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LOCUS OF CONTROL AND THE BUSINESS OF HEALTH CARE MANAGEMENT

DISSERTATION

Presented in Partial Fulfillment of the Requirements

for the Degree Doctor of Education in the Graduate School

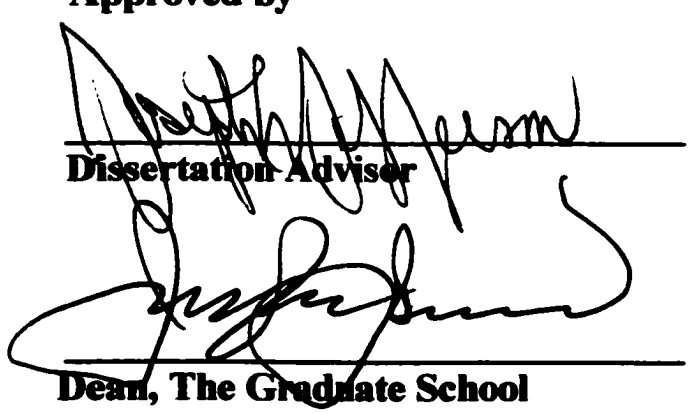
of Texas Southern University

By

TUNJI JEMI-ALADE, Jr., B.S., M.A.

2000

Approved by



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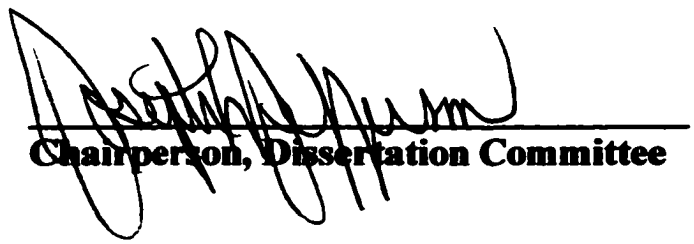

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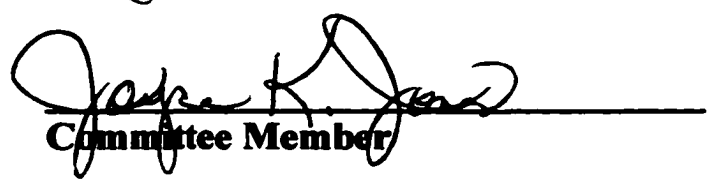

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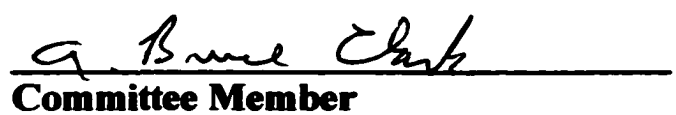

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LOCUS OF CONTROL AND THE BUSINESS OF HEALTH CARE MANAGEMENT

By

Tunji Jemi-Alade, Jr. Ed.D

Texas Southern University, 2000

Professor Joseph L. Jefferson, Advisor

The purpose of this study was to examine the Locus of Control orientation of graduate and undergraduate students. More specifically, the researcher was concerned with ascertaining the effects of the variables major (Business Administration versus Health Care Administration) and classification (graduate versus undergraduate) on their internal versus external Locus of Control orientations.

A parametric procedure was employed in this investigation. The parametric procedure was the t-Test of independent samples. One hundred twenty-five (125) graduate and undergraduate students were selected to participate in this empirical study. The Social Reaction Inventory Questionnaire was used to collect the data regarding the internality versus externality orientations of the college students. The investigative instrument

had a split-half reliability coefficient of .82 for the test as a whole, and was deemed to have excellent construct validity.

The study concluded that Business and Health Care Administration students have similar overall Locus of Control orientation scores. Graduate students of Business and Health Care Administration had higher overall Locus of Control orientation scores than did the undergraduate students of Business and Health Care Administration. Internal Locus of Control orientation scores were similar for Business and Health Care Administration students. In general, Business Administration students had a higher external Locus of Control scores than their Health Care Administration counterparts and, students' classification (graduate and undergraduate) had no influence on their external Locus of Control orientation scores.

The researcher recommends that counselors, especially those involved with assisting students in choosing their field of study, should be aware of the Locus of Control orientation of the students. An understanding of how students perceive their environment can help counselors develop strategies to enhance the students' social, personal and psychological well being. Finally, counselors and other concerned individuals in the helping profession should be cognizant of the characteristics as well as the traits of internally and externally oriented students.

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VITA

September 25, 1954	Born - Lagos, Nigeria
1978	B.S., B.S., Southern Oregon University Science & Psychology Ashland, Oregon
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DEDICATION

I dedicate this study to the memory of my parents, Olatunji and Ibitomi Jemi-Alade, who were my first guides and teachers and whose words and thoughts live on in this study. Their constant love and words of wisdom made this accomplishment possible.

A special dedication goes to my High School Principal, Victor Gordon Chinwah, who taught me the importance of courage and determination to see projects through to their completion and whose words I still remember today. He used to say, "My boys, are we yet alive to see each other's face? Glory be to God in the highest, glory be to God in eternity ... may your road be rough."

Also, I dedicate this project to the memory of my grandfather, Babatunde Jemi-Alade, my grandmothers, Alice Boyle and Oyinkan Soyode, whose words of encouragement about education will forever be cherished.

ACKNOWLEDGEMENT

I would like to express my thanks and gratitude to all my teachers for their nurturing and support throughout the process of my education. My sincere thanks go to Dr. Joseph L. Jefferson, my advisor and Chairman of my committee, for his continued support and guidance throughout my graduate studies.

I want to thank my other committee members, Dr. Joyce Jones, Dr. Riley Venable, and Dr. Bruce Clark, for their time, guidance and direction. Each has contributed in a unique way to the completion of this study, which will enrich my professional life. Special thanks to Dr. Ronnie Davis for his help with the statistical analysis in my dissertation.

A special thanks to the entire group of graduate and undergraduate students of Business and Health Care Administration at Texas Southern University and Texas Woman's University, for their utmost cooperation in filling out the Social Reaction Inventory Questionnaire.

Thanks to my friends and relatives for their encouragement, especially my two children, Mariana and Tunji III, who were curious about this study.

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Chapter 1

INTRODUCTION

Often, one of the primary reasons cited for the economic and social advances made by any society is its skill to manage large, complex enterprises. As regards the latter notion, no nation has ever matched the United States in its use of human and natural resources (Flynn, 1992). Yet, we Americans are living in an era marked by tension and dissatisfaction with the status quo. This disenchantment is a problem since maintaining status quo is one of every nation's greatest strengths (Oregon Plan, 1990). Furthermore, the nation's ability to cope successfully with myriad stubborn problems is now being assailed and challenged by widespread, serious domestic ills (Bennerand & Wrubel, 1989).

To most Americans, though, national problems are not new. People have survived both internal and external strife; however, the nature and scope of many of the present challenges have not often been paralleled in the country's history (Dentzer, 1990). So, then, the American public is looking for wise, resourceful, and pragmatic leadership. It is searching for cooperation,

not just agreement; for solutions, not just answers; and in the health field, for physical and economic security (Aaron, 1991).

Most concepts concerning the propensity to view the self as being in control have included an internal locus while other psychological constructs have denoted an external Locus of Control (Rotter, 1966). This control orientation is widely viewed as a core feature of personality, having ranging ramifications for life satisfaction and well being (Mortimer & Lorence, 1981; Mortimer, Finch, & Kumba, 1973; Heath, 1976; Pearline & Schooler, 1978). However, there seems to be a considerable consensus that control orientations are not fixed traits but instead are responses to successes and failure throughout life (Bandura, 1977; Deci & Ryan, 1987).

Moreover, Bandura (1977) stated that the individual's sense of personal efficacy influences whether he or she will initiate coping behavior in stressful situations; personal efficacy also affects the efforts and persistence which an individual applies to problems when initial coping behaviors fail. This latter idea suggests that personal control orientations are likely precursors of occupational achievement (Andrisani & Nestel, 1976).

The mounting evidence also shows that occupational successes and failures (as measured by occupational prestige and income, by promotion and demotion) influence an adult's sense of internal control (Andrisani & Nestel,

1976; Frantz, 1980). Adolescence is widely recognized as a period of growth as regards self-control and freedom to select one's own career, without parental or other adult supervision. Researchers are increasingly aware of the importance of the adolescent's and young adult's cognitive experiences and control orientation for both current and future achievement (Spenser & Otto, 1985).

Coleman's (1966) study of educational opportunity, for example, showed that the sense of control over one's life was significantly associated with academic achievement. Similarly, Manquist & Erichorn (1989) concluded that the need or hope for achievement in adolescence does not predict adult success as much as do orientations toward and expectancies about one's own competencies. Supporting this view, Jordaan and Super (1974) found that adolescents having (1) the ability to plan, (2) responsibility, and (3) an orientation to the future tended to be more successful at age 25.

In a similar vein, Elder (1969) opined that young adults who were ambitious, productive, dependable, and not self-indulgent were the ones who later became most successful. Together, the aforementioned attributes were reflective of playfulness, delayed gratification in the interest of future achievement, and a sense of control over the attainment of personal goals.

In a 1990 study, O'Brien & Feather stated that the evidence showed that young people who obtain high quality jobs involving skills utilization after leaving high school have more self-competence and internal control. Extrinsic outcomes and rewards of work, such as one's chosen field, income and advancement potential, might also heighten adolescents' and young adult's sense of mastery. Furthermore, as for an adult worker, intrinsic dimensions of "youth work" may foster a sense of control.

Generally, the development of the perceived control construct stems from the psychological theories concerning learning and attribution whereas perceived control is viewed as a relatively stable personality construct, one indicating an individual's perceptions about his or her ability to effect outcomes. Empirical studies have revealed that individuals with high perceived control are more successful in educational attainment, occupational attainment, and several measures of both physical and psychological well being. The foregoing outcomes were attributed to the individual's perceived control which enabled them to take an active, effective approach to problem solving and goal attainment (Scheck, Emerick, & El-Assal, 1973). The outcomes also reflected personal confidence, aggressiveness, initiative and innate ability (Schwalbe & Gecas, 1988).

With regards to the health field, health care may be broadly conceptualized as a complex, open system in which a set of inputs (resources) is transformed into a set of outputs (services) under constraints imposed by social, economic and political influences (Dreifus, 1995). Feedback from the outcomes of the services (evaluation) may be employed to modify inputs. The complexity of the systems, as measured by the variety of the inputs, outputs and external influences, has increased dramatically as many aspects of health care have become subject to regulation, planning and control (Kelly, 1991).

Indeed, health has become (1) a major element in the larger system of social policy, (2) the recipient of vast amounts of government funds and (3) the focus of attention for many community and consumer groups (Starck, 1991). In their roles of planning, organizing, directing, controlling, coordinating and evaluating the resources and procedures by which services are provided and by which needs and demands for health and medical care are met, health administrators must acquire a detailed knowledge of all elements of this complex system (Aaron & Schwartz, 1984). It is no wonder, then, that much of health administration professionals' stress in meeting the challenges of a profession has been, and will continue to be, dependent upon resources historically considered unavailable to or not applicable to the field of health care administration. Many of the additional human and material

resources, or at least the use of the resources, have been obtained from businesses (New York Times, 1990). As the working relationships between health administrators and business-people have become closer through community boards and other civic organizations, greater mutual understanding and appreciation have also yielded greater empathy for community welfare (patients). Thus, the commonalties as well as differences between the fields have become more apparent, as has a need for improved management by many leaders of both business administration and health administration (Shaffer, 1983).

From the outside, a well dressed, jacketed executive director behind the counter of a plush office symbolically represents the entire health administration profession. The executive director or health administrator is expected to decipher orders from the board of directors and physicians; to translate these into planning, directing, coordinating, organizing and budgeting operations; to answer an occasional query from the physician's patient; to settle labor disputes and the nurse grievances; and to know where the medicine is shelved (Sloan, 1982). The outsider client would not be likely to know whether the health administrator is a product of a six-month vocational program or has had advanced collegiate training. Health administration is, in short, the least well understood of all professions, in that

its most visible practitioners perform stereotyped roles, which do not appear to carry "professional" responsibilities to a certain degree (Glanty, 1990).

Most major management experts and professionals view the health care administrator's responsibilities as being divided into three broad areas: service-related, staff-related, and finance-related. The skills required include decision making, negotiating, interpersonal relations, and communication (Sorkin, 1991). But many skills, especially the more vigorous and technical ones, such as utilization of human resources, can only be acquired by intensive study under the direction of skilled educators. Quantitative and epidemiological methods, of basic importance in all aspects of planning and evaluation, quite clearly fall into this category (Pollard, 1981). The businessman, however, tends to view his major responsibilities as being divided into five major categories: personnel, finance, marketing, production, and planning. Stated another way, the businessman's major management functions are related to money, to a product, to people, and to a process which, if he is an effective manager, are directed and coordinated by following a plan of action (Quade, 1989).

While many of these skills are applicable to all administrative roles, the very special characteristics of the health care delivery system require a different orientation than is typically found in public corporations. Since most

of the health organizations are considered nonprofit organizations, they are partly dependent on public funds as well as on government and private support. Additionally, they are not responsible to the ultimate authority of any stockholder's scrutiny. Nevertheless, they maintain their basic responsibility to their board of trustees (Retting, 1994). Nevertheless, nonprofit health care organizations, in spite of their commercial facade, must be responsive to the agency that licenses them (government); and public funds must be spent prudently in order to accomplish a satisfactory performance. In other words, they must incur expenses that are approximately equal to their revenues (Rice, 1986).

