is to determine if the same conclusions would be arrived at with reference to the rural-urban backgrounds of the Professionalizers, Utilizers and Traditionalizers under this categorization, as compared with those of the categorization according to possible scores.

As stated in page 69, the highest Role Conception Score obtained was 39 and the lowest was 17. The range of actual scores is, therefore, 23. Twenty-three is then divided by 3 to determine the range of scores under which each typology, Professionalizer, Utilizer and Traditionalizer, could be classified. Since the quotient is 7.66, it was decided that scores 17 to 23 would constitute the Traditionalizer type; 24 to 31, the Utilizer type; and 32 to 39, the Professionalizer type. From this new typology, a new distribution is derived, as presented in Table 16 on page 75.

This new categorization portrays that instead of only 2 Professionalizers, there are now 16. The number of Utilizers decreased from 78 to 64, but the number of Traditionalizers, 30, remains the same. In both tables, therefore, data with reference
TABLE 16

RESPONDENTS, BY ACTUAL ROLE CONCEPTION SCORES AND RURAL-URBAN SCORES

<table>
<thead>
<tr>
<th>Nurse Typology</th>
<th>Urban</th>
<th>Rural-Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per</td>
<td>Per</td>
<td>Per</td>
<td>Sum</td>
</tr>
<tr>
<td></td>
<td>Cent</td>
<td>Cent</td>
<td>Cent</td>
<td></td>
</tr>
<tr>
<td>P 32 - 39</td>
<td>5a</td>
<td>2b</td>
<td>9c</td>
<td>16</td>
</tr>
<tr>
<td>U 24 - 31</td>
<td>16d</td>
<td>11e</td>
<td>37f</td>
<td>64</td>
</tr>
<tr>
<td>T 17 - 23</td>
<td>11g</td>
<td>2h</td>
<td>17i</td>
<td>30</td>
</tr>
<tr>
<td>Totals</td>
<td>32j</td>
<td>15k</td>
<td>63l</td>
<td>110</td>
</tr>
</tbody>
</table>

a Thirty-one and three-tenths per cent of the Professionalizers are from urban areas.
b Twelve and five-tenths per cent of the Professionalizers are from combined urban and rural backgrounds.
c Fifty-six and two tenths per cent of the Professionalizers are of rural backgrounds.
d Twenty-five per cent of the Utilizers have urban backgrounds.
e Seventeen and two-tenths per cent of the Utilizers are from both urban and rural backgrounds.
f Fifty-seven and eight-tenths per cent of the Utilizers have rural backgrounds.
g Thirty-six and six-tenths per cent of the Traditionalizers have urban backgrounds.
h Six and seven-tenths per cent of the Traditionalizers come from both urban and rural areas.
i Fifty-six and seven-tenths per cent of the Traditionalizers have rural backgrounds.
j See Note (1) of Table 15, page 72.
k See Note (j) of Table 15, page 72.
l See Note (k) of Table 15, page 72.
to the Traditionalizer type remain the same.

With reference to the Professionalizer type and their rural-urban origins, this categorization all the more presents facts which contradicts the original assumption that nurses of this type would tend to come from the urban areas. Whereas in the first categorization in Table 15, 50 per cent of the Professionalizers come from urban and the other 50 per cent from rural areas, Table 16 now shows that 56.2 per cent of the Professionalizers come from rural areas, only 15.6 per cent have urban backgrounds and 13.3 per cent have rural and urban backgrounds.

With reference to the Utilizer type, there are only very slight differences regarding distribution to urban, rural and urban, and rural backgrounds. While Table 15 shows that the percentage of urban Utilizers is 25.6, Table 16 gives 25 per cent; while the percentage of rural and urban Utilizers in Table 15 is 16.7, Table 16 presents 17.2 per cent; and while Table 15 shows that 57.7 is the percentage of rural Utilizers as compared to the 57.3 per cent of Table 16.

With reference to the nurses who come from urban backgrounds, although more nurses (5 in Table 16 as compared to 1 in Table 15) are now classified as Professionalizers, the majority of urban nurses is still concentrated in the Utilizer type. The same is true of the other two types of backgrounds. In both cases, those from rural background and from combined urban and rural backgrounds, majority of representatives are Utilizers.
In both categorizations, therefore, the same conclusions are derived—that there does not seem to be any significant relationship between role conception and rural-urban background, and that expectations that nurses from urban areas would be Professionalizers, and those from rural areas be Traditionalizers, are not fulfilled.

In this thesis, the first categorization, i.e., the one based on possible Role Conception Scores, as portrayed by Table 15, is preferred. Following discussions regarding role conception and its relationship to adjustment, as discussed in Chapter V, will be based upon it.

The Filipino Nurse as a Professionalizer.—Table 15 indicates that 32 respondents in the sample group come from the city, or are of urban background. However, a casual glance at the table reveals that 20 of these nurses are Utilizers and 11 are Traditionalizers, while only 1 is a Professionalizer, with a Role Conception Score of 39. The majority (63) of respondents come from rural backgrounds; and, of these only 1 could be classified as a Professionalizer, with a Role Conception Score of 37. Thus, only a very small minority of Filipino nurses in the sample could be regarded as Professionalizers (1.8 per cent).

The percentage of respondents of urban background who show Professionalizing tendencies is a mere 3.1. The sub-hypothesis (b), "Filipino nurses from the city tend to be Professionalizers", 
is therefore rendered unacceptable.

The Filipino Nurse as a Utilizer.—The data from the sampled respondents reveal that it is under the Utilizer type that the majority (78) of the Filipino nurses in the sample group can be categorized. Forty-five Utilizers are of rural background, 13 are partly rural and partly urban and 20 are urban.

Role Conception Scores ranged from 24 to 36. A distribution is presented in Table 17. The median score is 27.1, and the mean is 28.5.

TABLE 17

FREQUENCY DISTRIBUTION OF UTILIZER SCORES

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 - 36</td>
<td>3</td>
</tr>
<tr>
<td>33 - 34</td>
<td>9</td>
</tr>
<tr>
<td>31 - 32</td>
<td>5</td>
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<tr>
<td>29 - 30</td>
<td>14</td>
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<td>27 - 28</td>
<td>14</td>
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<tr>
<td>25 - 26</td>
<td>25</td>
</tr>
<tr>
<td>24</td>
<td>8</td>
</tr>
</tbody>
</table>

Total 78

The number of Utilizers of rural background is a little more than twice the number (20) of those of urban background. There were 45 Utilizers of rural background. But this is not an indication that Filipino nurses of the Utilizer type tend to be of rural background, because the number (63) of respondents of rural background is almost double that (32) of respondents from urban areas. It seems logical that a type which is most represented in the sample group would follow the rural-urban ratio of
respondents from the total sample group.

Sub-hypothesis (c), "Utilizer type of Filipino nurses are just as likely to come from the province as from the city," thus seems to be acceptable. The data indicate that Utilizers do originate from both types of locality.

The Filipino Nurse as a Traditionalizer.—Thirty nurses in the sample group showed Traditionalizing tendencies. Table 15 indicates that there are 17 Traditionalizers of rural background, 2 from combined rural and urban backgrounds, and 11 of urban background.

Scores ranged from a high of 23 to a low of 17. Table 18 presents a distribution of Traditionalizers according to Role Conception Scores. The median is 21.7 and the mean is 20.7.

TABLE 18

FREQUENCY DISTRIBUTION OF TRADITIONALIZER SCORES

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>5</td>
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<tr>
<td>22</td>
<td>13</td>
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<tr>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 30

Table 15 shows that of 63 respondents of rural background only 17 (26.9 per cent) fall into the Traditionalizer category, while the majority (71.4 per cent) are Utilizers. Thus it seems
that the sub-hypothesis, "Filipino nurses from the provinces tend to be Traditionalizers," cannot be accepted.

Analysis of Role Conception Among Filipino Nurses

From the above, it is apparent that a majority of the Filipino nurses in the sample group are Utilizers. An examination of Part III of the questionnaires, however, reveals that categorization under this type does not arise from the simple choice of utilizing items strictly, but rather ambivalent preference of Professionalizing tendencies in certain questions and Traditionalizing ones in others. The average of such somewhat mixed high scores and low scores would evidence in-between scores, which, in this case, would be classified under the Utilizer type. These ambivalent preferences, in the case of the Filipino nurses, are evidences of their incomplete socialization into the professional role.

Appendix III presents the pattern in which questions in Part III were answered.

It seems that items referring to the traditional ideals of direct patient care are preferred by the Filipino nurse. But at the same time, she shows some marks of being a Professionalizer. She regards nursing as a vocation, a humanitarian mission; thus, patient care is regarded as most important. Asked what her preference would be with regard to relationship with the patient, she chooses more personal contact and intensive bedside care. She
is most likely to discuss problems of patient care with other hospital personnel.

As a Professionalizer would, however, she places her profession on a very high status. She considers medical research as very important for a hospital, and believes that a nurse should have a good general education and background. She would rather approach an over-staying visitor and question him herself, than refer the matter to the proper authorities; and if she did not get along too well with one of her co-workers, she considers it proper to try to settle the problem herself rather than refer it to superiors.

On the other hand, she considers it very important that responsibilities be clearly defined so that extra work may be avoided. If she were spoken to sharply and in anger by a chief of staff, she is likely to report the matter to her superiors as a Utilizer would rather than answer back as a Professionalizer is most likely to do, or take the scolding but feel badly about it as a Traditionalizer.

An analysis of the responses then seems to show that in matters relating to the patient, the Filipino nurse is strongly a Traditionalizer; in matters of interpersonal relations with hospital personnel especially nursing superiors, she is a Utilizer and in other matters, such as relationship with people outside the hospital staff or in non-personal matters, she is a Professionalizer.
Thus, the nurses in the sample group are Utilizers, not so much because they consider the nursing profession merely as a job, but because their concept of the nursing role combines characteristics from all three role types at the same time. The Filipino nurse seems to involve a mixed view of the profession—with varied aspects of Traditionalization, Utilization and Professionalization. Comments of Interviewee 4 attest to these findings from the questionnaires—that the role conception of the Filipino nurse, while tending to be that of a Utilizer, is a combination of the three types: Traditionalizing against Utilizing—

Here you do your own own work. There is strict division of responsibilities to insure protection from legal suits. Even in cases of emergencies you have to stick to this law. Sometimes they wash out responsibilities to avoid being sued. Is that how you serve humanity?

Professionalizing—

The modern trend is to strive for higher education to attain higher positions. You naturally want to be promoted; otherwise you will be a staff nurse all the time. Even in the army, you do not remain a soldier all the time.

Utilizing—

I wanted to be an industrial nurse in order to escape a lot of work. But if I don't have a change, I'll stay in a general hospital.

In reviewing the classification of Filipino nurses according to Habenstein and Christ's typology—Professionalizer, Traditionalizer and Utilizer—several factors are to be considered. First of all, Habenstein and Christ's types arose from a study of nurses in non-metropolitan hospitals, but who received most of
their training in urban centers. In the case of the Filipino nurse, the situation seems to be reversed. The subjects of the study received most of their training in Manila but are at present working in a metropolitanized Chicago. Secondly, Habenstein and Christ studied nurses belonging to a wider age range—older nurses who may have received their training according to "old school ideals" and younger nurses who may have assimilated the modern trend toward professionalization. The Filipino nurses, however, tend to come from a more or less homogeneous age group.

The unique experience offered to Exchange Visitor nurses is a point not to be disregarded in an evaluation of the role conceptions of Filipino nurses in Chicago. Although it is accepted that the early formative years of life are the most important in gradual assimilation of values, goals, ideals, habits and practices, the influences of the present situation are not to be neglected, especially with reference to the universal desire for the accumulation of knowledge. Although the Filipino nurse may have acquired her training in the Philippines, her experience in the American hospital may act as a factor in changing her concept of the nursing profession. No measures were provided in the instruments, by which to determine any change in view which may have come about from her experience in this country. It is possible that such a mixed concept of the profession as the Utilizers have, may be due to a current process of change from a traditional view to a professional view. In the course of their sojourn in this
country, this change may be completely brought about, although
the odds seem to favor more strongly the possibility that such a
change in role conception will not be complete, because of the
short duration of their stay in the United States.

Another point to be considered is the research instrument.
Eleven questions were included to indicate role conception. Per­
haps if more questions had been added, a clearer delineation may
have been attained. Perhaps if the questions had more acute type­
distinguishing characteristics, a more clear-cut differentiation
would have been achieved.

The possibility of misinterpretation of questions is not
to be eliminated. In Question 52, at least three respondents in­
terpreted the question in the opposite way than that intended—
"should the nurse get more, less or the same prestige or respect
in the eyes of the public than" persons in ten stipulated occupa­
tions. Also, at least two respondents indicated, with reference
to Question 54, that they did not understand the instructions and
therefore left the question blank.

As previously stated in Chapter II, allowance for the sub­
jective element in the assignment of weights must be made. In
addition, though care was exercised and a check done, errors due
to tabulation and computations may still be present.

Thus, the Filipino nurse in Chicago, according to the sam­
ple group, is a Utilizer, not so much because she considers nur­
sing as a mere job, but because of the acceptance of attributes
from all three role types at the same time. She comes from the province but her origin has no easily predictable influence upon her role conception.

An initial assumption was that the Filipino nurse is most likely to be a Traditionalizer and because she is so, she is likely to experience aspects of marginality in the professional atmosphere of the hospital in the United States. One part of the major hypothesis—that the Filipino nurses are commonly Traditionalizers—has been disproven. The next task is to determine aspects of marginal experiences which she may encounter in spite of and at time, because of being a Utilizer. It is hoped that a discussion of hospital experiences in Chapters IV and V will shed light on this aspect of the problem.
CHAPTER IV

THE FILIPINO NURSE IN THE UNITED STATES HOSPITAL

Data in this chapter are based on personal interviews with 25 Filipino nurses and 4 administrative officers of 3 hospitals, as well as questionnaire responses from 3 American physicians and 3 American registered nurses (from 5 sent to each category), and some comments from Filipino questionnaire respondents. No responses were received from 5 American practical nurses who were requested to fill in questionnaires.

Table 18 presents a distribution of interviewees according to the type of control of the hospital they were employed in.

<table>
<thead>
<tr>
<th>Type of Control</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>7</td>
</tr>
<tr>
<td>Private Non-Sectarian Catholic</td>
<td>6</td>
</tr>
<tr>
<td>Protestant</td>
<td>3</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Most of the interviewees had been in the United States for more than 6 months at the time they were interviewed, except one whose date of arrival was only 4 months before the date of interview. Ten of the interviewees were transferees from other
hospitals, 5 from hospitals outside Illinois and the other 5 from hospitals in Chicago.

Twelve hospitals in all were represented by the interviewees. One is a public hospital; one is private-non-sectarian; one, Jewish; two, Protestant; and 5, Catholic. There are two university hospitals of which one is at the same time Protestant.

Application, Acceptance and Orientation

Application and Acceptance.--The United States has always had many attractions to offer peoples of other lands, but more especially a people who came under the direct influence of American ways and customs. In the gradual Americanization of the Philippines, many a young Filipino has come to regard American civilization as the root or source of what he is and what he thinks. And it is but natural that one should hope to be able some day to make a "pilgrimage" to this source.

So it is not surprising that Filipino nurses interviewed in this study, though each had more than one reasons for coming, gave as a reason "to see the United States" more often (16 respondents) than any other. The other frequently cited reasons are: to gain more experience (14 respondents), to study and to obtain more technical training and knowledge (11 respondents). Other reasons cited are the prospect of earning more (7 respondents) and the opportunity for interchange of ideas and meeting other people (5 respondents), the prestige ascribed to one who has been to the
United States (2 respondents) and simply for personal satisfaction (5 respondents).

The Exchange Visitors Program stipulates that a foreign nurse must be registered in her country and must have had at least two years of experience in order to qualify as an Exchange nurse. More than half of the nurses interviewed (13) applied to the hospitals through travel agencies in the Philippines. These agencies are business-for-profit organizations. In their effort to boost their income they have offered extra services to facilitate travel. They contact hospitals in the United States interested in accepting foreign nurses, and offer their services to help fill in their staff shortage by recruiting the desired number of Filipino nurses. For the benefit of the nurses, they offer to assume the responsibility of correspondence with the hospitals and of preparing all the necessary travel papers.

Several disadvantages have arisen because of this arrangement. The agencies have taken upon themselves the task of screening the applicants; and since it is being done in the interest of business, there is little doubt that it is not as strict as it would be if done by a government office or a professional organization. Quite often the requirement of two years of experience has been overlooked. Many nurses just out of nursing school, without ever having worked as graduate nurses, have applied, and have been accepted. Another disadvantage is that there was no direct communication between the nurses and the hospitals involved until
the day they set foot in the hospital. Hence, except for the name, Filipino nurses who came here under the Exchange Visitors Program had no idea what sort of hospitals they were going to or what facilities and training programs these had to offer.

Only seven of the nurses interviewed had direct contact with the hospital, and three applied through the American Nurses’ Association. One was accepted through a school and came here on a student's visa. The remaining fourteen all applied through travel agencies.

**Expectations.**—All the interviewees expressed the hope that their experience here will enable them to have a better mastery of nursing skills and modern technical knowledge which they can apply when they return home. Many expected everything in the United States hospitals to be modernized. Based on their acceptance papers, a form issued by the Department of State of the United States, the prospective visitors expected a rigorous program of training involving regular hours of classes per week, observation of and participation in complicated cases or operations, experience in the different departments of the hospital, and attendance in professional conferences, discussions and meetings. In line with the cultural aims of the Exchange Visitors Program, they looked forward to field trips to the different cultural centers of the city and the opportunity to participate in social and cultural functions as well as meet the people to learn
about the American way of life.

When asked to compare expectations with actual experience, 15 interviewees reported that they were dissatisfied—that what they saw and experienced did not come up to what they had expected. Seven nurses said that their experiences were satisfactory in comparison with their expectations, especially since ward routines encountered were very similar to those in the Philippines. Three nurses were very much satisfied with their experiences.

The Program and Orientation.—The programs for Exchange Visitors, called post-graduate programs, vary in content and length from hospital to hospital. The length of the programs ranges from three months to one year at which time the Exchange nurses undergo practical training in the different aspects of the profession. The programs may include classes that meet daily in the first weeks but less frequently in succeeding weeks. In many instances, however, these classes may only be refresher courses and consequently nothing new is learned on the theoretical side. The programs may also include lectures on medical trends by guest speakers, but in many cases the Exchange nurse is not relieved of her ward responsibilities; she may attend if she is off duty. The nurse may be assigned on rotation to the different departments, and remain in each for the duration of a month.

Some hospitals follow faithfully the requirements of the Exchange Visitors Program (see pages 26 and 27); others have no
program at all. Of the 12 hospitals represented by the 25 interviewees, not one seemed to follow strictly the stipulations of the Program. Nine hospitals have programs which are incomplete as far as the State Department stipulations are concerned. Two Catholic hospitals and a university hospital have no program at all. Two of the administrative officers interviewed admitted that more time should be spent on the Exchange Visitors Program for nurses.

Four nurses admitted that they were satisfied with the programs offered them, while 21 felt that they were inadequate. One went as far as to say that it is "ridiculous--most of what they taught, I have already heard before." Another stated that she had a "hodge-podge" orientation. Still another claimed that "they want to emphasize that our training (in the Philippines) is far behind. But no--it is even more strict."

In all the hospitals offering post-graduate training programs for Exchange Visitor nurses, the main complaint was that the classes conducted dealt with materials which had been covered in the nurses' under-graduate studies.

Nurses accepted by the hospitals through the American Nurses' Association do not have to undergo a post-graduate program. They are immediately accepted as staff members of the hospital. Three interviewees belong to this group. All three are at present working for a public hospital. Two claimed to have undergone a 2-week orientation period during which the organizational
set-up, the policies and the regulations of the hospital were explained, the handling of new equipment demonstrated, and the routine of the wards studied. The third had worked for a time at a Protestant-run hospital before she took her present job. She said that she did not undergo any orientation at all at the first hospital. But at the second hospital, she was granted a week of orientation.

The Filipino Nurse and Her Work

Twenty-two of the Filipino nurses interviewed are regular staff or general duty nurses. One is a clinical instructor in one of the hospital schools of nursing in Chicago; another is an operating room nurse. A third is a part time staff nurse.

All the nurses are agreed that the work they do is the same as that performed by American nurses. They note that the only difference between them and their American counterparts is that they are not registered in the State of Illinois. Because of this they may not be promoted to head nurse positions nor to any official supervisory positions.

An opportunity for supervisory functions is given them, however, when they are assigned as charge nurses. In the absence of the official head nurse, a charge nurse may be appointed whose responsibility it is to assign duties to subordinates and to see to it that the ward runs smoothly. Filipino nurses assigned to the evening and night shifts, when the American head nurses are
off, are usually charge nurses.

The interviewees say that nursing theory is universal. They also claim that they adjust very easily to nursing practice in the American hospitals. An additional advantage which they have over the foreign nurses from other countries is that the books they used in the Philippine nursing schools were written and published in this country. Nursing education in the Philippines, they say, is closely patterned after its American counterpart.

The majority (14) of the interviewees agree that the emphasis in both countries is bedside nursing care. One nurse feels that in the Philippines, rural and public health is being emphasized. Another observes that it was ward management.

With reference to the emphasis in American nursing practice, while most (15) agree that it is also the rendering of good bedside nursing care, three believe that efficiency, technique and routine take precedence over the other aspects. One believes that paper work is very prominent; another, strict narcotic counts and another, ward management.

There are two principal methods of rendering nursing care—the case method and the functional method. In the case method, the nurse is assigned to a specific number of patients; for example, four. She attends to all the needs of these patients; her care is comprehensive. In the functional method, the nurses in a ward are each assigned a specific function which she has to render
to all the patients; for example, doing the sponging to all or giving medication to all.

Four Filipino nurses favor the case method definitely over the functional method.

In the functional method, you do just one particular thing the whole day. Then, you don't get to know the patient. You don't even know what is wrong with him. In the case method, since you give total care to the patient, you know what is wrong with him, what treatments he is receiving, etc. You also have more time to talk to him.

One nurse, however, recognizes the advantages of the functional method: "It is a more efficient method and allows for the accomplishment of more functions." The other 20 nurses, while tending to regard the case method more favorably, recognize the advantages of the functional method, especially in the case of nursing personnel shortage.

This matter seems to substantiate the findings in the previous chapter. If preference for the functional method could be equated to Professionalization and the case method, to Traditionalization, more nurses in this group would be Traditionalizers rather than Professionalizers, but there would be the largest number of Utilizers.

One interesting fact that the interviewees noted is the extreme awareness that United States hospital personnel have of the possibility of being brought to court if an error is committed in the administration of drugs or in the treatment of a patient. Because of this, emphasis on paper work has increased, a task
which the majority of the nurses look upon with distaste.