The term "effectiveness" in a nonprofit organization is concerned with the accessibility, suitability, quality and the economy with which the services are delivered to the population (Norris, 1984). Simply stated, a hospital's effectiveness is the impact on the people's health by the resources that the hospital controls and spends. It is the ratio of health care results to expenditures. But what is meant by "impact" on the people's health? What are the "health care results" that are incorporated in the effectiveness concept (Siendwall & Tavani, 1991)?

Traditionally, hospitals have worked to achieve excellence in patient care, an obviously indispensable goal for any ethical health care delivery

system. Hospital programs, moreover, have been judged in terms of how successfully they have accomplished excellence in whatever they have undertaken (Samuelson, 1970). Yet hospital effectiveness looks beyond the question of quality to the question of "how" does the community benefit? Efficiency, on the other hand, carries many connotations. It is generally used as a synonym for "costs." That is to say, "Is what you are doing more costly than it should be?" If so, it is, therefore, inefficient (Rushefsky, 1981). An effective management effort contributes to an organizational efficiency that results in health care that is no more costly than it should be.

Because health care administrators are professionals, perhaps it would be useful to define the terms professional. According to Flexner (1915), they possess and/or exhibit the following qualities:

1. Their work is intellectual -- A profession is distinguished by a substantial body of knowledge. The artfulness of professionals is cognitive. It is predominantly in their heads, not in their hands;
2. Each is unique, providing the answer to a very vital social problem. A profession exists at the pleasure of the society. This privilege requires that the organized profession guarantee adequate numbers in their ranks to address the purpose for which they are created. It is not enough that the professionals

understand their uniqueness and are convinced of their importance and usefulness, but rather the public must concur;

3. An expanded body of knowledge honors the responsibility to maintain a practice that is the "state of the art." The spirit of this quality is seen in individuals and is seen collectively in the profession. This requires appreciation of the relationship of research to practice and, the commitment to establish research as a priority;

4. Personal responsibility for the services offered to the public overshadows any allegiance to an employer. This is an important element as more professionals become employees. The professional-client relationship should foster trust, guarantee confidentiality and require an individual to be licensed (where governmental licensure is the standard);

5. A long period of education for practice is expected. That education should involve both theory and practice and should be entrusted to the educators in the profession;

6. Autonomy has always been offered as a hallmark of professions. Autonomy implies the ability to develop policy about a discipline and to control the activity of members;

7. Members of the profession share a common identity. They are "socialized" into the values and attitudes of the discipline during the educational process. There is a conscious decision to "buy into" a way of thinking and a way of life;
8. The career choice of a profession is motivated by admission, and it signifies a long-term commitment. From another perspective, the profession, as a whole, also emphasizes public service, personal inconvenience, continuing education, and the responsibility to monitor the services delivered to the public; and
9. The public is provided with reassurance of the profession's credibility through a code of ethics.

From the inside, the professional status of the health care administrator has been questioned by most of the professions allied with health care such as medicine, pharmacy, nursing and so on, due to the uncertain connotations about the requirements for licensure. A recent study by the American Hospital Association indicated that within the United States only two states, Alabama and Minnesota, have licensure requirements for health care administrators (Braustein, 1991).

It should be noted, perhaps, that the term "professional" is much used and much abused. It is both an adjective and a noun applied to virtually every

occupation from repairing automobiles to playing American football. How often does one hear the expression: "He/she is a real professional." Sociologists, however, are much more precise in defining the term and in describing the characteristics of a profession, as these characteristics have emerged through recorded history. Blau & Scott (1986) for instance, described six major characteristics of a profession:

1. Professional decisions and actions are governed by universal standards that derive from a body of specialized knowledge;
2. Professional expertise is very focused since the problems dealt with are limited to the specialty area;
3. Client relationships are characterized by affective neutrality, i.e., there should be no emotional involvement with the client;
4. Professional status is achieved by individual performance;
5. Professional decisions must not be based on the practitioner's self-interest; and
6. The profession controls itself, and external regulation is unnecessary.

Moreover, the growth of a variety of technical journals in the field has led to the development of a specialized body of knowledge in the management and planning of health services (Moon, 1993). Actually, a

number of professional societies are now very well established, such as the American College of Hospital Administrators and the Health Administration Section of the American Public Health Association. However, many administrators would probably question the existence of anyone a set of universal standards designed to guide professional decisions in the management of health services (Muller, 1990). Undoubtedly, an increasingly sophisticated body of knowledge is fast developing in the field. Yet, there do not exist any good generalities, conceptual frameworks or sets of analytic tools to aid the decision-maker. In other words, this ever-growing body of knowledge has not yet been codified into universal standards (Stanfield, 1995). Moreover, quite clearly problems besetting health administration do not fall into any narrow, specialized category. Rather, they range widely across a spectrum of social, economic, and political factors (Navarro, 1984).

Consequently, a professional model should be characterized by effective neutrality toward clients. For the practicing administrator, however, it is not always clear who is the client. In some cases it may be an individual patient, but most often the client is a larger population group constituting a segment of the community to be served (Leyerle, 1994). Generally, professional status is achieved through individual performance. In fact, the public often admires rugged individualism. Successful administrators,

however, are more likely to be judged by organizational performance than by individual achievements (Light, 1992).

Another characteristic of a profession is that professional decisions must not be based on the practitioner's self-interest. Certainly, it is desirable for health administrators to follow a professional code of ethics (Simborg, 1981). Personal ethics of necessity require that administrators not use their positions for personal gain at the expense of patients or the community they serve. So, then, as leaders of complex social units called organizations, administrators must take primary responsibility for organizational ethics (Sussman, 1991). Ethics requires not only equity and justice in personnel matters internal to the organization, but also in matters external to the organization. However, professional codes of ethics are focused primarily on personal behavior and much less on organizational behavior. Professional codes tend to follow that traditional mythology that administrators should be value free (Anderson, 1979).

Perhaps one final element of the traditional definition of a profession is the notion that professional behavior is controlled by self-regulation within the profession itself. In this era of governmental regulation, it is indeed difficult to find any practicing health administrators who believe that their professional judgments and decisions are not subject to external review

(Roemer, 1976). In summary, if the term "professional" is to be applied to this field, then what will be needed is a new kind of professionalism. It will be one that is focused on the development of strong leaders who actively participate in the policy-making process and who attempt to influence planning decisions in their communities (Terris, 1990).

Furthermore, the multidisciplinary nature of health education, the requisite credentials, and conditions of employment, along with heavy internal and external pressures, need to be reconsidered, re-evaluated and redefined. In doing so, the most salient challenge of this emerging profession will become the non-development of bureaucracies (Sheri, 1985).

Statement of the Problem

There exist some areas in which the effectiveness and influence of health administrators have been questioned by the medical staff members, board of trustees, and even by the community. These include costs and financing, the sharing of power for decision-making, organizational structure and manpower utilization, and patient care. In fact, there are three specific areas wherein the health administrator lacks a great deal of influence or power.

The first area is in regards to costs and the financing of operations. While these can often be controllable at the hospital level, the administrator

generally lacks the authority to make those kinds of decisions. It has been established that 10 percent to 20 percent of the patients in hospitals on any given day do not need to be there. Yet, the health administrator cannot always directly influence physicians to perform fewer procedures, to order fewer tests, or readily induce insured patients to utilize doctor and hospital services less (Aday, 1993);

Second, the health administrator cannot easily influence the size and scope of the available health facilities due to politics established in the community. It is equally difficult for the health administrator to gain the cooperation of other institutions or to increase inter-hospital scheduling for small services (Smith, 1993); and

Lastly, the power of the health administrator over the medical staff is questionable when he/she cannot obtain the cooperation of the medical staff to close, for instance, underutilized units or to increase utilization of hospital facilities during evenings and weekends (Strumwasser, 1989). In short, those who have power to change and implement decisions in the hospital are generally certain trustees and the medical staff. When the health administrator has to make decisions, he/she must represent his/her own interests as well as those of the trustees who employ him/her and of the medical staff who must, at a minimum, tolerate him/her --if he/she is to survive (Pear, 1991).

To be sure, consumers of health services also demand great accountability from health administrators. The health administrator is required to answer to his/her patients, to the community in which the institution is located, to the many regulators who interact with the hospital, to third-party financing agencies, and to the bargaining agents representing the interest of employees and professionals who work in the hospital (Magnuson, 1982).

In a 1991 study, Bucher characterized the professional organization as one in which groups struggle for varying levels of professional recognition with differential success in different locales. The rewards for success are autonomy and influence in defining problems, in determining solutions, and in monitoring the functioning system. Any claim which the health administrator might make about having the occupation with the most highly developed body of knowledge needed to make decisions for the organization as a whole may be subject to challenges from the medical staff and from the board of trustees (Anders, 1993).

As Wilensky (1990) opined, whenever the health administrator decides to intervene in the use and payment of salaried medical specialists or to control the quality of surgery, his/her authority may be questioned. Similarly, authority is often questioned whenever he/she investigates the impact of new drugs,

sterilization techniques or anesthetics, or, even the scheduling of operations or admission (Alford, 1975).

Gordon (1988) stressed the informal and negotiation aspects of the health administrator's role in reaching an agreement with the medical staff; he also noted the formal organization aspects, which assure authentication of authority and accountability. As further noted by Altman (1983), a good relationship between the health administrator, the medical staff, and third parties must exist.

With regards to recruiting, the administrator plays an integral role. Potential candidates have to feel an administrator will communicate with members of the medical staff and will not cut them off whenever they make requests for equipment or for help. In order to maintain power, an administrator needs to have a feel not only for finances but also for how a problem can be solved, despite budgetary or other issues (Thomas, 1995).

As Viguers (1990) defined it, power is the ability to make or influence important decisions. Thus, if the health administrator is the sole channel of communication between the trustees and the medical staff, he tends to have the power (Serafini, 1995). Serafini also noted that where a single trustee or a small group of trustees became particularly active, the health administrator's power diminished. Whenever the medical staff withdraws its support, the

health administrator almost inevitably loses. The health administrator becomes, in Gordon's (1988) terms, "a stranger." His functions and behavior then become unclear to many trustees and medical staff members.

Because of the researcher's awareness of unique attributes of health administrators as compared to those of business administrators, answers to the following questions were sought:

1. Will there be a difference in the overall Locus of Control scores of Business Administration and Health Care Administration students?
2. Will there be a difference in the overall Locus of Control scores of graduate and undergraduate students?
3. Will there be a difference in the internal orientation scores of Business Administration and Health Care Administration students?
4. Will there be a difference in the internal orientation scores of graduate and undergraduate students?
5. Will there be a difference in the external orientation scores of Business Administration and Health Care Administration students?
6. Will there be a difference in the external orientation scores of graduate and undergraduate students?

7. Will there be a difference between the overall Locus of Control scores of graduate and undergraduate students of Business Administration; and,

8. Will there be a difference between the overall Locus of Control scores of graduate and undergraduate students of Health Care Administration?

Purpose of the Study

The purpose of this study was to examine the Locus of Control orientation of graduate and undergraduate students. More specifically, the researcher was concerned with ascertaining the effect of the college-major variable (Business Administration Vs Health Care Administration) and classification (graduate Vs undergraduate) on the internal, external and overall Locus of Control orientations.

Statement of Hypotheses

The following hypotheses were formulated and tested in this investigation:

HO_1: There will be no statistically significant difference in the overall Locus of Control scores of Business Administration and Health

Care Administration students as measured by the Rotter's Locus of Control Scale.

HO_2: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students, as measured by the Rotter's Locus of Control Scale.

HO_3: There will be no statistically significant difference between the internal orientation scores of Business Administration and Health Care Administration students as measured by the Rotter's Locus of Control Scale.

HO_4: There will be no statistically significant difference between the internal orientation scores of graduate and undergraduate students, as measured by the Rotter's Locus of Control Scale.

HO_5: There will be no statistically significant difference between the external orientation scores of Business Administration and Health Care Administration students, as measured by the Rotter's Locus of Control Scale.

HO_6: There will be no statistically significant difference between the external orientation scores of graduate and undergraduate students, as measured by the Rotter's Locus of Control Scale.

HO_7: There will be no statistically significant difference between the overall Locus of Control scores of graduate and undergraduate students of Business Administration; and

HO_8: There will be no statistically significant difference between the overall Locus of Control scores of graduate and undergraduate students of Health Care Administration.

Significance of the Study

The significance of this study was threefold. First, the researcher surmised that a study of this nature might provide counselors with concrete data regarding the influence of the Locus of Control upon the career choices made by college seniors and graduate students. Since they are likely to face enormous decisions before and after college graduation, nowhere will the decision be more important than in choosing the correct career path. Second, it may help students to determine their levels of drive, determination, motivation, desire, and confidence. They will be better able to see what goals they should pursue and, in so doing, have the confidence to attempt and to complete those tasks. Finally, the data obtained in this study can be very useful to counselors who work with graduate school admissions as well as

with career and vocational programs. This study will help them better assist college students in the development of career strategies.

Assumptions

The following assumptions were posited at the outset of the study:

1. It was assumed that the sample used would be representative of the population.
2. It was assumed that the students would provide honest information pertaining to their beliefs that affected different people and their personalities.

Limitations of the Study

The limitations realized on an a priori basis were:

1. The sample universities, which were limited to the southeastern part of Texas, might not represent other areas of the country;
2. The study, which was limited to students majoring in Business Administration and in Health Care Administration, did not address specific business areas (e.g., marketing, finance, etc.) or health care administration (e.g. nursing administration, hospital administration, etc.);
3. The study was limited to Locus of Control orientation as measured by the Rotter's Locus of Control Scale; and

4. Generalizations drawn from the findings of this study were limited to graduate and senior undergraduate students in Business Administration and Health Care Administration and, did not include high school or entering freshmen.

Definitions of Terms

The following terms were operationally defined for the purpose of providing clarity and understanding relative to the focus of the present research study.

1. Personality: Referred to personal existence, the totality of an individual's behavioral and emotional tendencies; character traits, attitudes or habits and the disposition to react consistently despite changing stimuli, conditions, values, abilities, motives, defenses, and aspects of temperaments, identity and personal style (Rotter, 1966);
2. Scale I-E: Referred to Rotter's 29-item-reinforcement scale scored internally and externally (Rotter, 1966);
3. Locus of Control Scale: Referred to measuring the tendency of an individual to attribute the occurrence of events to himself versus attributing events relating to him to outside forces (Rotter, 1966);

4. Internality: Referred to expectancy, in which an individual's initial concern would be to examine the processes that might allow him/her to resist pressures which could diminish his sense of independence. It is noted that internal control expectancies are associated with resistance to coercion. They make individuals more ready, and more perceptive to surroundings. In short, they make individuals more inquisitive, curious and efficient processors of information (Rotter, 1966);
5. Externality: Referred to expectancy in which an individual feels he/she has been dominated by external events. These persons tend to be anxious, less trustful, and more suspicious of others (Rotter, 1966);
6. Classification: Referred to whether the student was classified as a graduate or undergraduate; and
7. Major: Referred to whether the student was majoring in Business Administration or Health Care Administration.

Organization of the Dissertation

This dissertation was organized into five chapters. Chapter One includes the introduction, statement of the problem, significance of the study, assumptions, limitations, and organization of the study. In addition, the

hypotheses of the study have been stated in key terms and the variables have likewise been defined. Chapter Two includes a review of the selected literature related to career decision making among college senior students. Chapter Three, then, describes the design of the study, which includes details or the type of design, population, sampling procedures, instrumentation, data collection procedures and statistical analyses. In addition, the reliability and validity of the instrument are also included here. In Chapter Four is included the analysis of the data. Finally, Chapter Five provides the summary of the findings of the study, conclusions, implications of the investigation, and recommendations for further study.

Chapter 2

REVIEW OF RELATED LITERATURE

Selecting a career is one of the earliest, most important decisions a college senior will likely make. Accordingly, the purpose of this study was to examine the Locus of Control orientation of graduate and undergraduate students. More specifically, the researcher was concerned with ascertaining the effects of which the variables major (Business Administration versus Health Care Administration) and classification (graduate versus undergraduate) might have on the internal versus external and overall Locus of Control orientations of college students.

This chapter has been divided into five major sections. Section One focuses on an historical overview of career development. The second section focuses on the Locus of Control and career development. The third section looks at the theoretical overview of career development. The fourth section assays literature regarding empirical studies conducted on the Locus of Control through the 1990's. Finally, the fifth includes covers an in-depth analysis of Locus of Control.

Historical Overview of Career Development

In a study, Pope (1995) investigated the origins and subsequent development of career counseling in the United States that occurred during times of major societal changes. He identified various authors and stages and, related such development to the current issues of those times. Similarly, Savickas (1993) looked at the history of career development and career counseling. For example, he identified general stages from the nineteenth to twentieth centuries and related them to the changes in societal work ethics along with specific suggestions for development of occupations and career counseling in the post-modern era.

In 1997, Aubrey identified social themes occurring in 10-year spans for the guidance and counseling movements. It would perhaps be important to note here that the terms career counseling, career development and vocational guidance have distinct meanings that are time and culture specific. Vocational guidance was the original term used in the US and generally used throughout the world at the beginning of the development of a guidance movement. The terms career counseling and career development came into more common usage in the 1950s through the work of Super (1955) and were institutionalized when the name of the National Vocational Guidance

Association (1913-1983) was changed to the National Development Association in 1984.

In the first stage of career development in the US (1890-1919), placement services were offered for an increasingly urban and industrial society. In the second stage (1920-1939), educational guidance through the elementary and secondary schools became the focal point. The third stage (1940-1959) shifted to colleges and universities and the training of counselors. The fourth stage (1960-1979) was a boom for counseling, and the idea of work having meaning in a person's life came to the forefront; organizational career development began during this period. The fifth stage (1980-1989) saw the beginning of the transition from the industrial age to the information age and the growth of both the independent practices of career counseling and outplacement counseling. Finally, the sixth stage (starting in 1990) with its emphasis on technology and changing demographics, has shown an increasing sophistication in the use of technology, the internalization of career counseling, and a focus on the school to job transition.

Locus of Control and Career Development

Taylor & Popma (1990) investigated the role of Locus of Control on college students' career development. College students from a public

university were selected for their study. The career Locus of Control scale was used to determine career development. A correlation procedure was used to analyze the data. Taylor and Popma reported a moderate to positive relationship between Locus of Control and career-decision making. In addition, the results indicated that external Locus of Control related to less confidence in career decision-making task performance.

In a similar study, Colarelli & Bishop (1990) examined the impact of Locus of Control on the career development of college students. A random sample of college students participated in the study. The Rotter's Locus of Control Scale and Career Development instrument were used to collect the data. Colarelli and Bishop found that career commitment was positively related to Locus of Control.

In another study, Luzzo, Funk & Strang (1996) examined the influence of attributional retraining on the Locus of Control regarding career development of college students. These students were then grouped according to their career Locus of Control. The Career Locus of Control Scale (CLCS) was used to collect data from 60 college students.

An analysis of covariance was used on the data. The results of Luzzo, Funk, & Strang indicated that the career decision-making self-efficacy of students (who initially exhibited an external career Locus of Control)

significantly increased, after introduction of the attributional retraining procedure. On the other hand, the students who initially exhibited an internal career Locus of Control demonstrated no significant improvements in career decision-making or in self-efficacy after attributional retraining.

In yet another study, Rodriguez & Blocher (1988) studied the relationship between Locus of Control and career development of college students. A random sample of female college students from a public institution in Puerto Rico participated in the study. The career Locus of Control scale was used to gather the data. Correlational analysis was employed to evaluate the data. Rodriguez & Blocher found a positive relationship existed between Locus of Control and career development. Consequently, they concluded that internal Locus of Control was highly associated with more mature career behaviors and attitudes.

More recently, Nicholls (1999) studied the relationship between career development and Locus of Control, demographic factors, and educational variables. The sample consisted of 400 students enrolled in four different two-year college programs in New York state. A locally devised instrument was used to collect the data. Factor analysis was used to examine the data. Nicholls found that career development was positively related to internal Locus of Control, to age, to gender, to parents' education, and to having had

a mentor during high school. He also found that career development was negatively related to the chance dimension of Locus of Control.

Likewise, in 1999, Muhonen investigated the effects of individual and situational factors on the career development of women. The sample consisted of 399 women managers from both the private and public sectors, and also women from both male-and female-dominated careers. A questionnaire, along with interviews and diaries, was used to collect the data. Multiple regression procedures were then used to analyze the data. Muhonen found that both individual factors (work, Locus of Control, educational level) and structural factors (male hierarchy and support from spouse) were related to the females' managerial advancement. Additionally, the results revealed that both situation and individual-related factors could also provide some hindrance for female career development.

Similarly, in other work conducted in 1999, Bryan examined the relationship between Locus of Control, imagery ability, and career life satisfaction of college students. The sample consisted of 152 college freshmen from a midwestern university. The Rotter Internal-External Locus of Control Scale, the Betts QMI Vividness of Imagery Scales, Gordon's Test of Visual Imagery Control, and the Satisfaction with Life Scale were used to collect the data. A multiple regression procedure was employed to treat the

data. Bryan found that Locus of Control was a predictor of career life satisfaction. In addition, controllability of imagery was found to correlate with career life satisfaction. Bryan concluded that those students with greater internal Locus of Control and greater control of imagery had greater career life satisfaction.

In his dissertation study, Barren (1999) investigated the effects of existential-phenomenological counseling on Locus of Control, self-efficacy, and aggression on the career development of police officers. The sample consisted of 24 police officers, with 12 in the experimental group (group counseling interventions) and 12 in the control group (no counseling interventions). The Self-Efficacy Scale, the Relief in Personal Control, the Aggression Questionnaire, and a Demographic Survey were utilized to collect the data. A multiple analysis of covariance (MANCOVA) was used to examine the data. Barren found that an external Locus of Control predictor was a predictor of undesirable behaviors.

Theoretical Overview and Variables that Affect Career Development

In 1990, Brown & Brooks suggested that for many college students, career development was a life long endeavor, consisting of careful thought, planning, and action. Career decision making and development involve individuals exploring and choosing specific career goal and then

implementing the necessary steps to achieve the desired outcome of intended goals. Research has turned toward determining the relative value and importance of the various factors theorized to determine and shape the critical nature of students' aspirations. Many concerns have been subjected to empirical analysis. Examples of these concerns include personal and psychological characteristics, family background, and school experiences.

Lent, Brown, & Hackett's (1994) model for example dealt with the effect of self-efficacy, beliefs, expected outcomes, goal mechanisms, and how these variables interrelate with gender, contextual, experimental, and learning factors. Their variables built on the status attainment model of Blau & Duncan (1967). As a result, their model linked family and cognitive variables to social psychological processes, to educational choices and occupational attainment.

Family Variables

Parents' expectations for their children have received much attention in the literature. In general, most of the findings have suggested that parental expectations are positively correlated with the students' aspiration (Mau, 1995). For example, Wilson & Wilson (1992) reported that maternal aspirations for students might have the greatest impact on the students' aspirations. Smith (1991) claimed that the students' agreement with parental

expectations was positively correlated with (and had the greatest effect on) his or her aspirations. Shepard (1992) found that positive change in parental aspirations over a two-year period had a greater effect on student's aspirations than did those parental expectations that did not change. Finally, Farrell & Pollard (1987) found that the positive influence of aspirations or expectations was not limited to parents. That is, expectations by other significant people were positively related to students' aspirations.

Psychological Variables

The results of various research studies on the relationships between psychological variables and students' educational and vocational aspirations have indicated that, compared to lower aspirations, students with higher aspirations are more likely to have higher self-esteem (Lay & Wakstein, 1985; Mau, 1995). Also, they found that the same individuals would likely have higher self-concept and an internal Locus of Control, (Mau, 1995). Moreover, these students were more likely to place more importance on having a high status job and spent more time thinking about their post high school plans (Shepard, 1992).

The self-efficacy construct has proven to be an important individual difference variable in vocational psychology (Bandura, 1986; Betz, Harmon, & Borgen, 1996). Prior career development research has strongly suggested

that at different ages and across diverse populations, situation specific, self-referent expectations substantially influence the vocational development process for both men and women (Career Development Quarterly, 1996).

School Variables

Variables related to school performance are positively correlated with high school students' educational and occupational aspirations (Farrell & Pollard, 1987; Harris, 1970). Specific measures of these variables have included: grade point average; change in grade point average over two years reading, science and mathematics proficiency (Shepard, 1992; Mau, 1995). Other research has indicated that aspects of the school environment, such as teachers' counseling and advisement, positively influence on students' aspirations (Marjonbanks, 1985; Wilson & Wilson, 1992).

Sex and Race Variables

In 1996, Arce conducted a study of college students from two different cultural and social backgrounds who were undecided about careers as determined by indecision, social support and self-esteem scores. The results of this study were mixed. Similarly, in a 10-year study, Hauser and Anderson (1991) found no significant differences in the aggregate trends in the aspirations of black and white students.

These studies which found no differences due to race and gender were consistent with the Kelsey (1983) study that was conducted to examine the relationship between Locus of Control and career decision-making styles among black and white college students. The population of this study consisted of junior and senior students from Georgia. Three instruments were used for data collection: a demographic questionnaire, the Adult Novicki-Strickland Internal-External Scale, and the Assessment of Career Decision-Making Styles Scale. Multiple regression and multiple analysis of variance procedures were used to analyze the data.

Results on the three pre-tested groups across sex indicated that no significant differences (as measured by six different scales) existed. Furthermore, there were no significant posttest differences among the three treatment conditions. However, a univariate significant difference was found on one dependent measure. Significance was found on problem solving as it affected "good" career decision-making choices.

Sociological Variables

The sociological research on career development focused on cultural and social aspects affecting career choice (e.g., class, ethnicity, and culture). Pure sociological perspectives took into account other factors, such as labor demands, and technical advances. These studies, which went far beyond

studying an individual's control, suggested that these latter factors have a direct impact on industrial career choice (Brown & Brooks, 1990).

In contemporary sociological theory, greater attention has been given to status-attainment research (Hotchkiss & Borow, 1984, 1990). The status-attainment theory as it relates to career decisions and career development suggests that the social status of a student's parents affects the level of schooling he or she will achieve, which in turn affects his or her level of occupational attainment.

In other words, within the status attainment model there are obstacles that present certain kinds of indecisiveness (education, occupation, and income) that ultimately affect career decision making and career development, as well as the career outcome. Based on the status attainment model, career indecisiveness would tend to suggest that students lack significant interpersonal relationships with influential people throughout their adolescent lives.

In this particular model, race and gender no longer seem to be strong determinants of one's career goals. Instead, other characteristics such as societal circumstances and demographics appear to be significant determinants affecting career decision-making and career goals among college students.