Everyone hailed the benefits derived from the modern equipment and medical paraphernalia, particularly the disposable items. Yet at least three interviewees claim that the hospitals they worked for in Manila, the more modern ones, could very well out-rank the small and less well-equipped hospitals they were then working for.

American hospitals seem to differ in practice from Philippine hospitals in the administration of antibiotics. Four nurses expressed surprise when they first found out that sensitivity tests for allergies did not have to be taken before administering antibiotics to patients.

We just ask the patient if he is allergic to this particular medicine. If he says he is not, we just give it to him. In the Philippines, we always take a test first. Surprisingly, there are even less unfavorable reactions here. Sometimes in the Philippines, even if the person reacts negatively to the test, they prove to be allergic. Maybe it is in the blood constituency of the Americans.

Aside from these differences, others encountered by the nurses were in the specific routines, procedures and techniques followed by the different hospitals, and this is true among hospitals anywhere in the world.

Three nurses complained that they were assigned duties which were specifically functions within the realm of the physician's duties. According to one:

In the Philippines, we were never allowed to administer IV's (intravenous injections). It was
always the doctor or the intern. Here we may do it if the head nurse says so. We cannot help it; the hospital lacks medical personnel and we have to pitch in.

But the same number of interviewees expressed the opposite view, The comments of one very well illustrate the opinions of the other two:

Over here, the nurses are allowed to administer IV's. I like this because you learn by doing more complicated procedures. It also means that they regard us more highly by giving us more responsibilities.

A third opinion regarding this matter is contributed by another interviewee:

Over here, they do not allow nurses to administer IV's, just as we did at _____ (hospital in the Philippines). But this is good, because it is for our own protection.

Another point of disagreement with reference to United States hospital experiences pertains to ascepsis or sterilization.

Here they do not practise strict ascepsis where it is not really necessary. In the Philippines, we waste a lot of time.

In the Operating Room, they do not seem to be strict about sterilization. Once I noticed that while an operation was going on, somebody was mopping the floor.

They do not have a hand technique. Only soap and water are used after rendering nursing care. In the Philippines, we have a special solution for washing the hands.

In this hospital, what I admire most is the strict asceptic techniques. I want to emphasize this more in the Philippines.
Practices which the nurses would like to adopt and bring home to the Philippines varied from specific hospital rules to modes of behavior as well as set-up. Three nurses expressed the desire that the number of visitors to hospitals be limited and visiting hours strictly enforced. The establishment of a Central Supply Department, two nurses believe, would facilitate functions in the hospitals back home. Although the concept of team nursing is being practiced in some Philippine hospitals, four nurses who encountered this method for the first time in this country, expressed the desire to introduce this concept when they return home. One nurse hopes that the practice of monthly personnel evaluation be introduced in her hospital in the Philippines, so that promotion on the basis of seniority be eliminated. Another nurse hopes that there will be more equality between doctors and nurses and that nurses' opinions be considered, if such are contributory to the welfare of the patient.

Among the practices criticized are: too much secretarial work, too many coffee breaks, impersonal relations between nurse and patient, and very strict adherence to job definition—"if their work is done, even if they see that you are very busy, they won't help because it is not their duty."

Probably the most common complaint is the lack of personnel:

They emphasize bedside nursing too but if you are the only nurse for twenty-three patients you cannot do much for each patient. There is no time to talk
to the patient. Sometimes I don't even have the
time to give medicine. I just peep into the room
to see that the patient is doing all right.

In summary, one can say then that, according to the Fili­
pino nurses interviewed, except for differences in procedures
among hospitals, the theory and practice of nursing is fundamen­
tally the same in the United States and in the Philippines, and
because of this they adjust readily to the work situation en­
countered in the American hospital.

Relationship with Hospital Personnel

Relationship with Nursing Superiors.--The Filipino nurse
generally feels that there is less formality in her relationship
with the nursing superiors here than in the Philippines. The
American nursing supervisor is more approachable than her Filipino
counterpart, who tends to hold herself aloof from the staff.
Except for two who feel slightly discriminated against and one who
believes that "they'll push you around, unless you assert your
rights," the interviewees are satisfied with the treatment they
receive from the hospital administration.

The Filipino nurses feel, however, that there should be
more frequent discussions and conferences with superiors and with
fellow nurses. This desire was expressed by those who work in
hospitals which do not provide post-graduate programs of suffi­
cient length and content.

With reference to the administrative officers interviewed,
one of them, a director of nursing, observed that the Filipino nurses seem reluctant to speak to their superiors with ease; and she believes that this is a cultural trait. This writer is inclined to agree with her. The more than 400 years of colonial rule that the Filipino endured have inculcated in him an undue feeling of awe before his superiors. And this has left its mark on the national mentality.

The characteristics for which the interviewed officers commend the Filipino nurses are neatness in appearance, politeness, tactfulness, willingness to help out, cooperation and the eagerness to learn.

The biggest problem seems to lie in the field of communication—not so much because they do not understand what is said but because they don't convey to the patient or the doctor whether or not they do. Other criticisms are lack of persistence in pursuing the interests of the patient, insincerity and some signs of immaturity and naivete regarding certain matters outside the working situation. They tend to have more sick calls than the American nurses and they tend to group together rather than associate with others.

Referring to the program given by the hospital, one administrative officer stated that the Filipino nurses seem uninterested in attending the classes. "I run the same class for one week and hope that everybody would have come in any of the sessions. They just need a push."
One officer observed, and one of the interviewees who is now a clinical instructor agrees, that training in the Philippines tends to be task-oriented rather than geared toward understanding the theory behind the procedure.

The administrative officers interviewed agree that the Filipino nurses perform their work adequately and that they adjust well to the nursing situation. They are gratified to have them in the hospitals because, as one put it, "they are a help." They agree that if more time were spent for proper orientation, less problems would be encountered.

Relationship with American Doctors.--Filipino nurses in general think that doctors in United States hospitals are not as demanding of unnecessary assistance and services as the doctors they worked with in the Philippines. In the words of one interviewee, doctors she worked with in the Philippines "do not want to be assisted; they want to be waited upon. Here they are more friendly and appreciative."

Two Filipino nurses, however, believe that doctors are the same everywhere--they expect too much of nurses. Four interviewees say that relationship with them is strictly professional. One comments that they do not concern themselves with the personal feelings or sentiments of the patient, but only regard him as a case to be studied.

The three American doctors who returned completed
questionnaires reciprocated the nurses' favorable opinions of them with just as favorable evaluations. All three agree that the training of the Filipino nurses is adequate with reference to American nursing standards. One adds:

I actually think they are better; there may be a language barrier. But they are more respectful and more willing to work with the patient and doctor.

Among the commendable traits attributed to the Filipino nurses by the American doctors are courtesy, strict attitude toward their work, sympathy, and general interest and genuine attempt to adapt. They also believe that Filipino nurses are considerate and well-disciplined.

Two doctors believe, just as the administrative officers observed, that the language barrier and the Filipino nurses' reluctance to question a statement which is not completely understood, seems to be the main problem. One doctor notes that they seem naive. He thinks that they may be "suffering from an inferiority complex."

On the whole, the doctors think that Filipino nurses carry on their duties as adequately as American nurses.

Relationship with American Registered Nurses.--Feelings toward American registered nurses seem to be either for them or against them. Nine Filipino nurses express favorable impressions of them, and do not mention any unfavorable ones at all. The others, while conceding that the faults of a few should not be generalized, mention unfavorable observations. Their impression
is that American nurses will take advantage of the foreigners "if you let them," and that they do not want it implied that the foreigners know more and work better than they do. But they add that American nurses are very appreciative of work done and are helpful in case of doubt.

Evaluations by the three American registered nurses were very favorable. They believe that the Filipino nurses are quite capable of performing the nursing duties expected of any graduate. Among the commendable traits they mention are courtesy, neatness and respect toward other personnel. Filipino nurses, they say, are hard-working and willing to accept extra duties. One notes that those she works with have a more thorough knowledge of basic anatomy and physiology than do most American graduates.

All three are agreed that Filipino nurses are weakest when it comes to language and communication:

While they have initiative in carrying out their nursing duties, they are reluctant to ask questions or voice their hesitancy or doubts in performing procedures. They do not show signs of acknowledgment when an order is given or question asked, unless it is repeated and an answer is requested.

These patterns of behavior are manifestations of timidity and unquestioning obedience to authority, characteristics which could appropriately be regarded as common Filipino cultural traits. The colonial experience undergone by the Filipinos might again be considered as an important factor in instilling among the people such traits. Under subjugation, they were trained to accept and carry out orders without stopping to ask questions, lest some
Malevolent Spanish invectives be thrown at them. It was not even necessary to acknowledge orders; one simply carried them out immediately.

One American nurse notes that few of them have good leadership qualities:

The Filipino nurses are quite apprehensive of taking "charge" of a floor in the absence of an American. Although they are capable, they find it difficult to lead others and especially to reprimand "lazy" workers.

The three American nurses think that the Filipino nurses deserve the same status and prestige as American nurses, but one adds:

... since they are still working within an Exchange Program for experience, their status still suggests to be that of a student,

while another says,

When no American nurse is available they are considered as capable as we, but when an American nurse is available—even though she may not be as capable as the Filipino—she will be given the responsibility. Such partiality does not seem fair.

Relationship with Subordinates.--In interpersonal relations, it is with the subordinates that the Filipino nurses seem to have the most difficulty. Nevertheless nine nurses say that their relationships with the practical nurses and the nurse aides are "good" or "all right".

The root of the difficulty seems to be, as the American registered nurses noticed, that the Filipino nurses cannot assert
themselves. They find it difficult to get subordinates to follow orders. A typical comment is that auxiliary personnel are disrespectful, or "smart".

I have trouble asking them to do something. The best way to have them do their work is to resort to flattery.

At least two nurses stated that they would rather do the work of the subordinates themselves than give them their assignments for fear of receiving disrespectful remarks. However, they do not feel that they receive this treatment because they are foreigners. American nurses have similar experiences with these subordinates.

It is interesting to note that such conflicts with subordinates arise more often in hospitals where the auxiliary staff is predominantly Negro, than in those where the auxiliary staff are mostly non-Negroes. Because of this, it would seem that the factor of race is significant in interpersonal relations with subordinates. It seems that Negro subordinates tend to resent having to accept orders from Filipino nurses, not because the latter are foreigners as such, but because they belong to a different race. This belief is strengthened by the fact that Negro subordinates react no differently to the white American nurses.

Relationship with Patients.—All the nurses interviewed testified to favorable relationships with the patients. Said one:

In the beginning they doubted us. This is but natural. I would too, if I were in their place. But once you show them that you are capable, they are very cooperative.
American patients were found to be less demanding than Filipino patients who are pampered and spoiled. The nurses expressed admiration for the prevalent attitude in the American hospital of helping the patient help himself, "rather than catering to his whims." American patients are more appreciative of and grateful for what is done for them. "In the Philippines," one of the nurses said, "the patient is the boss and you are the slave."

In summary, the relationships of the Filipino nurses with other hospital personnel seem to be favorable among superiors but less so among subordinates. Difference may be due to cultural factors with regard to superiors, and racial factors with regard to subordinates. In Spanish-influenced Philippines, unlike in "classless" America, social stratification seems to be prominent among holders of position. When a person is accepted and treated as an equal among her professional superiors, the tendency is to approve of this relationship. But when a subordinate tries to put herself on the same level, the opposite reaction is to be expected.

**Working Conditions**

**Stipend.**—Remuneration received by Filipino nurses for their services is estimated to range from $350 to $390 per month. All the interviewees are agreed that the amount certainly is far
better than the salary they would receive in the Philippines. Although only a few will admit it formally, informal conversations with Filipino nurses draw out the fact that this is one of the primary reasons for coming to this country.

The Filipino nurses interviewed expressed a desire to receive higher stipends. The Exchange Visitors Program stipulates that Exchange nurses, since they are regarded as students, should receive mere stipends, rather than salaries, and therefore, lower than the payment due to a registered nurse. They claim, however, that they do the same amount of work as the American registered nurses, their schedule is just as tight, and the educational programs they expected are not given. For the amount of work they do in the American hospitals, they believe they are not receiving a commensurate remuneration.

Shifts.—Nineteen nurses expressed satisfaction with the policy of their hospitals regarding shifts. Three nurses representing two hospitals, feel however that their hospitals do not show fairness to foreign nurses in this regard. One stipulation of the Exchange Visitors Program is that nurses should be rotated through the different shifts. But in the case of these hospitals, a Protestant-run university hospital and a Catholic one, most if not all evening and night nurses are Filipinos who are assigned to these shifts almost permanently. This has the distinct disadvantages of depriving them of the opportunity to learn more tech-
niques and skills, since less nursing procedures are involved at night. There is also less opportunity for patient contacts and discussions with other nursing personnel and doctors.

On the other hand, the Filipino nurses do not disapprove of this. Some even request these night shifts. At night they are usually assigned as charge nurses; and from this they derive experience in supervisory work. The higher differential rate also seems to offer an attraction:

The shifts not favored by Americans are given to foreigners. But foreigners don't complain in the open. Most Filipino nurses like afternoons and nights because of higher pay.


Environment and Residence.--The majority of the nurses interviewed claimed that they work in a pleasant and satisfactory atmosphere. Three voiced their dissatisfaction. One complained that her hospital is "too old" and that its equipment is outmoded. Another said that the neighborhood around the hospital is inferior. A third complained of overcrowding at work.

Five of the hospitals represented provide nurses' residences, charging reasonable rent. Those nurses who do not live in these special dormitories usually share apartments with other nurses. Seven interviewees who fall into this category declare their satisfaction with living conditions. One interviewee, however, complained of very expensive rent. Another believes that the hospital she works for should provide residence halls, especially for new arrivals.
Evaluation of the Exchange Visitors Program
with Reference to Filipino Nurses

Advantages.--

1. It is an ideal opportunity for the nurses to obtain advanced training in their profession, to observe modern trends, and to experience working with modern equipment.

2. It is an opportunity for further studies.

3. It is an opportunity simply to come to the United States, meet its people and learn their way of living.

4. It is an opportunity for the Filipino nurses to earn some amount far above what they could receive in the Philippines.

5. It is a solution to the nursing shortage in hospitals in the United States.

Points of Criticism.--

1. On the Philippine Foreign Affairs Department and the Filipino Nurses' Association

   a. Little effort is being exerted in investigating the process of application and acceptance of prospective Exchange Visitors Program participants.

   b. A comprehensive and more thorough program of orientation regarding what to expect and encounter upon arrival in the United States is not being provided for participants who are ready to leave the Philippines.

2. On the State Department of the United States
a. Little effort is being exerted in investigating Exchange Visitors Program sponsors as to whether they fulfill the regulations or not.

b. There is no limit set on the number of Exchange Visitors to be accepted by each hospital. Large numbers create big problems especially if no special committee is set up to look after the foreign nurses.

c. There is a surprising lack of materials, data and statistics regarding the Exchange Visitors Program for nurses.

3. On the American Hospitals

Many hospitals do not provide the kind of program and orientation required by the Exchange Visitors Program, but are more concerned with the services which the nurses can contribute.

4. On the Filipino Nurses

They come to this country with misconceptions and wrong motivations so that they are disappointed with what they encounter. Some do not properly understand the purposes of the Exchange Visitors Program itself.
In this chapter the writer will try to determine if the Filipino nurses in the sample groups—the 110 questionnaire respondents and the 25 interviewees—experience a situation which could be called one of marginality. It is to be understood that in this thesis, the possible applicability of the term will be limited to the situation of the nurses within the hospital milieu. Commonly, as Park and Stonequist defined it, the term would refer to the entire social world in which the individual finds himself. In this particular case, it is felt that such a study would have been too involved, and investigation was, therefore, limited to the hospital setting. Activities of the nurses outside the hospital and interrelationships with non-hospital personnel were not directly considered.

In this thesis the main basis for the determination of aspects of marginality was adjustment. In the case of the questionnaire respondents, adjustment was measured by means of six questions regarding role satisfaction and ten questions on interpersonal relations. The procedure for the computation of Adjustment Scores was previously explained (see pages 47 and 48). It is believed that adjustment in a new situation is an indication of the absence of marginality. It is of course recognized that a low
level of adjustment is not necessarily produced by marginality. For this reason, interviews were conducted to determine experiences which could properly be referred to as marginal; but no measures were used. From experiences recounted by the nurses, tentative generalizations were made.

**Adjustment Scores of the Questionnaire Respondents**

The Total Sample Group.—Two questionnaire respondents skipped page 3 of the mimeographed questionnaire. This page contained eighteen of the twenty-two items composing Part II. No Adjustment Scores, therefore, could be computed for these respondents. The remaining number of subjects considered is 108.

Scores obtained (by means of the process explained in pages 47 and 48) were reduced to two significant digits and the result multiplied by 10 to obtain a whole number for each score. The possible range of scores is 50 for the highest degree of adjustment and 10 for the lowest. Actual scores ranged from a high of 47 to a low of 19. Table 20 presents a frequency distribution of Adjustment Scores. (See page 111 for Table 20.) The mean of the Adjustment Scores is 37.7 and the median is 38.5.

By means of the Pearson Product-Moment Coefficient of Correlation formula, the relationship between Role Conception Scores and Adjustment Scores was sought. The number \(-0.049\) was obtained. It signifies a very slight, and therefore, insignificant negative relationship.
Table 21, on page 112, presents a distribution of respondents by Role Conception Scores and Adjustment Scores. Adjustment Scores were divided into 3 groups: Low Adjustment, Intermediate Adjustment and High Adjustment. The range of the scores, 19 to 47, which consists in 29 numbers was divided by 3, which resulted in a group of 9 scores and 2 groups of 10 scores each. Thus High Adjustment was represented by scores 39 to 47; Intermediate Adjustment, 29 to 38; and Low Adjustment, 19 to 28. Nurse typology and Role Conception Scores explained in Chapter III (see Table 15, page 72) were made use of in this table.

Contrary to expectations, Adjustment Scores tended to be high rather than low: 49.1 per cent of the respondents had High Adjustment Scores and 48.1 per cent, Intermediate Adjustment Scores, while only 2.8 per cent showed Low Adjustment Scores.

It was assumed that Professionalizers or nurses with high Role Conception Scores would adjust most readily to the hospital.
### TABLE 21

**RESPONDENTS, BY NURSE TYPOLoGY AND DEGREE OF ADJUSTMENT**

<table>
<thead>
<tr>
<th>Nurse Typology</th>
<th>High 39-47</th>
<th>Intermediate 29-38</th>
<th>Low 19-28</th>
<th>Total Sum</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P 37 - 50</strong></td>
<td>2 a 3.8</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>2 1.8</td>
<td></td>
</tr>
<tr>
<td><strong>U 24 - 36</strong></td>
<td>35 b 66.0</td>
<td>38 c 73.1</td>
<td>3 d 100.0</td>
<td>76 70.4</td>
<td></td>
</tr>
<tr>
<td><strong>T 10 - 23</strong></td>
<td>18 e 34.0</td>
<td>12 f 23.1</td>
<td>0 0.0</td>
<td>30 27.8</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>53 g 100.0</td>
<td>52 h 100.0</td>
<td>3 i 100.0</td>
<td>108 100.0</td>
<td></td>
</tr>
</tbody>
</table>

- a One hundred per cent of the Professionalizers have Intermediate Adjustment Scores.
- b Forty-six and one-tenths per cent of the Utilizers have High Adjustment Scores.
- c Fifty per cent of the Utilizers have Intermediate Adjustment Scores.
- d Three and nine-tenths per cent of the Utilizers have Low Adjustment Scores.
- e Sixty per cent of the Traditionalizers have High Adjustment Scores.
- f Forty per cent of the Traditionalizers have Intermediate Adjustment Scores.
- g Forty-nine and one-tenths per cent of the entire group have High Adjustment Scores.
- h Forty-eight and one-tenths per cent of the entire group have Intermediate Adjustment Scores.
- i Two and eight-tenths per cent of the entire sample group have Low Adjustment Scores.
situation and that Traditionalizers would be the least adjusted and thus have low adjustment scores. From the above correlation and table this assumption seems to be incorrect. Role Conception Scores, in the case of the sample group, has in fact a negative and insignificant relationship to Adjustment Scores; Traditionalizers tended to have high rather than low, while Professionalizers had merely Intermediate Adjustment Scores.

The Professionalizers.---There were only 2 nurses who could be categorized as Professionalizers (see page 72). Both had Adjustment Scores of 34. It was expected that Professionalizers would have high adjustment scores. However, the 2 Professionalizers in the study could be classified only as having Intermediate Adjustment Scores. Thus, the assumption that Professionalizers would adjust most easily to the professional atmosphere of the American hospital seems to be incorrect.

The Utilizers.---Seventy-six Utilizers are to be considered in this section. (the two left out represent those whose questionnaires did not provide sufficient data for the computation of their Adjustment Scores.) Table 22 presents a frequency distribution of the Adjustment Scores of the Utilizers. (See page 114 for the table.) The mean Adjustment Score of the Utilizers is 37.4 and the median is 37.9. If it was expected that Professionalizers would have high adjustment scores and Traditionalizers, low adjustment scores, one would consequently expect Utilizers to
have Intermediate Adjustment Scores. Table 21 shows that it is the Intermediate Adjustment group where 50 per cent (Note c) of the Utilizers are represented. Representation in this group is slightly higher than that of the High Adjustment category (46.1 per cent), and much higher than the Low Adjustment group (3.9 per cent).

The Traditionalizers.—Sixty per cent of the Traditionalizers turned out to have high adjustment scores, with 40 per cent falling into the Intermediate Adjustment category. Not one Traditionalizer had a Low Adjustment Score. As noted above (page 113), this renders the adjustment assumption incorrect.

Table 23, on page 115, presents a frequency distribution of the Adjustment Scores of the 30 Traditionalizers. The median Adjustment Score of the Traditionalizers is 38.8 and the mean is 38.9.
TABLE 23

FREQUENCY DISTRIBUTION OF ADJUSTMENT SCORES OF THE TRADITIONALIZERS

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>46 - 47</td>
<td>1</td>
</tr>
<tr>
<td>44 - 45</td>
<td>2</td>
</tr>
<tr>
<td>42 - 43</td>
<td>4</td>
</tr>
<tr>
<td>40 - 41</td>
<td>6</td>
</tr>
<tr>
<td>38 - 39</td>
<td>6</td>
</tr>
<tr>
<td>36 - 37</td>
<td>6</td>
</tr>
<tr>
<td>34 - 35</td>
<td>3</td>
</tr>
<tr>
<td>32 - 33</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

The correlation computed between Role Conception Scores and Adjustment Scores (page 110) showed a negative relationship. This shows then that although the relationship is insignificant, there is a slight tendency for nurses who have low Role Conception Scores to adjust slightly better than those who have higher Role Conception Scores. Thus, the evidence presents that the Filipino nurses of this study appear to be adjusted rather well, and that the degree of adjustment is not significantly related to role conception.