Literature Regarding Empirical Studies on Locus of Control

Howerton, Enger, & Cobbs (1993) studied the relationship between Locus of Control and the academic achievement among at-risk African American students. The sample consisted of at-risk adolescent black males. The Rotter's Locus of Control Scale was used to assess the control orientation of the students. Howerton and his colleagues found that at-risk students were more externally oriented than their peers who were not at-risk.

In a similar study, Graham (1994) investigated the motivation behavior of African American students. In this study, Graham examined 140 students to learn more about motivation behavior of African Americans. Graham found that African American students appear to maintain a belief in personal control, have high expectations and employ positive self-regard.

In their study, Clinton & Anderson (1999) studied the relationship between social and emotional loneliness and self-monitoring and perceived control of African American male and female students. The sample for this study consisted of 100 African American undergraduate students from a large predominantly white, midwestern university. Regression analyses were used to examine the data. Among the findings by Clinton & Anderson were:

1. Social loneliness was negatively related to number of close friends and ability to modify self-presentation.

2. Regarding the male students, emotional loneliness was negatively related to having a reciprocated best friend; and,
3. Regarding the female students, emotional loneliness was negatively related to perceived control.

Likewise, Janssen & Carton (1999) examined the effects of Locus of Control and task difficulty on procrastination among college students. Forty-two undergraduate psychology students were randomly assigned to one or two-task difficulty levels, and then completed the academic Locus of Control scale. A three-way analysis of variance was used to examine the data. Janssen & Carton found that students with internal Locus of Control expectancies tended to begin working on the assignment sooner than students with external Locus of Control expectancies. Additionally, students with an internal Locus of Control completed and returned the assignment sooner than students with an external Locus of Control.

Also in 1999, Ang & Chang investigated the relationship between Locus of Control, need for achievement and the need for affiliation among Asian students. The sample for this study was 335 students attending the National University of Singapore. Multiple regression was used to examine the data. Ang & Chang found that among Asian students, achievement-related behavior was positively associated with collectivism. Furthermore, the

person-oriented variables were not significant predictors of need for achievement, nor were the task-oriented variables significant predictors of need for affiliation.

Similarly, Allen & Ferrand (1999) examined whether a dispositional measure of "actively caring" mediates the relationship between the self-esteem, belonging, personal control and environmentally friendly behavior among undergraduate psychology students. Their sample consisted of 121 students from a liberal-arts college in the eastern section of the United States.

When correlation and regression analyses were used to treat the data, Allen & Ferrand found that personal control is not independently related to environmentally responsible behavior. Moreover, the relationship between personal control and environmentally responsible behavior is mediated by sympathy, an active caring variable.

Locus of Control

The Locus of Control Scale, often referred to as the IE Scale, grew out of social learning theory, which postulates that a reinforcement of behavior acts to strengthen the expectation that the behavior will be followed by reinforcement again in the future (Gurin, Gurin, & Lao, 1969). That is, the individual who perceives himself to have controlled events in the past will

expect to control events in the future (internal orientation). Alternatively, where events have controlled him, they will continue to control him (external orientation).

Thus, Locus of Control may reflect either a fundamental personality characteristic or social norms and pressures (Gore & Rotter, 1963). It is a highly reliable scale with satisfactory discriminant validity, and in a review of the literature, Seeman (1963), stated "Data tend to support Rotter's contention that the internal-external control concept is a generalized expectancy operating across many situations."

Recent research studies on the behaviors associated with internality and externality have been consistent with the original concept of the IE Scale, thereby providing construct validity (Psychology Report, 1971). The traits of dominance, tolerance, sociability and conformance were found to be associated with internality in one study. Independence, effectiveness, assertiveness and achievement form an "orderly cluster" of traits associated with internality (Rotter, 1971).

Self-acceptance, self-reliance, absence of pathology, denial of personal inadequacies, and high self-esteem are similarly characteristics of internals (Rotter, 1971). Externals, on the other hand, tend to be anxious, dogmatic, less trustful, and more suspicious of others, low in self-confidence and in

need for social approval. They are inconsistent and especially not alert to their environment (Burnes, Brown, & Keting, 1967).

During 1974, Hannah Levenson created a three-factor measure of Locus of Control which consists of "internality," "control by powerful others," and "control by chance" scales. For instance, Levenson (1974), was able to predict political involvement with her "control by chance" scale while neither "internality nor "control by powerful others" proved to be a significant predictor of political involvement. Those who believed that events occur in chance fashion were less apt to become politically involved in an anti-pollution group and those who believe in the potency of chance were less knowledgeable about pollution than their less chance-controlled counterparts.

In addition to social action, Levenson (1974) explored the ramifications of her scale measures among institutionalized populations. Patients diagnosed as psychotic or neurotic were tested on monthly intervals with Levenson's scales. On initial testing, patients scored higher on control by powerful others and chance forces than normal adult samples. Neurotics, however, were much closer to the normal samples than were psychotics.

After the second month of hospitalization patients diagnosed as paranoid scored higher on control by powerful others than did all other patients. Finally, with therapy as the intervening occurrence, scores shifted

toward the internal end of the continuum when control by chance and powerful others remained constant.

Levenson (1974) also applied her criterion among prison inmates. Belief in the control by powerful others was found to be related to the time spent in prison and the frequency of solitary confinement. Inmates who scored "high external" on the powerful others scales had been disciplined with solitary confinement six times more frequently than inmates who had lower expectations of control by powerful others. Internality and belief regarding control by chance were irrelevant to these criteria.

Levenson (1974) suggested that beliefs in internal control are differentiable from beliefs in the efficacy of chance or powerful others, and that it is possible for all three to coexist independently within individuals. Support of this tripartite division of Locus of Control is evident in the study by Kleiber, Veldman, & Menaker (1975). These investigators administered each of Rotter's 23 forced choice items as 46 Likert scale items similar to the way that Collins (1975) presented the scale to his subjects.

Originally paired items were relatively uncorrelated, ranging in magnitude of correlation from .14 to -.47 where high magnitude, negative correlations were expected. Most significantly, a factor analysis of the 46-item scale produced the following three factors: (1) disbelief in luck or

chance; (2) system modifiability; and (3) individual responsibility for failure. Therefore, these three factors bore some similarity to Levenson's chance, powerful others, and internality scales of responsibility.

Chapter 3

THE DESIGN OF THE STUDY

The purpose of this study was to examine the Locus of Control orientation of graduate students and undergraduate students. More specifically, the researcher was concerned with ascertaining the effect of the variables major (Business Administration or Health Care Administration) and classification (graduate or undergraduate) on the internal, external and overall Locus of Control orientation of college students. This chapter was organized into seven sections: (1) Type of Research Design, (2) Population, (3) Sampling Procedures, (4) Instrumentation, (5) Reliability & Validity of the Instrument, (6) Data-Collection Procedure, and, (7) Statistical Analysis.

Type of Design

An Ex Post Facto research paradigm was utilized in this investigation where major and classification were the independent variables. Locus of Control orientation was the dependent variable. This type of research methodology involved selecting two groups of respondents who were

different on some individual variables and compared them on a dependent variable (Gay, 1996).

Moreover, the Ex Post Facto design, allowed the investigator the opportunity to examine the independent variable, which was manipulated. In so doing, it identified variables worthy of experimental investigation (Gay, 1996). The preceding advantages offered by the causal comparative design provided the most practical methodological framework to study the Locus of Control among Business Administration students and Health Care students.

Population

The population for this investigation consisted of a total of 140 college seniors and graduate students in health care administration and business administration at Texas Woman's University and Texas Southern University. These universities are located in southeastern Texas.

Demographic Profile of Participants in the Study

Sampling Procedures

A simple random sampling procedure was used to select the sample for this study. In other words, each participant in the relevant population had an equal chance of participating in the study. First, the names of each student in the Business Administration and Health Care Administration departments at the target institutions were identified. Once identified, each student was

assigned a number from 001 to N, where N was the total number of students in each discipline at the institutions. The Table of Random Numbers was used to select the sample. Finally, the random sample of 88 Business Administration and 37 Health Care Administration students was drawn from the student roster at the two institutions.

According to Fox (1969) when the population of a study is known, a sample size greater than 10% is considered representative of that population. Inasmuch as there were 210 Business Administration students and 75 Health Care Administration students, respectively, enrolled at the institutions, a sample size of 125 (88 Business majors and 37 Health Care majors) was deemed representative for this study.

Instrumentation

Two instruments were used in this study to collect the data. They were a Demographic Sheet and the Rotter's Locus of Control Scale. Each of these will now be discussed.

Demographic Sheet

The Demographic Sheet was a locally devised instrument developed to collect background data on the participants. This instrument consisted of six questions. Two of the questions (1 and 3) were open-ended items. The

Demographic Sheet included the student's name, sex, age, classification, major and institution.

Rotter's Locus of Control Scale

The Rotter's Locus-of-Control Scale developed in 1966, was used to identify the control orientation of the participants. This instrument contains 29 dichotomous response items. There are 23 items measuring the internal and external orientation behaviors of students. The remaining six items, asked the same information as six of the aforementioned 23 items, and their purpose was for testing internal validity.

Since the number of positive responses were counted, the Locus of Control Scores ranged from 0 to 23. A score between 0 to 14 indicated an individual was internally oriented (control over self and destiny) while a score between 16 to 23 identified an individual as externally oriented (control by destiny or powerful others).

Reliability & Validity of the Instrument

A split half reliability coefficient of .82 was computed for the Rotter's Locus of Control Scale. Based upon this value, the scale was deemed to be reliable. In like fashion, because research studies on the behaviors associated with internality and externality were consistent with the original concept of the I-E Scale, construct and concurrent validity were shown (Levenson,

1974). Moreover, the investigative instrument was judged to have excellent concurrent validity.

Data-Collection Procedures

The investigator mailed a letter and the research proposal application to the deans of the target departments in the target universities. The research application summarized the theoretical framework of the study and outlined the methodological procedures to be used. The deans were informed that a copy of the results would be made available to them, if they so desired. Finally, an authorization letter was obtained from the deans before proceeding with the study.

The procedure for administering the surveys involved a two-step process. First, the researcher notified the deans and asked them to serve as contact persons to assist in the administration of the instrument. Once this amicable relationship was established, the researcher met with the dean and delivered the research package containing a copy of the instrument, a cover letter, and a stamped envelope for return of the completed forms. The researcher asked the deans to return the questionnaires at their earliest convenience.

To ensure anonymity of the participants' responses, their names were omitted. Later, all completed surveys were logged and examined for non-

responses and for errors. Instruments not properly completed were discarded. Once all questionnaires were properly examined and coded, they were analyzed using the Statistical Package of the Social Sciences (SPSS) software.

Statistical Analysis

The independent variables in the present study were measured nominal (qualitative) scales. However, the aggregated scores were interval (quantitative). Therefore, a parametric procedure was employed in the present study. The parametric procedure used in this study was the t-Test of independent samples. According to Kerlinger (1986), the t-Test of independent samples is a statistical procedure that examines the differences in the means of two independent samples. All hypotheses were tested at the .05 Alpha level or better.

Demographic Profiles of Study Participants

1. Gender

Participants in this study as mentioned before, consisted of 125 students attending two universities in the state of Texas. Of these, 48 (38.4%) were identified as male. By contrast, 77 (61.6%) of them were identified as female. (See Table 1.)

TABLE 1

Frequency Distribution of Overall Student Participants by Gender

Gender	N	Percent
Male	48	38.4
Female	77	61.6
Total	125	100.0

2. *Major*

Regarding the major, the students in this investigation were categorized into two areas of specialization. As mentioned previously, these were Business Administration and Health Care Administration. There were 61 (48.8%) students majoring in Business Administration and 64 (51.2%) majoring in Health Care Administration. (See Table 2.)

TABLE 2

Frequency Distribution of Overall Student Participants by Major

Major	N	Percent
Business Administration	61	48.8
Health Care Administration	64	51.2
Total	125	100.0

3. Classification

Regarding the students' classifications, there were 88 (70.4%) undergraduate students surveyed in this investigation. The remaining 37 (29.6%) participants were graduate students. (See Table 3.)

TABLE 3

Frequency Distribution of Overall Student Participants by Classification

Classification	N	Percent
Undergraduate	88	70.4
Graduate	37	29.6
Total	125	100.0

4. Classification Within Major (Health Care)

Regarding a student's classification within Health Care Administration majors, the students in this investigation were categorized as undergraduate versus graduate students. There were 40 (62.5%) undergraduates and 24 (37.5%) graduate Health Care Administration students. (See Table 4.)

TABLE 4

Frequency Distribution of Undergraduate and Graduate Students of Health Care Administration

Classification	N	Percent
Undergraduate	40	62.5
Graduate	24	37.5
Total	64	100.0

5. Classification Within Major (Business Administration)

Regarding the student's classification within major, the students in this investigation were also categorized into undergraduate Business Administration and graduate Business Administration. There were 48 (78.7%) undergraduates and 13 (21.3%) graduate Business Administration students. (See Table 5.)

TABLE 5

Frequency Distribution of Undergraduate and Graduate Students of Business Administration

Classification	N	Percent
Undergraduate	48	78.7
Graduate	13	21.3
Total	61	100.0

Internal Orientation Participants

6. Gender

There were 73 students identified as internal orientation with respect to their Locus of Control as measured by the Rotter's Locus of Control Scale. Of these, 29 (39.7%) were male and 44 (60.3%) were female. (See Table 6.)

TABLE 6

Frequency Distribution of Internal Orientation Participants by Gender

Gender	N	Percent
Male	29	39.7
Female	44	60.3
Total	73	100.0

7. Major

In reference to the internal orientation of the student's major, 38 were enrolled in Business Administration. In comparison, 35 (47.9%) of them were specializing in Health Care Administration. (See Table 7.)