Adjustment Among the Interviewees

As previously stated, no scientific measure was used in determining adjustment with reference to the twenty-five interviewees. Chapter IV summarized the experiences of the Filipino nurses in the hospitals. Except for some situations which cannot be generalized, the experiences of the Filipino nurses, on the
whole, seem to be very satisfactory. With reference to American nursing practice, they find that it is very similar to what they have been used to in the Philippines and therefore, they have tended to absorb procedures and routines as well as regulations with facility. Interpersonal relations, in general, have been reported to be favorable. Although they may have problems with the subordinates, these are not so grave as to constitute major dissatisfaction. Working conditions were considered satisfactory. They may feel a slight injustice committed against them due to the alleged inadequacy of the post-graduate programs and the asserted disproportion between work performed and remuneration received, but the advantages received, in spite of these are highly compensatory.

Filipino nurses feel that they are accepted in the hospital environment and very rarely ever experience discrimination.

Testimony of the few administrative officers, the few American doctors and nurses queried in this study suggest that the Filipino nurses adjust rather well to the working situation.

What emerges as a major issue seems to be the problem of communication which has its roots in cultural differences also. As one of the directors of nursing stated, this problem could probably be solved with proper orientation.
The Major Hypothesis

The major hypothesis was:

The Filipino nurse, commonly a Traditionalizer, experiences a marginal position in the professionalizing atmosphere of the American hospital.

The first task was to determine the role conceptions of the Filipino nurses in the sample group. Chapter III has shown that the first part of the major hypothesis—that the Filipino nurse is commonly a Traditionalizer—is to be rejected.

The second task was to determine whether or not the Filipino nurse in the American hospital experiences a position which could be called marginality. It was shown that Filipino nurses in the sample group seem well adjusted. There is little, if any, evidence that they could be described as marginal.

The major hypothesis then is to be rejected.

The Filipino nurse is commonly a Utilizer, rather than a Traditionalizer, and she does not experience marginality in the American hospital but is, in fact, rather well adjusted.

One factor seems to present a reasonable explanation for the predominance of Utilizers and the presence of "low marginality" among Filipino nurses in the sample group—the strong similarity of educational trends in the Philippines with those in the United States.
It is an accepted fact that the educational system in the Philippines is very closely patterned after that of the United States, a former mother country. In fact, a highly developed educational system is considered to be one of the most important contributions of the United States to the progress of the Philippines. Because of this, characteristics of the United States educational system imported during the years of American rule in the Philippines have inevitably been incorporated into the Philippine educational system. One such characteristic is a pronounced utilitarianism in the American educational structure. Education is no longer the privilege of the rich upper classes, the luxury of a few; with the advent of the "Educational Revolution" it has come to be regarded as a necessary preparation for skilled productive work rather than refined leisure.

It is believed that the trend toward professionalization in the field of nursing contributes in the long run to a utilitarian outlook in the education and training of nurses. A more advanced training means the acquisition of more technical skills, which in turn leads to higher positions, better salaries, and more status. The desire for status and its ever present advantages inspired keener competition for well-paying jobs, and hence there was a greater need for advanced training to provide the necessary skills. The schools seek to meet this need.

It is only to be expected that nursing education in the Philippines, having had its roots in the United States, will have
this utilitarian orientation. It would seem that recipients, in both countries, of a nursing education characterized by utilitarianism would be Utilizer types. This may explain why the majority (70.3 per cent) of the Filipino nurses in this study were found to be Utilizers. Since the hospital milieu in which the Filipino nurse finds herself tends to be utilitarian too, she apparently has little difficulty in adjusting; and this may explain the presence of "low marginality" in the sample group.
CHAPTER VI

SUMMARY, CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY

Summary

In Chapter I the scope of the thesis was set forth—that it would consist in a study of Filipino nurses in the Greater Chicago area, who came to the United States under the Exchange Visitors Program, their professional role conceptions and the relationship of their conceptions to their experiences in the hospital, and if they experience a position which might be called marginality.

In a review of related literature, quite a number of the studies and materials written in the field of nursing have shown a preference for the use of typologies. The available literature has a tendency to discuss trends toward professionalization in nursing, job satisfaction among nurses, as well as attitudes of different groups of people toward the profession.

A look into the present state of the profession of nursing in this country reveals again the current trend to gain professional recognition and the alarming shortage of nursing personnel in the American hospitals. In the Philippines, there is a similar, though less advanced, trend toward professionalization. There is an oversupply of nurses in the cities. These nurses,
however, would rather wait for recruitment by one of the hospitals in the United States than go back to the provinces. The Exchange Visitors Program of the Department of State of the United States has served as an apparently successful solution to the problems.

In this thesis the Filipino nurses were studied as to their role conceptions. Nurse types made use of were Habenstein and Christ's Professionalizer, Traditionalizer and Utilizer. An attempt was made to determine aspects of marginality (in the American hospital setting) which may be present in their capacity as foreign nurses from a more traditional country.

In Chapter II methods and techniques were discussed. Two hundred Filipino nurses (of which 110 responded) representing 32 hospitals in the Greater Chicago area were sent questionnaires. Twenty-five Filipino nurses representing 12 hospitals in the same area were interviewed. These questionnaire and interview respondents constituted the basic sources of information in this study. Then, to explore the American supervisory opinion of Filipinos in a beginning way, four administrative officers from three Chicago hospitals were also interviewed and three American doctors and three American registered nurses from the same hospitals responded to questionnaires sent.

Questionnaires to the Filipino nurses sought to determine the social characteristics of the nurses, their adjustment in the hospital milieu and their role conceptions. Interviews
with the Filipino nurses sought to delve more deeply into their experiences in the hospitals in order to determine how well they adjust to American nursing practices, their problems and interpersonal relations.

The few interviews with administrative officers and questionnaires sent to the American doctors and registered nurses sought to obtain evaluations of the Filipino nurses' performance in the American hospital.

Chapter II also explained the methods by which the different scores—Role Conception, Rural-Urban, and Adjustment Scores—were to be computed.

In Chapter III, the social characteristics of the Filipino nurses in the sample group were discussed. Distributions with reference to the following were included: age, religion, sex, place of childhood residence, academic attainment and occupation of parents, choice of friends, reading preferences, membership in organizations and degree obtained. The role conceptions of the Filipino nurses were also studied and the respondents categorized. Utilizers made up 70.9 per cent of the sample group, while 27.3 per cent were Traditionalizers. Only 1.8 per cent could be classified as Professionalizers.

With reference to rural-urban background, the majority of the respondents (57.3 per cent) tended to come from the provinces, while 13.6 per cent had both rural and urban backgrounds, and 29.1 per cent came from the city. Contrary to expectations
nurses from the provinces tended toward the Utilizer type rather than the Traditionalizer, and nurses from the city also tended to be Utilizers rather than Professionalizers. There did not seem to be any significant relationship between role conception and rural-urban background.

In Chapter IV were discussed the procedure of application for acceptance and orientation to United States hospital work that the interviewees went through, their comments on nursing theory and practices, and the work they do; their relationship with hospital personnel and with patients; and working conditions.

It was reported that in both the Philippines and the United States, emphasis is on bedside nursing care. According to the interviewees, the theory and practice of nursing in the United States is basically the same as in the Philippines.

Relations with patients seem to be agreeable. As to hospital personnel, relationships tended to be favorable with superiors but less so with subordinates.

The majority are agreed that their working conditions are favorable but everybody stated that the stipend received is not commensurate to work performed and educational programs offered by the hospitals are inadequate.

Chapter V was concerned with the investigation of the presence or absence of marginality in the hospital setting among the respondents. Analysis revealed that the Filipino nurses in the sample group appeared to be rather well adjusted. There is
little, if any, self-defined evidence of marginality on the part of the Filipino nurses. It was found that Filipino nurses commonly are Utilizers and that they judge themselves as adjusting rather well to the situation in the American hospital.

Conclusions

The major hypothesis in this study was:

1. The Filipino nurse, commonly a Traditionalizer, experiences a marginal position in the professionalizing atmosphere of the American hospital.

The findings, however, show a lack of confirmation of this hypothesis. Filipino nurses in the sample group are commonly Utilizers, rather than Traditionalizers or Professionalizers. Neither do they seem to experience a marginal position in the situation but apparently, from evidences obtained, adjust rather well.

The sub-hypotheses were:

a. Filipino nurses from the provinces (the majority) tend to be Traditionalizers.

While it is true that the majority of the nurses in the sample do come from the provinces, they do not tend to be Traditionalizers, but rather Utilizers. The sub-hypothesis therefore is not confirmed.

b. Filipino nurses from the cities (the minority) tend to be Professionalizers.

Findings confirm the fact that the minority of the nurses in the sample group come from the cities, but such nurses do not
tend to be Professionalizers. More nurses from the urban areas tend to be Utilizers rather than Professionalizers and among them, there are even more Traditionalizers than Professionalizers. The second sub-hypothesis is again not confirmed.

c. Utilizer type Filipino nurses are just as likely to come from the province as from the city.

Data from the study tend to confirm this sub-hypothesis because Filipino nurse Utilizers originate from all three types of backgrounds—Urban, Rural and Urban, and Rural.

From the above, the following conclusions are, therefore, drawn:

A. Filipino nurses in the sample group are commonly Utilizers, rather than Professionalizers or Traditionalizers.

B. Filipino nurses in the sample group commonly originate from the provinces.

C. There is a very slight positive relationship between role conception of the nurses in the sample group and their rural-urban backgrounds, but it is not significant.

D. The Filipino nurses in the sample group adjust rather well to the hospital situation, and they seem not to experience marginality.

E. There is a very slight negative relationship between role conception among the nurses and their degree of adjustment.
Suggestions for Further Study

A. This thesis had for its main subjects Filipino nurses. Perhaps a similar study—the interrelationships among Exchange Visitors and American hospital personnel, with the latter as principal subjects, would present another view of the situation and serve as a basis for comparison.

B. In this thesis, activities of the Filipino nurses outside the hospital were not considered. Experience in another country does not consist only in the work situation; activities outside may even prove more meaningful. Perhaps activities and experiences of the Filipino nurse outside the hospital setting and during her leisure time would present more significant data in the examination of the presence or absence of marginality.

C. A study of nurses in the Philippines could be conducted with reference to nurse typologies. Under what types could Filipino nurses be categorized? Would there be a great difference in role conception between them and American nurses? Would there be a great difference in role conception between nurses who have had the opportunity for experience in the United States and those who have not?
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REPORTS


UNPUBLISHED MATERIALS


APPENDIX I

QUESTIONNAIRE FOR FILIPINO NURSES

INFORMATION FROM THIS QUESTIONNAIRE IS CONFIDENTIAL. IT IS IMPORTANT FOR THE SUCCESS OF THE RESEARCH THAT EACH QUESTION BE ANSWERED FULLY AND HONESTLY.

1. Where did you live during most of your childhood?
   ____ a. in a farm or barrio
   ____ b. in a small town or village (Name) ___________________________
   ____ c. in the capital of the province
   ____ d. in the city

2. Sex: ____ a. Male __ ____ b. Female

3. Check one of the following to indicate your age group:
   ____ a. 20 or less ___ ____ d. 31 to 40
   ____ b. 21 to 25 ___ ____ e. over 40
   ____ c. 26 to 30


5. If married, is your family here with you?
   ____ a. Yes ___ ____ c. No, somewhere else
   ____ b. No, in the Philippines

6. Religious Affiliation: ________________________

7. Educational Data: Name & Location Degree Year Graduated
   School of Nursing ________________________ ______________
   College or University ________________________ ______________
   Other ____________________________________ ______________

8. Were your grade school years spent in
   ____ a. schools in the province?
   ____ b. schools in the city?

9. Were your high school years spend in
   ____ a. schools in the province?
   ____ b. schools in the city?
10. Are you enrolled in any university or college here?
   a. Yes (Specify Degree)
   b. No, but I am planning to
   c. No, and I don't plan to

11. Academic Attainment

12. Present Occupation

13. Date of arrival in the U. S. (Mo. & Yrs.)

14. How long have you been working in your present hospital?
   a. more than 2 yrs.
   b. 2 yrs.
   c. more than 1 yr.
   d. 6 months or more
   e. less than 6 mos.

15. Present work classification:
   a. Director of Nursing
   b. Asst. Dir. of Nursing
   c. Nursing Supervisor
   d. Head Nurse
   e. Asst. Head Nurse
   f. Gen. Duty (Staff)N.
   g. Practical Nurse
   h. Other (Specify)

16. How did you find out what you were supposed to do in your present job?
   a. Formal Instruction (class)
   b. Orientation on the job
   c. Informally
   d. Personal observation
   e. Other (Specify)

17. Is there an educational program in your hospital which foreign Exchange Visitors are required to attend?
   a. Yes
   b. No

18. Are you a Registered Nurse in the Philippines?
   a. Yes
   b. No

19. Have you recommended coming to the U. S. as a participant of the E.V.P. to any of your friends?
   a. Yes
   b. No

20. If you could have your way, what would you most like to be doing about 5 years from now (whether in the hospital or not)?
21. What kind of magazines and newspapers do you read regularly?

22. Are there any people now working in your hospital whom you would like to have as friends even outside of the hospital?
   - a. Yes
   - b. No

23. Do you go out socially with them?
   - a. Yes
   - b. No

24. Are they
   - a. Filipinos?
   - b. Americans?
   - c. Others? (Specify)

25. Are you a member of any association here?
   - a. Religious
   - b. Social
   - c. Professional
   - d. Nationality group
   - e. Other (Specify)
   - f. None

26. Do you participate in its activities?
   - a. Regularly
   - b. Often
   - c. Seldom
   - d. Never

27. Why did you decide to become a nurse?

---

For the next 5 questions, please put a check mark in front of the statement that best describes how you feel:

28. How good is your job?
   - a. It is an excellent one.
   - b. It is better than average.
   - c. It is just average.
   - d. It is not as good as average.
   - e. It is a very poor one.

29. How do you feel about your job?
   - a. I am very happy and satisfied in this job.
   - b. I am fairly well satisfied.
   - c. I feel neither satisfied nor dissatisfied.
   - d. I am a little dissatisfied.
   - e. I am unhappy and very dissatisfied in this job.
30. How good an organization is the hospital you work for?
   ____ a. It is excellent, one of the best.
   ____ b. It is good, but not one of the best.
   ____ c. It is only an average organization, like many others.
   ____ d. It is below average. Many are better.
   ____ e. It is one of the poorest organizations to work for.

31. The work I do is
   ____ a. very enjoyable. I like very much doing it.
   ____ b. pleasant and enjoyable.
   ____ c. just average. I have no particular feelings.
   ____ d. not pleasant.
   ____ e. very unpleasant. I dislike it.

32. The general working conditions around my job are
   ____ a. very good, much better than average.
   ____ b. good, better than average.
   ____ c. just about average.
   ____ d. poor, not as good as average.
   ____ e. very bad.

33. With reference to this job, I am
   ____ a. completely satisfied.
   ____ b. more satisfied than not.
   ____ c. about half and half.
   ____ d. more dissatisfied than satisfied.
   ____ e. completely dissatisfied.

PLEASE CHECK UNDER YES, IF YOU AGREE WITH THE QUESTION; NO, IF YOU DON'T; AND ?, IF YOU ARE UNDECIDED:

34. Do the nurses with whom you work think you do your work well?  ____________
35. Do you often get work assignments which are not properly yours?  ____________
36. Is this true for all nurses in the hospital, or just in your case?  ____ a. all  ____ b. Mine
37. Do you sometimes feel you are not adequately prepared to perform complicated or technical duties which may be expected of you?  ____________
38. Do you feel free to ask other nurses to help you if you need assistance in your work?  ____________
39. Do the other nurses or aides sometimes ask you to help them?  ____________
40. Do the people with whom you work treat you as though they were glad to have you working with them?

41. Is it true that only certain kinds of ideas or opinions can be expressed fully among the people you work with?

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43. Do you find it difficult to get orderlies to perform their duties as they should be done?

44. When you are behind in your work, do other members of your work group sometimes volunteer to help you even when you have not asked them?

45. Are there small cliques in your work group to which you do not belong?

46. Do your American co-workers visit with you about their personal affairs during free time?

47. Do certain members of your work group "take it easy" and do less than their fair share of the work?

48. a. Does your superior generally recognize and commend good work?

   b. Do you generally know how well your superior thinks you are getting along in your work?

   c. Do your superiors exert very much effort to make you feel that you are an important part of the team?

49. a. Do doctors usually give you enough information about your patients so that you can plan the best nursing care?

   b. Do doctors give you as much credit and recognition as you deserve?

   c. Do doctors give enough attention to information which you can provide regarding the patient?

PLEASE CHECK THE ITEM OF YOUR CHOICE:

50. What is your view with regard to nursing? (Check one)

   a. It is a vocation or calling, a humanitarian mission. Patient relationship is most important.

   b. It is a career or a lifework wherein one should strive to attain higher positions.
137

___ c. It is just like any other job; a satisfactory means of making a livelihood; a temporary occupation.

51. Here is a list of things that are sometimes important for a hospital. I would like to know your opinion—how important you think these things are. (Please indicate by means of a check mark under VI if you consider it VERY IMPORTANT; FI if FAIRLY IMPORTANT; and NN, if you consider it NOT TOO NECES-
SARY.)

<table>
<thead>
<tr>
<th>VI</th>
<th>FI</th>
<th>NN</th>
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<tbody>
<tr>
<td>a. Do research in medicine</td>
<td></td>
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<tr>
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<td></td>
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52. I would like to find out how you think the following jobs compare with the job of the average nurse. Could you tell me if the nurse should get MORE, LESS or the SAME PRESTIGE or RESPECT in the eyes of the public?

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<tr>
<th>MORE</th>
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<th>SAME</th>
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<tr>
<td>a. a woman doctor</td>
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<td></td>
<td></td>
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<tr>
<td>j. a social worker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

53. What is the most important quality of a good nurse? (Check one)

--- a. to have a feeling for nursing.  
--- b. to be willing to work.  
--- c. to be efficient.  
--- d. to be willing to take responsibility.  
--- e. to have a pleasant personality.

54. Suppose that you had a chance to take a better job (higher wages and better working conditions) than you have now. I would like to know how important you think each one of these things is in considering whether or not you would take that job. Please mark under WST, if it Would stop you from taking it; WMD, if it Would Make you Hesitate before making a definite decision; and WNI, if it Would Not be Important.
a. Take up specialized courses before you can qualify.
b. Work harder than you do now.
c. Give up patient contact for administrative work.
d. Take on more responsibility.
e. Give up your leisure time.
f. Keep your personal views to yourself.

55. From your experience, can you tell me which of these things is the most important thing for a nurse to learn? (Select only one item)
   ____ a. to get along with other people on her job.
   ____ b. to take care of the patient's needs always.
   ____ c. to follow orders promptly and accurately.
   ____ d. to have a good general education and background.
   ____ e. to be careful and responsible in such things as charting and narcotic counts.

56. Suppose that your hospital were going to give a prize each year to people for doing outstanding work, who would deserve the First, Second and Third Prizes? (Indicate by writing 1, 2, and 3)
   ____ a. the person who raised the standards of her job.
   ____ b. the person who gave the best care to patients.
   ____ c. the person who was friendly and easy to get along with.
   ____ d. the person who improved the smooth running of her unit.
   ____ e. the person who did her own job well.
   ____ f. the person who worked here the longest.
   ____ g. the person who was most helpful during emergencies.

57. If given the choice, what would your preference be with regard to relationship with the patient? I prefer
   ____ a. more personal contact and intensive bedside care.
   ____ b. working with unconscious patients. The less interruptions for special needs, the better.
   ____ c. supervisory and administrative work. The less direct patient contact, the better.

58. Here is a list of things people at your hospital might talk about. Check the topic which you are most likely to discuss with other hospital personnel—nurses. (Select only 1 item)
   ____ a. problems of patient care.
   ____ b. working conditions.
   ____ c. feeling about people who work there.
   ____ d. getting something in particular done on the floor.
   ____ e. personal problems.
   ____ f. medicine as a science: trends, discoveries, etc.
59. What would you do if any of these things happened while you were working?

1) Found a visitor on the floor after visiting hours?
   ___ a. approach the visitor and question him myself.
   ___ b. refer the matter to the proper authorities.
   ___ c. would feel sympathetic towards him; so would not take action.
   ___ d. will not do anything at all; just ignore it.

11) Were asked to do something by a chief of staff that you did not think was really part of your job?
   ___ a. do it conditionally.
   ___ b. refer it to the proper authority.
   ___ c. question the situation.
   ___ d. do it unconditionally.

111) Were not getting along too well with another nurse you are working with?
   ___ a. report the matter to superiors.
   ___ b. contact the person concerned and talk things over.
   ___ c. will try to adapt.

1v) Were spoken to very sharply and in anger by a chief of staff?
   ___ a. do nothing.
   ___ b. take it but feel badly.
   ___ c. report the matter to superiors.
   ___ d. will answer back.

60. What aspects of nursing would you say would give you the most satisfaction? (Check one)
   ___ a. Administration.
   ___ b. Teaching.
   ___ c. Direct patient care.
   ___ d. Doing technical work involving complex and specialized skills.
   ___ e. Anything, I like all aspects of the profession.
   ___ f. Learning more about the profession by participating in difficult cases or operations.
   ___ g. Other (Specify)
   ___ h. Whatever is assigned to me. I feel indifferent.
COMMENTS AND SUGGESTIONS:

TYPE OF HOSPITAL CONTROL:

- a. Public
- b. Private Non-sectarian
- d. Catholic
- d. Protestant
- e. Jewish
- f. Other (Specify)

THANK YOU VERY MUCH FOR YOUR COOPERATION
APPENDIX II

WEIGHTS USED IN THE COMPUTATION OF SCORES

Rural-Urban Score

Question #:
1. Where did you live during most of your childhood?
   1. a. in a farm or barrio
   2. b. in a small town or village (Name)
   3. c. in the capital of the province
   4. d. in the city

7. Educational Data:
   Location of School of Nursing, College or University attended:
   4. in Manila or its suburbs
   2. in any place other than Manila or its suburbs

8. Were your grade school years spent in
   2. a. schools in the province?
   4. b. schools in the city?

9. Were your high school years spent in
   2. a. schools in the province?
   4. b. schools in the city?

Role Satisfaction Score

28. How good is your job?
   5. a. It is an excellent one.
   4. b. It is better than average.
   3. c. It is just average.
   2. d. It is not as good as average.
   1. e. It is a very poor one.