TABLE 7

Frequency Distribution of Internal Orientation Participants by Major

Major	N	Percent
Business Administration	38	52.1
Health Care Administration	35	47.9
Total	73	100.0

8. Classification

In the present study, the 73 internal orientation students were classified as either undergraduate or graduate. There were 60 (82.2%) undergraduate students and 13 (17.8%) graduate students that participated in the investigation. (See Table 8.)

TABLE 8

Frequency Distribution of Internal Orientation Participants by Classification

Classification	N	Percent
Undergraduate	60	82.2
Graduate	13	17.8
Total	73	100.0

9. Classification Within Major

In the present study, 73 internal orientation students were classified as undergraduate and graduate students of Health Care Administration. There were 22 (30.2%) undergraduate students and 15 (20.5%) graduate students of Health Care Administration. There were 30 (41.1 %) undergraduate students and 6 (8.2%) graduate students of Business Administration that participated in the investigation. (See Table 9.)

TABLE 9

Frequency Distribution of Internal Orientation Participants by Classification Within Major

Classification	N	Percent
Undergraduate Health Care	22	30.2
Graduate Health Care	15	20.5
Undergraduate Business Admin.	30	41.1
Graduate Business Admin.	6	8.2
Total	73	100.0

External Orientation Participants

10. Gender

There were 52 students in this empirical study who were identified as having an external orientation based on the results of the Rotter's Locus of Control Scale. Of these, 19 (36.5%) were male and 33 (63.5%) were female. (See Table 10.)

TABLE 10

Frequency Distribution of External Orientation Participants by Gender

Gender	N	Percent
Male	19	36.5
Female	33	63.5
Total	52	100.0

11. Major

Regarding the major of external orientation students, 23 (44.2%) indicated they were majoring in Business Administration. By contrast, 29 (55.8%) reported they were majoring in Health Care Administration. (See Table 11.)

TABLE 11

Frequency Distribution of External Orientation Participants by Major

Major	N	Percent
Business Administration	23	44.2
Health Care Administration	29	55.8
Total	52	100.0

12. Classification

Students' classification were either undergraduate or graduate. There were 28 (53.8%) undergraduate students and 24 (46.2%) graduate students identified as having external orientations in this study. (See Table 12.)

TABLE 12

Frequency Distribution of External Orientation Participants by Classification

Classification	N	Percent
Undergraduate	28	53.8
Graduate	24	46.2
Total	52	100.0

13. Classification Within Major

In the present study, 52 students were classified as external orientation students. There were 18 (34.6%) undergraduate students and 9 (17.3%) graduate students of Health Care Administration, and there were 18 (34.6%) undergraduate students and 7 (13.5%) graduate students of Business Administration that participated in the investigation. (See Table 13.)

TABLE 13

Frequency Distribution of External Orientation Participants by Classification Within Major

Classification	N	Percent
Undergraduate Health Care	18	34.6
Graduate Health Care	9	17.3
Undergraduate Business Admin.	18	34.6
Graduate Business Admin.	7	13.5
Total	52	100.0

Chapter 4

ANALYSIS OF THE DATA

The purpose of this study was to examine the Locus of Control orientation of graduate and undergraduate students. More specifically, the researcher was concerned with the effect which the major (Business Administration versus Health Care Administration) and classification (graduate versus undergraduate) had on the internal, external and overall Locus of Control orientations of college students. Answers to the following questions were sought.

1. Will there be a difference in the overall Locus of Control scores of Business Administration and Health Care Administration students?
2. Will there be a difference in the overall Locus of Control scores of graduate and undergraduate students?
3. Will there be a difference in the internal orientation scores of Business Administration and Health Care Administration students?

4. Will there be a difference in the internal orientation scores of graduate and undergraduate students?
5. Will there be a difference in the external orientation scores of Business Administration and Health Care Administration students?
6. Will there be a difference in the external orientation scores of graduate and undergraduate students?
7. Will there be a difference between the overall Locus of Control scores of graduate and undergraduate students of Business Administration? and,
8. Will there be a difference between the overall Locus of Control scores of graduate and undergraduate students of Health Care Administration?

The sample consisted of 125 randomly selected graduate and undergraduate students attending two universities in Texas. The Locus of Control Scale was used to collect the data. The data analysis for this study was accomplished through the application of t-Tests of independent samples. Presented in Tables 14-22 are the independent t-Test results. These show

influence of the major and classification on the Locus of Control scores of college students.

Examination of Hypotheses

HO_1: There will be no statistically significant difference in the overall Locus of Control scores of Business Administration and Health Care Administration students as measured by the Rotter's Locus of Control Scale.

Reported in Table 14 are the independent t-Test findings between the overall Locus of Control scores of Business Administration and Health Care Administration students. The mean Locus of Control score for the Business Administration students was 14.80 (SD=2.94), and the mean Locus of Control score for Health Care Administration students was 14.83 (SD=2.57). Significant differences were not found to exist between the Locus of Control scores ($t=-.05$, $df=123$, $p > .05$) of Business Administration and Health Care Administration Students at the .05 level. Thus, Hypothesis One was not rejected.

Table 14

t-Test Differences Between the Overall Locus of Control Scores of Business Administration and Health Care Administration Students

Statistics	Business Administration N=61		Health Care Administration N=64
Mean	14.80		14.83
Standard Deviation	2.94		2.57
Standard Error	0.38		0.32
Mean Difference		-0.03	
t-Test		-0.05	
Df		123	

P=>.05

HO_2: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students measured by the Rotter's Locus of Control Scale.

Shown in Table 15 are the t-Test results between the overall Locus of Control scores of graduate and undergraduate students. The mean Locus of Control score for graduate students was 15.76 (SD=2.35) and for undergraduate students was 14.42 (SD=2.82). Differences were found between the overall Locus of Control scores (t=2.54, P=123, P < .01) of graduate and undergraduate students at .01 level. Consequently, Hypothesis Two was rejected.

Table 15

t-Test Differences Between the Overall Locus of Control Scores of Graduate and Undergraduate Students

Statistics	Graduate		Undergraduate
	N=37		N=88
Mean	15.76		14.42
Standard Deviation	2.35		2.82
Standard Error	0.39		0.30
Mean Difference		1.34	
t-Test		2.54**	
Df		123	

P=<.01

** Significant at the .01 level

HO_3: There will be no statistically significant difference between the internal orientation scores of Business Administration and Health Care Administration students, as measured by the Rotter's Locus of Control Scale.

Shown in Table 16 are the independent t-Test results between the internal orientation scores of Business Administration and Health Care Administration students. The mean internal orientation score for Business Administration students was 13.00 (SD=2.04), and for the Health Care Administration students it was 12.91 (SD=1.74). Statistically significant differences were not found between the internal orientation scores (t=.19, df=71, P>.05) of Business Administration and Health Care Administration students at the .05 level. Therefore, Hypothesis Three was not rejected.

Table 16

t-Test Differences Between the Internal Orientation Scores of Business Administration and Health Care Administration Students

Statistics	Business Administration N=61		Health Care Administration N=64
Mean	13.00		12.91
Standard Deviation	2.04		1.74
Standard Error	.33		.29
Mean Difference		.09	
t-Test		.19	
Df		71	

P= >.05

HO_4: There will be no statistically significant difference between the internal orientation scores of graduate and undergraduate students, as measured by the Rotter's Locus of Control Scale.

Shown in Table 17 are the findings of the t-Test of independent samples between the internal orientation scores of graduate and undergraduate students. The mean internal orientation scores of graduate students was 13.23 (SD=1.87), and the mean internal orientation scores of undergraduate students was 12.90 (SD=1.90). Differences were not found to exist between the internal orientation scores (t=.57, df=71, P>.05) of graduate and undergraduate students. Accordingly, Hypothesis Four was not rejected.

Table 17

t-Test Differences Between the Internal Orientation Scores of Graduate and Undergraduate Students

Statistics	Graduate N=13		Undergraduate N=60
Mean	13.23		12.90
Standard Deviation	1.87		1.90
Standard Error	0.52		0.24
Mean Difference		.33	
t-Test		.57	
Df		71	

P= >.05

HO_5: There will be no statistically significant difference between the external orientation scores of Business Administration and Health Care Administration students as measured by the Rotter's Locus of Control Scale.

Presented in Table 18 are the differences in the mean external orientation scores of Business Administration and of Health Care Administration students. Using the t-Test of independent samples, the researcher found that the mean external orientation score for Business Administration students was 17.78 (SD=1.28) and the mean external orientation score for Health Care Administration students was 17.14 (SD=1.06). Statistically significant differences were found to exist between the external orientation scores ($t=1.99$, $df=50$, $P<.05$) of Business Administration students and Health Care Administration students at the .05 level. Based on the above analysis, Hypothesis Five was rejected.

Table 18

t-Test Differences Between the External Orientation Scores of Business Administration and Health Care Administration Students

Statistics	Business Administration N=23		Health Care Administration N=29
Mean	17.78		17.14
Standard Deviation	1.28		1.06
Standard Error	. 27		.20
Mean Difference		.64	
t-Test		1.99*	
Df		50	

P= .052

HO_6: There will be no statistically significant difference between the external orientation scores of graduate and undergraduate students as measured by the Rotter's Locus of Control Scale.

Shown in Table 19 are the mean external orientation scores relative to graduate and undergraduate students and the t-Test results. The mean external orientation score for graduate students was 17.13 (SD=1.12), and the mean external orientation score for undergraduate students was 17.68 (SD=1.22). A significant difference was not found between the external orientation scores ($t=1.70$, $df=50$, $P>.05$) of graduate and undergraduate students at the .05 level. Thus, Hypothesis Six was not rejected.

Table 19

t-Test Differences Between the External Orientation Scores of Graduate and Undergraduate Students

Statistics	Graduate		Undergraduate
	N=24		N=28
Mean	17.13		17.68
Standard Deviation	1.12		1.22
Standard Error	0.22		0.23
Mean Difference		-.55	
t-Test		1.70	
Df		50	

P= .096

HO_7: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students of Business Administration.

Displayed in Table 20 are the independent t-Test results between the overall Locus of Control scores of graduate and undergraduate Business Administration students. The mean internal orientation score for graduate students was 10.68 (SD=2.91), and for undergraduate students it was 11.40 (SD=3.32). Statistically significant differences were not found between the internal orientation scores (t=.17, df=59, P>.05) of graduate and undergraduate Business Administration students at the .05 level. Therefore, Hypothesis Seven was not rejected.

Table 20

t-Test Differences Between the Internal Orientation Scores of Graduate and Undergraduate Business Administration Students

Statistics	Undergraduate Business Adm. N=30		Graduate Business Adm. N=6
Mean	10.68		11.40
Standard Deviation	2.91		3.32
Standard Error	.33		.29
Mean Difference		.72	
t-Test		.19	
Df		59	

P= >.05

HO_8: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students of Health Care Administration.

Shown in Table 21 are the independent t-Test results for the overall Locus of Control scores of graduate and undergraduate Health Care Administration students. The mean internal orientation score for graduate students was 13.30 (SD=2.66), and for undergraduate students it was 13.60 (SD=3.78). Statistically significant differences were not found between the internal orientation scores (t=.17, df=62, P>.05) of graduate and undergraduate Business Administration students at the .05 level. Therefore, Hypothesis Eight was not rejected.

Table 21

t-Test Differences Between the Internal Orientation Scores of Graduate and Undergraduate Health Care Administration Students

Statistics	Undergraduate Health Care N=22		Graduate Health Care N=15
Mean	13.60		13.30
Standard Deviation	3.78		2.66
Standard Error	.32		.26
Mean Difference		.30	
t-Test		.18	
Df		62	

P=>.05

Summary of Hypotheses

There were eight null (statistical) hypotheses formulated and tested in this investigation. All eight were tested for differences between the Locus of Control scores with regard to college students' majors and classifications. Of the eight hypotheses tested in this study, two were found to have significant differences. They were Hypotheses Two and Five. (See Table 22 for these results.)

The results from Hypothesis Two revealed that students' overall Locus of Control scores did differ significantly. Specifically, graduate students had higher overall Locus of Control scores than did their undergraduate counterparts.

Finally, with respect to the findings regarding Hypothesis Five, the variable major did influence the external orientation scores of college students. Consequently, Business Administration students exhibited significantly higher external orientation scores than did Health Care Administration students.

Table 22

Summary of All Hypotheses

Hypotheses	df	t-value	P	Conclusion
HO_1: There will be no statistically significant difference in the overall Locus of Control scores of Business Administration and Health Care Administration students.	123	-.05	.960	Supported
HO_2: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students.	123	2.54**	.008	Not Supported
HO_3: There will be no statistically significant difference between the internal orientation scores of Business Administration and Health Care Administration students.	71	.19	.847	Supported

Table Continued

Hypotheses	df	t-value	P	Conclusion
HO_4: There will be no statistically significant difference between the internal orientation scores of graduate and undergraduate students.	71	.57	.573	Supported
HO_5: There will be no statistically significant difference between the external orientation scores of Business Administration and Health Care Administration students.	50	1.99**	.052	Not Supported
HO_6: There will be no statistically significant difference between the external orientation scores of graduate and undergraduate students	50	1.70	.096	Supported

Table Continued

Hypotheses	df	t-value	P	Conclusion
HO_7: There will be no statistically significant difference between the overall Locus of Control scores of graduate and undergraduate students of Business Administration	59	.17	.827	Supported
HO_8: There will be no statistically significant difference between the overall Locus of Control scores of graduate and undergraduate students of Health Care Administration.	62	.17	.839	Supported

* Significant at the .05 level

** Significant at the .01 level

Chapter 5

SUMMARY, FINDINGS, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The major purpose of this study was to examine the Locus of Control orientation of graduate and undergraduate college students. Specifically, the researcher was concerned with the effects of major (Business Administration versus Health Care Administration) and classification (graduate versus undergraduate) on the internal, external, and overall Locus of Control orientation scores.