29. How do you feel about your job?
   5. a. I am very happy and satisfied in this job.
   4. b. I am fairly well satisfied.
   3. c. I feel neither satisfied nor dissatisfied.
   2. d. I am a little dissatisfied.
   1. e. I am very unhappy and very dissatisfied in this job.
30. How good an organization is the hospital you work for?
   a. It is excellent, one of the best.
   b. It is good, but not one of the best.
   c. It is only an average organization, like many others.
   d. It is below average. Many are better.
   e. It is one of the poorest organizations to work for.

31. The work I do is
   a. very enjoyable. I like very much doing it.
   b. pleasant and enjoyable.
   c. just average. I have no particular feelings.
   d. not pleasant.
   e. very unpleasant. I dislike it.

32. The general working conditions around my job are
   a. very good, much better than average.
   b. good, better than average.
   c. just about average.
   d. poor, not as good as average.
   e. very bad.

33. With reference to this job, I am
   a. completely satisfied.
   b. more satisfied than not.
   c. about half and half.
   d. more dissatisfied than satisfied.
   e. completely dissatisfied.

Interpersonal Relationship Score

34. Do the nurses with whom you work think you do your work well?  
   YES  ?  NO
   5   3

35. Do you often get work assignments which are not properly yours?  
   5  3  1

36. Is this true for all nurses in the hospital or just in your case?  
   5  a. all  1  b. mine

37. Do you sometimes feel you are not adequately prepared to perform complicated or technical duties which may be expected of you?  
   1  3  5

38. Do you feel free to ask other nurses to help you if you need assistance in your work?  
   5  3  1

39. Do the other nurses or aides sometimes ask you to help them?  
   5  3  1
40. Do the people with whom you work treat you as though they were glad to have you working with them?  
   YES  ?  NO  
   5  3  1

41. Is it true that only certain kinds of ideas or opinions can be expressed fully among the people you work with?  
   1  3  5

42. Do you feel free to suggest changes in the work assignments or activities of the people in the group with whom you work?  
   5  3  1

43. Do you find it difficult to get orderlies to perform their duties as they should be done?  
   1  3  5

44. When you are behind in your work, do other members of your work group sometimes volunteer to help you even when you have not asked them?  
   5  3  1

45. Are there small cliques in your work group to which you do not belong?  
   1  3  5

46. Do your American co-workers visit with you about their personal affairs during free time?  
   5  3  1

47. Do certain members of your work group "take it easy" and do less than their fair share of the work?  
   5  3  1

48. a. Does your superior generally recognize and commend good work?  
   b. Do you generally know how well your superior thinks you are getting along in your work?  
   c. Do your superiors exert very much effort to make you feel that you are an important part of the team?  
   5  3  1

49. a. Do doctors usually give you enough information about your patients so that you can plan the best nursing care?  
   b. Do doctors give you as much credit and recognition as you deserve?  
   c. Do doctors give enough attention to information which you can provide regarding the patient?  
   5  3  1

50. What is your view with regard to nursing? (Check one)  
   1. It is a vocation or calling, a humanitarian mission.  
   2. Patient relationship is most important.
51. Here is a list of things that are sometimes important for a hospital. I would like to know your opinion--how important you think these things are. (Please indicate by means of a check mark under VI if you consider it Very Important; FI if Fairly Important; and N, if you consider it Not too Necessary.)

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<tr>
<th></th>
<th>VI</th>
<th>FI</th>
<th>N</th>
</tr>
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<tr>
<td>a. Do research in medicine</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
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<td>1</td>
<td>3</td>
<td>5</td>
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<td>7</td>
<td>3</td>
<td>5</td>
</tr>
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<td>1</td>
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<td>3</td>
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<td>3</td>
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53. What is the most important quality of a good nurse? (check one)

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<tr>
<td></td>
<td>1/3</td>
<td>3/1</td>
<td>5/5</td>
</tr>
<tr>
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55. From your experience, can you tell me which of these things is the most important thing for a nurse to learn? (Select only one item)

- 3 a. to get along with other people on her job.
- 1 b. to take care of the patient’s needs always.
- 2 c. to follow orders promptly and accurately.
- 5 d. to have a good general education and background.
- 4 e. to be careful and responsible in such things as charting and narcotic counts.

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<tr>
<th>1st</th>
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57. If given the choice, what would your preference be with regard to relationship with the patient? I prefer

- 1 a. more personal contact and intensive bedside care.
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c. supervisory and administrative work. The less direct patient contact, the better.

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   c. feeling about people who work there.
   d. personal problems.
   e. getting something in particular done on the floor.
   f. medicine as a science: trends, discoveries, etc.

59. What would you do if any of these things happened while you were working?
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      a. approach the visitor and question him myself.
      b. refer the matter to the proper authorities.
      c. would feel sympathetic towards him, so would not take action.
      d. will not do anything at all; just ignore it.

   ii) Were asked to do something by a chief of staff that you did not think was really part of your job?
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      c. question the situation.
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      a. report the matter to superiors.
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      c. will try to adapt.

   iv) Were spoken to very sharply and in anger by a chief of staff?
      a. do nothing.
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   c. Direct patient care.
   d. Doing technical work involving complex and specialized skills.
e. Anything, I like all aspects of the profession.

f. Learning more about the profession by participating in difficult cases or operations.

g. Other (Specify)

h. Whatever is assigned to me. I feel indifferent.
APPENDIX III

SUMMARY OF RESPONSES TO QUESTIONNAIRE

1. Where did you live during most of your childhood?
   a. in a farm or barrio
   b. in a small town or village
   c. in the capital of the province
   d. in the city

2. Sex: 4 a. Male 196 b. Female

3. Check one of the following to indicate your age group:
   a. 20 or less
   b. 21 to 25
   c. 26 to 30
   d. 31 to 40
   e. over 40


5. If married, is your family here with you?
   a. Yes
   b. No, in the Philippines
   c. No, somewhere else
   d. No answer

6. Religious Affiliation: See Page 57

7. Educational Date: See Pages 60 and 61

8. Were your grade school years spent in:
   a. schools in the province?
   b. schools in the city?

9. Were your high school years spent in:
   a. schools in the province?
   b. schools in the city?

10. Are you enrolled in any university or college here?
    a. Yes
    b. No, but am planning to
    c. No, and I don't plan to
    d. No answer

11. Academic attainment of Parents: See Page 58

12. Present Occupation of Parents: See Page 59

13. Date of Arrival in the U. S.: See Page 63
14. How long have you been working in your present hospital?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
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<tbody>
<tr>
<td>a. more than 2 yrs.</td>
<td>6</td>
</tr>
<tr>
<td>b. 2 yrs.</td>
<td>12</td>
</tr>
<tr>
<td>c. more than 1 yr.</td>
<td>47</td>
</tr>
<tr>
<td>d. 6 months or more</td>
<td>36</td>
</tr>
<tr>
<td>e. less than 6 mos.</td>
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15. Present work classification:

<table>
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<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>b. Asst. Dir. of Nursing</td>
<td>102</td>
</tr>
<tr>
<td>c. Nursing Supervisor</td>
<td>0</td>
</tr>
<tr>
<td>d. Head Nurse</td>
<td>1</td>
</tr>
<tr>
<td>e. Asst. Head Nurse</td>
<td></td>
</tr>
<tr>
<td>f. Gen. Duty (Staff)N.</td>
<td></td>
</tr>
<tr>
<td>g. Practical Nurse</td>
<td></td>
</tr>
<tr>
<td>h. Other Part-time</td>
<td></td>
</tr>
</tbody>
</table>

16. How did you find out what you were supposed to do in your present job?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Formal Instruction (class)</td>
<td>16</td>
</tr>
<tr>
<td>b. Orientation on the job</td>
<td>80</td>
</tr>
<tr>
<td>c. Informally</td>
<td>5</td>
</tr>
<tr>
<td>d. Personal Observation</td>
<td>39</td>
</tr>
<tr>
<td>e. Other: Post-graduate work and In-service meetings</td>
<td>4</td>
</tr>
<tr>
<td>f. No answer</td>
<td>3</td>
</tr>
</tbody>
</table>

17. Is there an educational program in your hospital which foreign Exchange Visitors are required to attend?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>72</td>
</tr>
<tr>
<td>b. No</td>
<td>38</td>
</tr>
</tbody>
</table>

18. Are you a registered nurse in the Philippines?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>120</td>
</tr>
<tr>
<td>b. No</td>
<td>0</td>
</tr>
</tbody>
</table>

19. Have you recommended coming to the U.S. as a participant of the E.V.P. to any of your friends?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>51</td>
</tr>
<tr>
<td>b. No</td>
<td>58</td>
</tr>
<tr>
<td>c. No answer</td>
<td>1</td>
</tr>
</tbody>
</table>

20. If you could have your way, what would you most like to be doing about 5 years from now (whether in the hospital or not)? See Page 65

21. What kind of magazines and newspapers do you read regularly? See Page 67

22. Are there any people now working in your hospital whom you would like to have as friends even outside of the hospital?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>98</td>
</tr>
<tr>
<td>b. No</td>
<td>12</td>
</tr>
</tbody>
</table>

23. Do you go out socially with them?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>82</td>
</tr>
<tr>
<td>b. No</td>
<td>21</td>
</tr>
<tr>
<td>c. No answer</td>
<td>7</td>
</tr>
</tbody>
</table>

24. Are they Filipinos?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Filipinos?</td>
<td>85</td>
</tr>
<tr>
<td>b. Americans?</td>
<td>61</td>
</tr>
</tbody>
</table>
25. Are you a member of any association here?
   36 a. Religious  20 d. Nationality Group
   19 b. Social  0 e. Other
   19 c. Professional  33 f. None
   1 g. No answer

26. Do you participate in its activities?
   13 a. Regularly  43 c. Seldom
   14 b. Often  6 d. Never

27. Why did you decide to become a nurse?
   See page 59

28. How good is your job?
   15 a. It is an excellent one.
   48 b. It is better than average.
   45 c. It is just average.
   0 d. It is not as good as average.
   1 e. It is a very poor one.

29. How do you feel about your job?
   20 a. I am very happy and satisfied in this job.
   61 b. I am fairly well satisfied.
   6 d. I am a little dissatisfied.
   1 e. I am unhappy and very dissatisfied in this job.

30. How good an organization is the hospital you work for?
   19 a. It is excellent, one of the best.
   41 b. It is good, but not one of the best.
   48 c. It is only an average organization, like many others.
   6 d. It is below average. Many are better.
   1 e. It is one of the poorest organizations to work for.

31. The work I do is
   9 a. very enjoyable. I like very much doing it.
   53 b. pleasant and enjoyable.
   43 c. just average. I have no particular feelings.
   2 d. not pleasant.
   1 e. very unpleasant. I dislike it.

32. The general working conditions around my job are
   15 a. very good, much better than average.
   42 b. good, better than average.
   47 c. just about average.
   2 d. poor, not as good as average.
   1 e. very bad.
33. With reference to this job, I am
20 a. completely satisfied.
39 b. more satisfied than not.
48 c. about half and half.
3 d. more dissatisfied than satisfied.
1 e. completely dissatisfied.