An Ex-Post Facto design was employed to collect and analyze the data for this study. One hundred twenty five students were randomly selected from two state universities in Texas. An instrument titled "The Locus of Control Scale" was used to gather the data. In addition, a demographic profile sheet was developed by the researcher to assess background information pertaining to the participants of the study. Additionally, a split-half reliability coefficient of .82 indicated strong reliability for the test as a whole and the Locus of Control Scale were judged to have excellent concurrent validity. Therefore,

the data was examined using the applications of the t-Test of Independent Samples. The following null hypotheses were tested at the .05 level or better.

HO_1: There will be no statistically significant difference in the overall Locus of Control scores of Business Administration and Health Care Administration students as measured by the Rotter's Locus of Control Scale.

HO_2: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students as measured by the Rotter's Locus of Control Scale.

HO_3: There will be no statistically significant difference between the internal orientation scores of Business Administration and Health Care Administration students, as measured by the Rotter's Locus of Control Scale.

HO_4: There will be no statistically significant difference between the internal orientation scores of graduate and undergraduate students as measured by the Rotter's Locus of Control Scale.

HO_5: There will be no statistically significant difference between the external orientation scores of Business Administration and Health Care Administration students, as measured by the Rotter's Locus of Control Scale.

HO_6: There will be no statistically significant difference between the external orientation scores of graduate and undergraduate students, as measured by the Rotter's Locus of Control Scale.

HO_7: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students of Business Administration; and

HO_8: There will be no statistically significant difference in the overall Locus of Control scores of graduate and undergraduate students of Health Care Administration.

Findings

Based on the results derived from the statistical analysis, the researcher obtained the following major findings:

1. Students' majors did not significantly affect their overall Locus of Control scores;
2. Graduate students' overall locus-of-control scores were significantly higher than were those of their undergraduate counterparts;
3. The students' majors did not produce a significant influence on their internal Locus of Control orientation scores;

4. The students' classifications did not produce a significant influence on their internal locus-of-control orientation scores;
5. The external locus-of-control scores were significantly higher for Business Administration students than for Health Care Administration students; and
6. The students' classifications did not produce a significant influence on their external locus-of-control orientation scores.

Discussion

One of the most interesting findings of this present study was the influence which the variable classification had on the overall Locus of Control scores among college students, particularly in Business Administration and in Health Care Administration. To be sure, graduate students exhibited significantly higher Locus of Control orientation scores than did their undergraduate counterparts. These findings are consistent with the works of Super, Starishevsky, Martlin, & Jordaan (1963); Brown, Fulkerson, Furr, & Ware (1984); and Super (1990). All of these researchers found that graduate students were more internally oriented than were undergraduates. A possible explanation for the present finding might be that graduate students, because of their academic and social experiences on college campuses, see themselves more positively as the ones who will shape their professional careers. In

addition, due to their success in meeting high order academic expectations, graduate students seem to be more independent, assertive, and confident of their ability, which in the long run enhances their self-image to accomplish their professional goals.

Moreover, even though graduate students had higher Locus of Control scores than did undergraduate students in this investigation, it is interesting to note that both groups as a whole were identified on the average as having internal orientation characteristics. This significant finding can probably be best explained from the works of (Holland, 1995) and (Gardner, 1981). These researchers opined that those individuals who are associated with careers that will demand sound leadership and managerial qualities, seem to attract individuals who are knowledgeable of self and who possess a great work attitude.

Another significant finding of the present study pertained to the influence which the major had on the Locus of Control scores of students who were identified as externally oriented. Specifically, Business Administration students possessed more externally oriented characteristics than did Health Care Administration students.

A reasonable explanation for this prevailing finding might be that a large number of the Business Administration students were undergraduates.

Thus, these students may have had low self-confidence and a need for social approval. It should be pointed out here that regardless of the professional career path a student chooses, undergraduate students may be as alert as are graduate students to their environment.

Finally, another notable finding of the present study was the lack of influence which the variables major and classification had on the Locus of Control scores of college students identified as internally oriented. More importantly, Business Administration and Health Care Administration students, as well as graduate and undergraduate students, had similar internal characteristics. These findings are consistent with those of Rotter (1971, 1995) and other researchers. Internally oriented individuals have been found to be similar in terms of decision-making and achievement levels related to their professional careers.

Conclusions

Based on the findings of this research endeavor, the following conclusions were drawn:

1. Business Administration and Health Care Administration students generally had similar overall Locus of Control orientation scores;

2. In general, it appears that graduate students had higher overall Locus of Control orientation scores than did undergraduate students;
3. Internal Locus of Control orientation scores were similar for Business Administration and Health Care Administration students;
4. Graduate and undergraduate college students generally had similar internal Locus of Control orientation scores;
5. In general, Business Administration students had higher external Locus of Control scores than their Health Care counterparts; and
6. Students' classifications (graduate and undergraduate) had no influence on their external Locus of Control orientation scores.

Recommendations for the Field of Counseling Education

The researcher offers counselors and other health professionals the following recommendations for consideration:

1. Counselors, especially those who are involved with assisting students in the Business Administration and Health Care fields should be aware of the Locus of Control orientation of these students. An understanding of how students perceive their environment can help counselors develop strategies to enhance the students' social, personal, and psychological well being;

2. Counselors and other concerned individuals should be cognizant of the characteristics as well as the traits of internally and externally oriented students. Being able to identify control orientation will allow counselors and other health care professionals to predict the type of counseling intervention that will be most helpful in preparing students to meet their professional goals and careers; and
3. Finally, counselors should understand the impact that background and social characteristics have on the Locus of Control behaviors of college students. It is important that counselors gain more awareness of the interplay of these variables on the way students see themselves in relation to their environments.

Recommendations for Further Study

In order to extend the findings of this study, this researcher recommends that:

1. A follow up study be conducted using a larger sample of universities from different geographic regions of the United States. Such a study could possibly provide additional data on the Locus of Control orientation of college students in the fields of Business Administration and Health Care Administration;

2. A study be conducted to examine the Locus of Control scores of college students having varied backgrounds. The reason is that it would reveal a clearer picture of the effects of selected background variables on the Locus of Control orientation;
3. Different Locus of Control measurement tools should be compared to see which work best in certain circumstances.
4. A study be done to assess those factors which are significantly related to various forms of Locus of Control. By identifying these factors, a researcher should be able to predict those students who will likely fall within each category of Locus of Control orientation; and
5. Finally, a study be conducted to examine the Locus of Control orientation of individuals across various disciplines in order to assess those prospective professionals who need to receive a systematic counseling intervention program.

APPENDICES

APPENDIX A

LETTERS OF PERMISSION

TEXAS SOUTHERN UNIVERSITY

3100 CLEBURNE AVENUE • HOUSTON, TEXAS 77004

(713) 313-7011

COLLEGE OF EDUCATION
EDUCATIONAL LEADERSHIP AND COUNSELING
(713) 313-7388

October 18, 1999

Dr. John H. Williams
Interim Dean, School of Business
Texas Southern University
3100 Cleburne
Houston, TX 77004

Dear Dr. Williams:

Mr. Tunji Jemi-Alade, Jr., a doctoral student of Counseling Education, has been authorized to conduct a survey to determine the opinions of graduate and undergraduate students in Business Administration and Health Care Administration regarding certain important events that occur in our society and that affect different people in their personalities. This survey is part of a graduate research project for the Department of Counselor Education at Texas Southern University.

His population sample will include 50 undergraduate students of Health Care Administration.

Mr. Jemi-Alade will employ a Table of Random Samples in the selection of a simple random sample whereby each possible combination has an equal probability of occurrence, and each student in the population has an equal chance of being included in the sample.

Your cooperation in distributing the questionnaires will be greatly appreciated. Thank you for your time.

Yours Sincerely,

Joseph L. Jefferson, Ph.D.
Chairman & Professor
Department of Counselor Education.

TEXAS SOUTHERN UNIVERSITY

3100 CLEBURNE AVENUE • HOUSTON, TEXAS 77004

(713) 313-7011

COLLEGE OF EDUCATION
EDUCATIONAL LEADERSHIP AND COUNSELING
(713) 313-7388

October 18, 1999

Dr. Kelley Mosley
Chairman, Dept of Health Care Administration
Texas Woman's University
1130 M.D. Anderson Blvd.
Houston, TX 77030

Dear Dr. Mosley:

Mr. Tunji Jemi-Alade, Jr., a doctoral student of Counseling Education, has been authorized to conduct a survey to determine the opinions of graduate and undergraduate students in Business Administration and Health Care Administration regarding certain important events that occur in our society and that affect different people in their personalities. This survey is part of a graduate research project for the Department of Counselor Education at Texas Southern University.

His population sample will include 50 undergraduate students of Health Care Administration.

Mr. Jemi-Alade will employ a Table of Random Samples in the selection of a simple random sample whereby each possible combination has an equal probability of occurrence, and each student in the population has an equal chance of being included in the sample.

Your cooperation in distributing the questionnaires will be greatly appreciated. Thank you for your time.

Yours Sincerely,

Joseph L. Jefferson, Ph.D.
Chairman & Professor
Department of Counselor Education.

TEXAS SOUTHERN UNIVERSITY
3100 CLEBURNE AVENUE • HOUSTON, TEXAS 77004

(713) 313-7011

COLLEGE OF EDUCATION
EDUCATIONAL LEADERSHIP AND COUNSELING
(713) 313-7388

October 18, 1999

Dr. John B. Sapp
Dean, College of Arts and Sciences
Texas Southern University
3100 Cleburne
Houston, TX 77004

Dear Dr. Sapp:

Mr. Tunji Jemi-Alade, Jr., a doctoral student of Counseling Education, has been authorized to conduct a survey to determine the opinions of graduate and undergraduate students in Business Administration and Health Care Administration regarding certain important events that occur in our society and that affect different people in their personalities. This survey is part of a graduate research project for the Department of Counselor Education at Texas Southern University.

His population sample will include 50 undergraduate students of Health Care Administration.

Mr. Jemi-Alade will employ a Table of Random Samples in the selection of a simple random sample whereby each possible combination has an equal probability of occurrence, and each student in the population has an equal chance of being included in the sample.

Your cooperation in distributing the questionnaires will be greatly appreciated. Thank you for your time.

Yours Sincerely,

Joseph L. Jefferson, Ph.D.
Chairman & Professor
Department of Counselor Education.

APPENDIX B

SOCIAL REACTION INVENTORY QUESTIONNAIRE

I am a doctoral student in Counseling and Guidance at Texas Southern University in Houston, TX. I am conducting a survey to determine the opinions of both graduate and undergraduate senior' students of Health Care administration and business administration regarding certain important events that occur in our society and that affect different people in their personalities. This survey is for my dissertation and is essential to my graduation.

Each item consists of a pair of alternatives lettered "a" or "b." Please select the statement in each pair (and only one) that you more strongly believe to be the case as far as you are concerned. For each number make an X on the line beside the a or b. Be sure to select the one you think you should choose, or the one you would like to be true. This is a measure of personal belief; obviously, there are no right or wrong answers.

In some instances, you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you are concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices.

Please place an X in the box as it applies to you.

Name:_____ (optional)

Sex: ( ) M; ( ) F. Age_____ years.

Classification: Grad ____ ; Senior _____ ; Junior_____ ; Freshman _____

Major ( ) Business Administration ( ) Health care Administration.

School:

( ) Texas Southern University.

( ) Texas Woman's University.

I more strongly believe that:

1. ___a. Children get into trouble because their parents punish them too much.

   ___b. The trouble with most children nowadays is that their parents are too easy with them.

2. ___a. Many of the unhappy things in people's lives are partly due to bad luck.

   ___b. People's misfortunes result from the mistakes they make.

3. ___a. One of the major reasons we may have wars is that people don't take enough interest in politics.

   ___b. There will always be wars no matter how hard people try to prevent them.

4. ___a. In the long run, people get the respect they deserve in the world.

   ___b. Unfortunately, an individual's worth often passes unrecognized, no matter how hard he tries.

5. ___a. The idea that teachers are unfair to students is nonsense.

   ___b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. ___a. Without the right breaks, one cannot be an effective leader.

   ___b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. ___a. No matter how hard you try, some people just don't like you.

   ___b. People who can't get others to like them don't understand how to get along with others.

I more strongly believe that:

8. ___a. Heredity plays the major role in determining one's personality.

   ___b. It is one's experiences in life which determine what he or she is.

9. ___a. I have often found that what is going to happen will happen.

   ___b. Trusting to fate has never turned out as well for me as has making decisions to take a definite course of action.

10. ___a. In the case of the well-prepared student, there is rarely if ever such a thing as an unfair test.

    ___b. Many times, exam questions tend to be unrelated to course work, so studying is really useless.

11. ___a. Becoming a success is a matter of hard work; luck has little or nothing to do with it.

    ___b. Getting a good job depends mainly on being in the right place at the right time.

12. ___a. The average citizen can have an influence in government decisions.

    ___b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. ___a. When I make plans, I am almost certain that I can make them work.