34. Do the nurses with whom you work think you do your work well? YES ? NO
35. Do you often get work assignments which are not properly yours? 82 25 0
36. Is this true for all nurse in the hospital, or just in your case? 52a. all 23b. mine 7
37. Do you sometimes feel you are not adequately prepared to perform complicated or technical duties which may be expected of you? 30 13 64
38. Do you feel free to ask other nurses to help you if you need assistance in your work? 93 3 2
39. Do the other nurses or aides sometimes ask you to help them? 103 0 1
40. Do the people with whom you work treat you as though they were glad to have you working with them? 95 10 0
41. Is it true that only certain kinds of ideas or opinions can be expressed fully among the people you work with? 35 19 50
42. Do you feel free to suggest changes in the work assignments or activities of the people in the group with whom you work? 71 16 19
43. Do you find it difficult to get orderlies to perform their duties as they should be done? 28 11 67
44. When you are behind in your work, do other members of your work group sometimes volunteer to help you even when you have not asked them? 86 7 14
45. Are there small cliques in your work group to which you do not belong? 28 34 41
46. Do your American co-workers visit with you about their personal affairs during free time? 47 10 41
47. Do certain members of your work group "take it easy" and do less than their fair share of the work? 62 17 28
48. a. Does your superior generally recognize and commend good work? 71 19 20
b. Do you generally know how well your thinks you are getting along in your work?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th></th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60</td>
<td>29</td>
<td>18</td>
</tr>
</tbody>
</table>

c. Do your superiors exert very much effort to make you feel that you are an important part of the team?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th></th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50</td>
<td>5</td>
<td>21</td>
</tr>
</tbody>
</table>

49. a. Do doctors usually give you enough information about your patients so that you can plan the best nursing care?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th></th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58</td>
<td>22</td>
<td>27</td>
</tr>
</tbody>
</table>

b. Do doctors give you as much credit and recognition as you deserve?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th></th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45</td>
<td>37</td>
<td>23</td>
</tr>
</tbody>
</table>

c. Do doctors give enough attention to information which you can provide regarding the patient?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th></th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>74</td>
<td>20</td>
<td>14</td>
</tr>
</tbody>
</table>

50. What is your view with regard to nursing?  

<table>
<thead>
<tr>
<th></th>
<th>92</th>
<th></th>
<th>8</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. It is a vocation or calling, a humanitarian mission. Patient relationship is most important.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. It is a career or a lifework wherein one should strive to attain higher positions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. It is just like any other job; a satisfactory means of making a livelihood; a temporary occupation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51. Here is a list of things that are sometimes important for a hospital. I would like to know your opinion—how important you think these things are. (Please indicate by means of a check mark under VI if you consider it Very Important; FI if Fairly Important; and NN, if you consider it Not too Necessary.)  

<table>
<thead>
<tr>
<th></th>
<th>VI</th>
<th>FI</th>
<th>NN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Do research in medicine.</td>
<td>86</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>b. Give more personal attention to patients</td>
<td>85</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>c. Make clear who is responsible for the different jobs in the hospital.</td>
<td>91</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>d. Provide higher wages and better working conditions for the employees.</td>
<td>79</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>e. Give good training to people who work there.</td>
<td>98</td>
<td>8</td>
</tr>
</tbody>
</table>

52. I would like to find out how you think the following jobs compare with the job of the average nurse. Could you tell me if the nurse should get MORE, LESS or the SAME PRESTIGE or RESPECT in the eyes of the public?  

<table>
<thead>
<tr>
<th></th>
<th>MORE</th>
<th>LESS</th>
<th>SAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. a woman doctor</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>b. a clerk in the hospital</td>
<td>73</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>c. a laboratory technician</td>
<td>54</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>d. a dietician</td>
<td>24</td>
<td>2</td>
</tr>
</tbody>
</table>
e. a private registered nurse
f. a beauty shop operator
g. a stenographer
h. a waitress
i. a librarian
j. a social worker

53. What is the **most important** quality of a good nurse?

- **a. to have a feeling for nursing.**
- **b. to be willing to work.**
- **c. to be efficient.**
- **d. to be willing to take responsibility.**
- **e. to have a pleasant personality.**

54. Suppose that you had a chance to take a better job (higher wages and better working conditions) than you have now. I would like to know how important you think each one of these things is in considering whether or not you would take that job. Please check under WST, if it **Would Stop you from** Taking it; WHD, if it **Would Make you Hesitate** before making a definite decision; and WNI, if it **Would Not be Important.**

<table>
<thead>
<tr>
<th></th>
<th>WST</th>
<th>WHD</th>
<th>WNI</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Take up specialized courses before you can qualify.</td>
<td>16</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>b. Work harder than you do now.</td>
<td>17</td>
<td>26</td>
<td>51</td>
</tr>
<tr>
<td>c. Give up patient contact for administrative work.</td>
<td>17</td>
<td>47</td>
<td>22</td>
</tr>
<tr>
<td>d. Take on more responsibility.</td>
<td>14</td>
<td>26</td>
<td>51</td>
</tr>
<tr>
<td>e. Give up your leisure time.</td>
<td>23</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>f. Keep your personal views to yourself.</td>
<td>29</td>
<td>33</td>
<td>27</td>
</tr>
</tbody>
</table>

55. From your experience, can you tell me which of these things **if the most important** thing for a nurse to learn?

- **a. to get along with other people on her job.**
- **b. to take care of the patient's needs always.**
- **c. to have a good general education and background.**
- **d. to follow orders promptly and accurately.**
- **e. to be careful and responsible in such things as charting and narcotic counts.**

56. Suppose that your hospital were going to give a prize each year to people for doing outstanding work, who would deserve the First, Second and Third Prizes? (Indicate by writing 1, 2, and 3)

| 1st 2nd 3rd |
|---|---|---|
| 31 20 14 a. the person who raised the standards of her job. |
the person who gave the best care to patients.
the person who was friendly and easy to get along with.
the person who improved the smooth running of her unit.
the person who did her own job well.
the person who worked here the longest.
the person who was most helpful during emergencies.

57. If given the choice, what would your preference be with regard to relationship with the patient? I prefer

a. more personal contact and intensive bedside care.

b. working with unconscious patients. The less interruptions for special needs, the better.

c. supervisory and administrative work. The less direct patient contact, the better.

58. Here is a list of things people at your hospital might talk about. Check the topic which you are most likely to discuss with other hospital personnel--nurses. (Select only 1 item)

a. problems of patient care.

b. working conditions.

c. feeling about people who work there.

d. personal problems.

e. getting something in particular done on the floor.

f. medicine as a science: trends, discoveries, etc.

59. What would you do if any of these things happened while you were working?

i) Found a visitor on the floor after visiting hours?

a. approach the visitor and question him myself.

b. refer the matter to the proper authorities.

c. would feel sympathetic towards him; so would not take action.

d. will not do anything at all; just ignore it.

ii) Were asked to do something by a chief of staff that you did not think was really part of your job?

a. do it conditionally.

b. refer it to the proper authority.

c. question the situation.

d. do it unconditionally.

iii) Were not getting along too well with another nurse you are working with?
20 a. report the matter to superiors.

66 b. contact the person concerned and talk things over.

24 c. will try to adapt.

iv) Were spoken to very sharply and in anger by a chief of staff?

4 a. do nothing

14 b. take it but feel badly.

75 c. report the matter to superior.

14 d. will answer back.

60. What aspects of nursing would you say would give you the most satisfaction? (Check one)

9 a. Administration.

16 b. Teaching.

31 c. Direct patient care.

11 d. Doing technical work involving complex and specialized skills.

18 e. Anything, I like all aspects of the profession.

15 f. Learning more about the profession by participating in difficult cases or operations.

7 g. Other: Research, Public Health Nursing.

1 h. Whatever is assigned to me. I feel indifferent.

TYPE OF HOSPITAL:

29 a. Public

21 b. Private Non-sectarian

33 c. Catholic

11 d. Protestant

14 e. Jewish

0 f. Other
APPENDIX IV

INTERVIEW GUIDE FOR FILIPINO NURSES

1. For what reasons did you decide to come to the United States?
2. What do you hope to gain from your experience here?
3. Please describe what you expected to find upon arrival here, with reference to work.
4. How do you compare your expectations with actual experience?
5. How did you go about applying for acceptance?
6. Is there a program provided by the hospital for Exchange Visitor Program participants?
7. Please describe briefly.
8. Please describe the kind of work usually done by Filipino nurses in your hospital.
9. Would there be differences between functions performed by them and those performed by American nurses?
10. Is there any difference between nursing theory here and in the Philippines?
11. Is there any difference in nursing practice?
12. What is emphasized in the Philippines?
13. What is emphasized here?
14. Are there nursing concepts which you advocate but cannot practise here?
15. Are there practices which you don't approve of but are compelled to perform?
16. To what ideas and practices in the hospital did you find most difficult to adjust? Least difficult to adjust?
17. What American hospital practices do you want to bring home?
18. What would you not want to bring home?
19. Please describe interpersonal relations in the hospital:
   a. with nursing superiors       d. with American nurses
   b. with doctors               e. with subordinates
   c. with non nursing personnel f. with patients
20. Please describe your relationship with other Filipino nurses.
21. Please describe the working conditions in the hospital:
   a. salary
   b. shifts
   c. environment
   d. residence provided
22. How would you evaluate the Exchange Visitors Program, with reference to Filipino nurses?
23. How would you evaluate your United States experience?
24. Did you ever experience any language difficulty? Any problems in communication?
25. Do you sometimes feel that co-workers think you are not doing your work adequately?
APPENDIX VI

QUESTIONNAIRE FOR AMERICAN DOCTORS

1. Do you think that the training of the Filipino nurses working in your hospital is adequate with reference to American nursing standards?

2. What are the most commendable traits of the Filipino nurses that you get to associate with?

3. In what aspects are they most liable to criticism?

4. Please evaluate their performance as a whole.
APPENDIX V

INTERVIEW GUIDE FOR ADMINISTRATIVE OFFICERS

1. What qualifications does your hospital set up for foreign nurses?

2. Would you say that there are differences between the training of Filipino nurses and that of American nurses?

3. Do you think that the performance of Filipino nurses meets the American standards of nursing practice?

4. In what aspects of nursing, do you think, would they be most adequate? (Bedside care, supervisory work, etc.)

5. For what characteristics are Filipino nurses commendable?

6. In what aspect are they most subject to criticism?

7. What types of problems are encountered with reference to Filipino nurses?

8. Do you think that they adjust quite well to the work situation or do they have difficulties?

9. Please comment on the interpersonal relationship among Filipino nurses and other hospital employees, as well as patients.

10. How would you evaluate the Filipino nurses in general, whether on the job or outside?
APPENDIX VII

QUESTIONNAIRE FOR AMERICAN REGISTERED NURSES

1. What do you think of the performance of Filipino nurses in your hospital?

2. What do you think are the commendable traits of the Filipino nurses?

3. What are their weak points?

4. In what aspect would you say does the Filipino nurse differ most from the American nurse?

5. Do you think they deserve the same status and prestige as American nurses?
APPENDIX VIII

QUESTIONNAIRE FOR AMERICAN PRACTICAL NURSES

1. What is your opinion regarding Filipino nurses in your hospital?

2. Do you think they deserve the same prestige and status as American registered nurses?

3. In what aspect of nursing would you rate the Filipino nurses poorly?

4. In what aspect would you rate them highly?

5. Please describe your relationship with them in general.
The thesis submitted by Mercedes L. Verzosa has been read and approved by three members of the Department of Sociology.

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the thesis is now given final approval with reference to content, form, and mechanical accuracy.

The thesis is therefore accepted in partial fulfillment of the requirements for the Degree of Master of Arts.

Jan. 22, 1965
Date

Signature of Adviser