    ___b. It is not always wise to plan too far ahead because many things turn out to to be a matter of good or bad fortune anyhow.

14. ___a. There are certain people who are just not good.

    ___b. There is some good in everybody.

I more strongly believe that:

15. ___a. In my case, getting what I want has little or nothing to do with luck.

___b. Many times, we might just as well decide what to do by flipping a coin.

16. ___a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.

___b. Getting people to do the right thing depends upon ability; luck has little or nothing to do with it.

17. ___a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control.

___b. By taking an active part in political and social affairs, the people can control world events.

18. ___a. Most people can't realize the extent to which their lives are controlled by accidental happenings.

__ _b. There really is no such a thing as 'luck."

19. ___a. One should always be willing to admit his mistakes.

___b. It is usually best to cover up one's mistakes.

20. ___a. It is hard to know whether a person really likes you.

___b. How many friends you have depends upon how nice a person you are.

21. ___a. In the long run, the bad things that happen to us are balanced by the good ones.

___b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

I more strongly believe that:

22. ___a. With enough effort we can wipe out political corruption.

___b. It is difficult for people to have much control over the things politicians do while in office.

23. ___a. Sometimes I can't understand how teachers arrive at the grades they give.

___b. It is difficult for people to have much control over the things politicians do in office.

24. ___a. A good leader expects people to decide for themselves what they should do

___b. A good leader makes it clear to everybody what his or her job is.

25. ___a. Many times I feel that I have little influence over the things that happen to me.

___b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. ___a. People are lonely because they don't try to be friendly.

___b. There is not much use in trying too hard to please people; if they like you, they like you.

27. ___a. There is too much emphasis on athletics in high school.

___b. Team sports are an excellent way to build character.

28. ___a. What happens to me is my own doing.

___b. Sometimes I feel that I don't have enough control over the direction my life is taking.

I more strongly believe that:

29. ___a. Most of the time I cannot understand why politicians behave the way they do.

___b. In the long run the people are responsible for bad government on a national as well as local level.

APPENDIX C

TABLE OF RANDOM NUMBERS

TABLE OF RANDOM NUMBERS

Name	Number		Name	Number	
_____	00		_____	26	
_____	01		_____	27	
_____	02	X	_____	28	
_____	03		_____	29	X
_____	04	X	_____	30	X
_____	05	X	_____	31	X
_____	06	X	_____	32	X
_____	07	X	_____	33	X
_____	08	X	_____	34	X
_____	09		_____	35	X
_____	10	X	_____	36	X
_____	11		_____	37	X
_____	12	X	_____	38	
_____	13		_____	39	
_____	14		_____	40	X
_____	15		_____	41	X
_____	16	X	_____	42	X
_____	17	X	_____	43	X
_____	18		_____	44	X
_____	19	X	_____	45	
_____	20	X	_____	46	
_____	20		_____	47	
_____	22	X	_____	48	X
_____	23	X	_____	49	
_____	24	X	_____	50	
_____	25				

TABLE OF RANDOM NUMBERS

Texas Southern University, Houston, TX., Undergraduate Health Care Random Numbers Sequence from 000 to 137

Name	Number		Name	Number	
_____	004	X	_____	078	X
_____	017	X	_____	086	X
_____	018	X	_____	089	X
_____	019	X	_____	092	X
_____	020	X	_____	097	X
_____	021	X	_____	100	X
_____	026	X	_____	102	X
_____	029	X	_____	104	X
_____	035	X	_____	109	X
_____	041	X	_____	115	X
_____	048	X	_____	117	X
_____	051	X	_____	119	X
_____	056	X	_____	124	X
_____	058	X	_____	133	X
_____	060	X	_____	135	X
_____	065	X	_____	137	X
_____	072	X			
_____	074	X			
_____	075	X			

X= Numbers randomly selected from the Table of Random Numbers

TABLE OF RANDOM NUMBERS

Texas Woman's University, Houston, TX., Graduate Health Care Random Numbers Sequence from 000 to 145

Name	Number		Name	Number	
_____	004	X	_____	078	X
_____	017	X	_____	086	X
_____	018	X	_____	089	X
_____	019	X	_____	092	X
_____	020	X	_____	097	X
_____	021	X	_____	100	X
_____	026	X	_____	102	X
_____	029	X	_____	104	X
_____	035	X	_____	109	X
_____	041	X	_____	115	X
_____	048	X	_____	117	X
_____	051	X	_____	119	X
_____	056	X	_____	124	X
_____	058	X	_____	133	X
_____	060	X	_____	135	X
_____	065	X	_____	137	X
_____	072	X	_____	140	X
_____	074	X	_____	145	X

X= Numbers randomly selected from the Table of Random Numbers

TABLE OF RANDOM NUMBERS

Texas Southern University, Houston, TX., Undergraduate Business Random Numbers Sequence from 000 to 197

Name	Number		Name	Number	
_____	017	X	_____	119	X
_____	019	X	_____	124	X
_____	035	X	_____	133	X
_____	058	X	_____	155	X
_____	060	X	_____	172	X
_____	065	X	_____	179	X
_____	086	X	_____	185	X
_____	097	X	_____	196	X
_____	104	X	_____	197	X

X= Numbers randomly selected from the Table of Random Numbers

TABLE OF RANDOM NUMBERS

Texas Southern University, Houston, TX., Graduate Business Random Numbers Sequence from 00 to 97

Name	Number		Name	Number	
_____	05	X	_____	65	X
_____	07	X	_____	69	X
_____	19	X	_____	73	X
_____	20	X	_____	81	X
_____	22	X	_____	85	X
_____	24	X	_____	94	X
_____	42	X	_____	96	X
_____	52	X	_____	97	X
_____	60	X			

X= Numbers randomly selected from the Table of Random Numbers

REFERENCES

REFERENCES

Editorial review of congressional and executive branch studies on health care efficiency, (1973) Comptroller General of U.S., GPO: 725-825/4.

Editorial review of congressional and executive branch studies on health care efficiency, (1975) Comptroller General of U.S., GPO: 725-825/4.

Editorial review of the internal-external control abstract, construct as a personality variable, (1971). Psychology Report, 28: 634.

The Oregon's Plan (1990). State of Oregon: Health Care Rationing Plan. Nursing Outlook, 12, March/April.

Aaron H.J. (1991). Serious and unstable condition: Financing America's health care. Washington, DC, and Brooklyn's Institute.

Aaron, Henry J., & Schwarts, William B. (1984). The painful prescription: Rationing hospital care. Washington, D.C. Brooklyns Institute.

Allen, J.B., & Ferrand, J.L (1999). Environmental Locus of Control, sympathy and pro environmental behavior. Environment and Behavior, 31, (3), 338-353.

Andrisani, Paul J., & Nestel, Gilbert. (1976). Internal-external control as contributor to and outcome of work experience, Journal of Applied Psychology, 61,156-65.

Ang, R.P., & Chang, W.C. (1999). Impact of domain: Specific Locus of Control on need for achievement and affiliation. The Journal of Socio Psychology, 139 (4), 527-529.

Arce, E.M. (1996). The effects of social support and self-esteem on career indecision of undergraduate students. Paper presented at the annual meeting of the American Educational Research Association. New York: New York.

Aubrey, R.F. (1997). Historical development of guidance and counseling and implications for the future. Personal and Guidance Journal, 55 (Reprint).

Austin, C.J. (1974). Education for health administration: A statistical profile in education for health administration. Eastern Psychological Association Convention, Washington, D.C.

Baines, D. (1995). Primary health care and primary Care: A confusion of philosophies. Nursing Outlook 39: 54-55, March-April.

Banner, W., & Wruble, J. L. (1989). The primary of caring. Menlo Park, CA: Addison-Wesley Press.

Bandura, Albert (1968). Social learning and personality development. New York, N.Y.: Holt, Rinehart and Winston. 282, 294.

Bandura, Albert (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review 84: 191-215.

Barren, J.R. (1999). The effects of existential phenomenological group counseling on Locus of Control, self-efficacy, and aggression in police officers. Ph.D. Dissertation, Wayne State University.

Beer, S. (1986). Decision and control. New York, John Wiley and Sons.

Berki, S.E. (1983). Health care policy: Lessons from the past and issues of the future. Annals of the Academy of Political and Social Science, 468, (July).

Berts, N.E., Harmon, L.W., & Borgen, F.H. (1996). The relationship of self-efficacy for the Holland themes to gender, occupational, group membership, and vocational interests. Journal of Counseling Psychology, 34, 299-308.

Blau, G. (1993). Testing of control to different performance dimensions. Journal of Occupational and Organizational Psychology, 66, 125-138.

Blau, P.M., & Scott, R.W. (1962). Formal organizations. Chandler Publishing Co., San Francisco.

Braustein, J. (1991). National health care: Necessary but not sufficient. Nursing Outlook, 39: 54-55, March-April.

Brooks, E.R. (1993). Does free care improve adult health. New England Journal of Medicine, 309 , (23).

Brown, D., Fulkerson, K.E., Furr, S., & Ware, W.B. (1984). Locus of Control, sex role orientation, and self-concept on black and white, third and sixth grade male and female leaders in rural communities. Developmental Psychology, 20, 717-721.

Brown, D. Midlife Career Change. In D. Brown, L. Brooks and Associates, Career Choices and Development: Applying Contemporary Theories to Practice: San Francisco, Jossey-Bass.

Brown, R.S. (1990). Do health maintenance organization work for medicare. Inquiry, 30, (Spring).

Bryan, B.A. (1999). The relationship of Locus of Control and imagery ability to college students' life satisfaction. Ph.D. Dissertation, Ohio University.

Bucher, R., & Stelling, J. (1991). Characteristic of professional organizations. Journal of Health and Social Behavior, 10, 13-15.

Burnes, K., Brown, W.A, & Keting, G.W. (1967). Dimensions of Connecticut and Wesleyan University. Journal of Consulting Psychology, 31, (6), 609-13.

Caplan, R.D., Cross, S., French, J.R. Jr., et.al. (1975). Job demands and workers' health. Washington, D.C., U.S. Department of Health and Human Services.

Cardi, M. (1962). An examination of internal versus external control in relation to academic features, Ohio State University.

Clinton, M., & Anderson, L.R (1999). Social and emotional loneliness: Gender differences and relationships with self-monitoring and perceived control, Journal of Black Psychology, 25, (1), Feb., 61-77.

Cohen, Richard (1993). Ready, aim, reform: National Journal, 25, (44).

Cohen, Victor (1990). Rationing medical care – The case of companies managed care. Washington Post National Weekly Edition. August 13-19.

Colarelli, S.M., & Bishop, R.C. (1990). Career commitment: Functions, correlates, and management." Group and Organizational Studies, 15, 158-176.

Coleman, James S., Ernest Q. Campbell, Carol J. Hobson, James Mc Parland, Alexander M. Mood, Frederic D. Weinfeld, & Robert L. York, (1966) . Equality of educational opportunity. Washington, D.C., US Office of Education.

Costa, P.T. Jr., & McCrae, R.R. (1989). The Neo-PI/Neo-FFI Maniacal Supplement. Odessa, FL. Psychological Assessment resources.

Crittenden, Robert (1993). Managed competition and premium caps in Washington State. Health Affairs, 12.

Crozier, D.A. (1982). State rate setting: A status report. Human Affairs, 2.

Davis, K., Anderson, D.R., & Steinberg, E.P. (1995). Health cost containment. Journal of Health Politics, Policy and Law, 39, (2).

Deci, Edward L (1980). The psychology of self-determination. Lexington, MA: D.C. Heath and Company.

Deci, Edward L., & Richard M. Ryan (1987). The support of autonomy and the control of behavior. Journal of Personality and Social Psychology, 53, 1024-37.

Demkovich, L.E.(1979). Adding competition to the health industry, National Journal. October, 176-180.

Dentzer, Susan (1990). America's scandalous health care. US News and World Report. 25-30.

Dorfman, R. (1980) Operations research. American Economic Review, 100.

Dreifus, C. (1995). Present shock. The New York Times ,46-50, June 11.

Durenberger, D.F. (1982) The politics of health competition in the market place: health care in the 1980's. New York, Spectrum Publications.

Elder, Glen H., Jr. (1969). Occupational mobility, life patterns and personality. Journal of Health and Social Behavior, 10, 308-23.

Ellwood, P.M. (1993). Health maintenance strategy. New York Times, 10, (March).

Emerson, H. (1969). Local health units of the nation: A Report for the American Public Health Association. Committee on Administration.

Esposito, Alfonso (1982). State legislated hospital cost containment programs. Health Care Financing Review, 4, (2).

Eysenck, M.W., & Morley, S. (1994). Neuroticism extraversion, work Locus of Control, and work style. Journal of Indian Academy of Applied Psychology, 20, 111-115.

Falkson, J.L. (1990). HMOs and the politics of health service reform. Chicago: American Hospital Association.

Farrell, W.C., & Pollard, D.S. (1987). An examination of factors related to minority students' decision to attend college. Milwaukee, WI. The Graduate School, University of Milwaukee.

Feng, L.I. (1997). Age differences in Locus of Control and self-monitoring in China. Psychological Reports, 81.

Flagle, C.D. (1982). Operation research in health sciences. Operation Research, January Edition.

Flexner, Abraham (1915). Professional medical education in the United States. The Carnegie Foundation for Advancement of Teaching.

Flyn, B.C. (1992). Developing community leadership in healthy cities, the Indiana model. Nursing Outlook, 40; May/June.

French, H.E., & Ginsburg, P.B. (1988). Competition among health insurers. Revisited. Journal of Health Politics, Policy and Law, 13, (6).

Fox, D.M. (1986). Health politics, the British and American experiences. 1911-1965. Princeton: Princeton University Press.

Gardner, D.C.(1981): Career maturity and Locus of Control: Important variables in career training. College Student Journal. Fall.

Glanty, K. (1990). Health, behavior and health education: Theory, research and practice., San Francisco: Jossey Bass.

George, C.S. Jr. (1988). The history of management though. Englewood Cliffs, NJ: Prentice-Hall.

Graham, S. (1994). Motivation in African-Americans. Review of Educational Research, 64, (1), 55-117.

Gordon, P.S. (1988). Top management triangle in voluntary hospital. Journal of the Academy of Management. Reprint (1988).

Gore, P.M., & Rotter, J.B. (1969). A personality correlate of social action. Journal of Personality, 31, 58-64.

Gottfredson, L.S., & Becker, H.J. (1981). A challenge to vocational psychology, how important are aspirations in determining male career development?. Journal of Vocational Education, 18, 121-137.

Grace, P.B. (1992). Managed care: Inquiry, 30 , (Spring).

Graham (1997). Career counseling for women in the science and engineering. Career Development Quarterly. 43, 32-43.

Graig, L.A. (1993). Health of nations: An international perspective on U.S. health care reform. Washington, D.C.: CQ Press.

Gruber, W.H., & Niles, J.S. (1971). Problems in the utilization of management . Science/Operations Research, 2, (1).

Gurin, P.M., Gurin, G., & Lao, R., et.al; (1969). Internal-external control in the motivational dynamics of negro youth. Journal of Social Issues, 25, 29-53.

Hauser, R.M., & Anderson, D.K. (1991). Post high school experience, plans and aspirations of black and white high school seniors, 1976-86 Sociology of Education.

Havighurst, C.C. (1990). Health maintenance organization and the market for health services. Health Financing Review, 34, (2).

Holland, J.L. (1985). Making vocational choices: A theory of careers. Englewood Cliffs, NJ: Prentice-Hall.

Horvath, W.J. (1964). British experience with operation research in the health care. Journal of Chronic Diseases, 17.

Horvath, W.J. (1982). The system approach to the national health problems. Management Science, 15, (12).

Howerton, L.D., Enger, J.M., & Cobbs, C.R. (1993). Locus of Control and achievement for at risk adolescent black males. High School Journal, 76, (3), 214.

Janssen, T., & Carson, J. S. (1999). The Effects of Locus of Control and Task Difficulty on Procrastination. The Journal of Genetic Psychology, 160, (4), 436-442.

Jones, James R. (1982). Cross pressures and health policy reforms. Health Affairs, 1, (3).

Jones, M.K., & Johnson, R.P. (1979). Utilize development evaluation, encourage employee improvement. Hospital Topics. January/February, (p18).

Jones, S.B. (1982). Cost pressures and health policy reform. Health Affairs, 1, (3), 39-47.

Jones, S.B. (1990). Multiple choice health insurance: The lessons and challenges to private insurers. Inquiry, 25, (2).

Jordaan, Jean Pierre, & Donald E. Super (1974). The prediction of early adult vocational behavior, (pp. 108-30) in Life History Research in Psychopathology, 3, edited by D.F. Rick, A. Thomas and M. Roff, Minneapolis: University of Minnesota Press.

Kelly L.S. (1991). Another look at the future of health care. Nursing Outlook, 39,150-151. July-August.

Kellogg Foundation M (1994). How people view their providers. Report of Survey, June.

Kelsey, E. (1983). The relationship of Locus of Control to career decision making styles of black adolescents. Ph.D. Virginia Polytechnic Institute and State University.

Kleiber, D., Veldman, D.J., & Meneker, S.L. (1974). The multidimensionality of Locus of Control. Paper presented to Eastern Psychological Association Convention, Washington, D.C.

Latham, Bryan (1983). Health care costs: There are solutions. New York. American Management Association.

Lave, Judith, R. (1984). Hospital reimbursement under medicare. Milbank Memorial Fund. Quarterly / Health and Society, 62, (2).

Lefcourt, H.M. (1976). Locus of Control: Current trends in theory and research. Lawrence Eribourn Associates, Publisher Hillsdale, New Jersey.

Levenson, Hannah (1973). Multidimensional Locus of Control in psychiatric patients, Journal of Consulting and Clinical Psychology, 41, 397-404.

Levenson, Hannah (1974). Perceived parental antecedents of internal powerful others and chance, Locus of Control orientation, Development Psychology, 9, 268-274.

Levenson, Hannah (1974). Activism and powerful others: Distinctions within the concept of internal-external control. Journal of Personality Assessment, 38,377-383.

Levenson, Hannah (1981). Differentiating among internality powerful others, and chance. In H.M. Lefcourt (Ed)., Research with Locus of Control contrast. Vol. I. Assessment Methods. New York: Academic Press. 15-63.

Levenson, Hannah (1973). Multidimensional Locus of Control in psychiatric patients, Journal of Consulting and Clinical Psychology, 41, 397-404.

Leyerle, Betty (1994). The private regulation of american health care. Amok, NY. M.E. Sharp.

Light, D.W. (1992). The practice and ethics of risk related insurance. Journal of the American Medical Association, 267, (18).

Luft, Harold (1978). How does health maintenance organizations achieve their savings? Rhetoric and Evidence. New England Journal of Medicine, 24, 298.

Luzzo, D.A, Funk, D.P., & Strang, J. (1996). Attributional retraining increases career decision-making self-efficacy. The Career Development Quarterly, 44, June 1996.

Mainquist, Sheri, & Dorothy Eichorn. (1989). Competence in work setting in adolescence and work: Influence of social structure, labor markets and culture, (pp. 327-67), edited by S. Stern and D. Eichorn. Hillsdale, N.J: Lawrence Erlbaum.

Mau, W.C. (1995). Educational planning and academic achievement of middle school students. A racial and cultural comparison. Journal of Counseling Development, 73, 518-526.

May, Joel J. (1935). Health planning: It's past and potential. Chicago: University of Chicago, Center for Health Administration.

McBride, David (1993). Black America: From community health care to crisis medicine. Journal of Health Politics, Policy and Law, 18, (2).

Mills, A.B., & Mills, P. (1997). The need for more hospitals. The Modern Hospital, 44.

Moon, Marilyn (1993). Medicare now and in the future. Washington, D.C. Urban Affairs Press.

Moran, D.W., (1987). HMOs, competition and the politics of the minimum benefit. Inquiry, 50.

Morjoribanks, K. (1985). Families, schools, and aspirations: Ethnic group differences. Journal of Experimental Education, 53, 141-147.

Morrison. K.A. (1997). Personality correlates of the five factors model for a sample of business owners/managers: Associations with Scores on Self-Monitoring.

Mortimer, Jeylan T., Michael D. Finch, & Donald Kumka, (1982). Persistence and change in Development: The Multidimensional self-concept, life span development and behavior, 4, 263-313.

Muhonen, T. (1999). Women, career, and family: A study among managers in four different branches. Ph.D. Dissertation, Lunds Universitet (Sweden).

Muller, Charlotte (1990). Health care and gender. New York: Russell Sage Foundation.

Navarro, Peter (1984). The policy game: How special interests and ideologies are stealing America. New York: Wiley Press.

Nicholls, C. (1999). Career perspective in two year college students. Ph.D. Dissertation, Cornell University.

Norris, Jonas (1984). Searching for a cure: National health policy considered. New York: PICA Press.

Nunnalix, J.C. (1978). Psychometric Theory (2nd Ed.) New York: Mc Graw-Hill.

Nunnalix, J.C., & Bernstein, I.H. (1994). Psychometric Theory. (3rd Ed). New York: Mc Graw-Hill.

O'Brien, Gordon E., & N.T. Feather, (1990). The relative effects of unemployment and quality of employment on the affect, work values, and personal control of adolescence. Journal of Occupational Psychology, 63, 151-65.

Orpen, C. (1992) The work locus of control scale as a predictor of employee attitudes and behavior: a validity study. Psychology, A Journal of Human Behavior, 29, 34-37.

Pearlin, Leonard., & Carmi Schooler, 1978. The structure of copying. Journal of Health and Social Behavior, 19, 2-21.

Phares, E.J. (1976). Locus of control in personality. Morristown, NJ General Learning Press.

Polland, M.R. (1981). The essential role antitrust in a competitive market for health services. Milbank Memorial Fund Quarterly/Health and Society, 59, (2), Spring.

Pope, M. (1995). CCDA Leadership: Cultivating the vitality of your profession. CCDA News, 11(1), 1, 5. (Original Publication).

Quade, E.S. (1989). Analysis for public decisions. 3rd Edition, New York: Elsevier.

Retting, Richard A. (1994). Medical innovation duels cost containment. Health Affairs, 13, (3).

Rice, Thomas & Gable, Jon (1986). Protecting the elderly against health care costs. Health Affairs.

Rockefeller, J.D. IV (1990). The Pepper Commission Report on comprehensive health care. New England Journal of Medicine, 323, (14).

Rodriguez, M., & Blocher, D. (1988). A comparison of two approaches to enhancing career maturity in Puerto Rican college women. Journal of Counseling Psychology, 35, 275-280.

Rosen, George (1958). A history of public health. New York, MD Publications.

Rotter, J.B. (1966). Generalized expectancies for internal versus external control of reinforcement, Psychology Monographs, (80) 1.

Rotter, J.B. (1971). External-internal control, Psychology Today, 37-58 (June).

Rushefsky, Mark E. (1981). A critique of market reform in health care: The consumer choice health plan. Journal of Health, Policy and Law 5, (4).

Samuelson, Paul (1970). Health economic. New York: McGraw-Hill.

Savickas, M.L. (1993). Career counseling in the postmodern era. Journal of Cognitive Psychotherapy: An International Quarterly, 7, 205-215.

Scheck, Dennis C., Robert Emerick, & Mohamed M. El-Assal, (1973). Adolescents' perceptions of parent-child relations and the development of internal-external control orientation. Journal of Marriage and the Family, 35, 643-54.

Schear, Stuart (1995). A medicaid miracle, National Journal , 27, (5).

Scheir, N.R. (1991). Health care marketing, not for large institutions, only. Hospital Topics, May/June, 16.

Schwalbe, Michael L., & Viktor Gecas (1988). Social psychological consequences of job related disabilities, (pp. 233-72) in Work Experience and Psychological Development through the Life Span, edited by J.T. Mortimer and K. Borman. Boulder: Westview.

Seeman, M., (1963) Alienation and social learning in reinforcement, American Journal of Sociology, 69, 270-84.

Shaffer, Franklin (1983). DRGs History and overview. Nursing and Health Care. September.

Siendwall D, & Tavani C. (1991). The role of public health in providing primary care for the medically underserved. Public Health Report, 106, 2-4, January-February.

Simborg, Donald W. (1981). DRGs Creep: A new hospital acquired disease. New England Journal of Medicine, 304, (26).

Sloan, Frank A. (1982). Government and the regulation of hospital care. Journal of American Economics Review.

Sorkin, Alan L. (1991). Health care and the changing economic environment. Lexington, Mass., D.C. Heath.

Spector, P.E. (1988). Development of the work Locus of Control scale. Journal of Occupational Psychology, 61, 335-340.

Spenner, Kenneth I., & Luther B. Otto (1985). Work and self-concept: Selection and socialization in the early career. Pp. 197-235 in Research in Sociology of Education and Socialization, (5).

Starck, P.L. (1991). Health under siege. Challenge for change. Nursing Health Care,12, 26-31, January.

Stanfield, P. (1995). Introduction to the health professions. 2nd Edition. Boston: Janes & Barlett.

Stebbins, E. (1976). History of health planning. Modern Hospital, 40.

Stratton, W.E., & Flynn, W.R. (1978). The need for management development in health care institutions, Hospital Topics, 26, September/October.

Sullivan, Sean (1984). Managing health care costs. Washington, D.C., American Enterprise for Public Policy Research.

Super, D.E. (1955). Transition: From vocational guidance to counseling psychology. Journal of Counseling Psychology 2, 3-9.

Super, D.E. (1957). The psychology of careers. New York: Harper and Row Books.

Super, D.E. (1990). A lifespan, life space approach to career development. (2nd Edition), San Francisco, CA. Jossey-Bass.

Super, D.E. Starishersky, R., Matlin, N., & Jordaan, J.P. (1963). Career development and self concept theory. New York: College Entrance Examination Board.

Sussman, Jason H. (1991). Financial considerations in technology assessment. Topics in health care financing, Hospital and Health Networks, 17, (3).

Taylor, K.M., & Popma, J. (1990). An examination of the relationship among career decision-making self-efficacy, career salience, Locus of Control, and vocational indecision. Journal of Vocational Behavior, 37,17-31.

Terris, Milton (1990). A wonderful system that does not work. The Progressive, (October) 14-16.

Viguers, R.T. (1978). The politics of power in a hospital, Modern Hospital, 96, 89-94.

Wallaston, K., & Wallaston, B., (1982). Who is responsible for your health?. In G. Sanders and G. Suls (Eds). The construct of health Locus of Control in social psychology of health and illness (pp. 65-95), Hillside NJ: Lawrence Erlbaum.

Wilensky, H. L., (1962). Dynamics of professionalism -- The Case of Hospital Administration, Hospital Administration , 7, 6-24.

Wilson, C.A., & Wilson, T.M. (1992). Vocational aspiration and family variables. Career Development Quarterly, 72, 19-28.