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The Effect of Educational Structures on Professional Socialization

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THE EFFECT OF

EDUCATIONAL STRUCTURES

ON

PROFESSIONAL SOCIALIZATION

BY

KAROLE SCHAFER HEYRMAN

A Thesis Submitted to the Faculty of the Graduate School

of Loyola University of Chicago in Partial Fulfillment

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VITA

The author, Karole Schafer Heyrman, is the daughter of James Schafer and Margaret Roche Schafer. She was born March 26, 1950, in Hammond, Indiana.

Her elementary education was obtained at Saint John Bosco School, Hammond, Indiana, and secondary education at Bishop Noll Institute, Hammond, Indiana, where she graduated in 1968.

In September, 1968, she entered Purdue University, and in June, 1970, received the degree of Associate of Science with a major in nursing. In March, 1972, she entered the University of Illinois, and in March, 1974, received the degree of Bachelor of Arts with a major in sociology.

In September, 1976, she was granted a research assistantship in sociology at Loyola University of Chicago. In September, 1979, she was granted a university fellowship at Loyola University of Chicago.

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CHAPTER I

INTRODUCTION

In 1965, the American Nurses Association Committee of
Education defined the movement of students from a hospital-
based to a university-centered nursing education program as
a major issue facing nursing educators (American Nurses
Association, 1965: 107-108). This shift was, and still is,
an attempt to improve the professional status of nursing
through the individual professional socialization process.

All university-centered programs, however, are not
exactly alike. Even though they all confer the bachelors'
degree, structural differences distinguishing some from
others among them may be equal or even wider than the dif-
ferences between hospital and university programs.

The purpose of this study is to explore the effect of
educational structural differences on the individual's pro-
fessional socialization in two university settings, Loyola
University of Chicago (hereafter "Loyola") and the Univer-
sity of Illinois (hereafter "Illinois").

These two particular collegiate programs presented a
good opportunity for this study because, although Illinois
and Loyola are both four year university nursing programs
fully accredited by the National League of Nursing and

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located in Chicago, Illinois, they differ in their internal educational structures.

The two most pronounced structural differences are: unlike Loyola, Illinois admits only students of sophomore status or above; and secondly, Loyola's program does not incorporate clinical nursing courses into the curriculum until the junior year, whereas Illinois offers clinical coursework beginning in the sophomore year.

These internal structural differences presented me with an opportunity to develop a comparative study of the relationship between the educational structure and the individual's professionalization using these two programs.

Based on a careful review of the sociological literature on professions and an examination of the problem of professionalization as defined in the nursing literature, a five-page questionnaire was designed to gather data for this study.

The sample population included four hundred and twenty six volunteer subjects equally representing the sophomore, junior, and senior classes in the two programs.

The two goals of this project are: to assess the value of individual professionalization models developed in the sociological literature in interpreting my results; and secondly, to use this assessment as an aid in gaining a better understanding of the interactive role of individual professionalization on the construction of, and changes in

a professional organization and related bureaucratic struc-
tures.

Chapter two contains my theoretical model. Chapter
three will specifically focus on the question of nursing as
a profession. Chapter four will explain the research meth-
ods employed. Chapter five will present the actual analysis
of data. And finally, chapter six will attempt to assess
the value of my findings, as well as, outline future direc-
tions of study I plan to take in this area.

CHAPTER II

THEORETICAL FORMULATION OF STUDY

Definition of Professionalization

Professionalization, according to Ritzer, refers to the study of occupational change in the direction of a profession (Friedson, 1973: 61). This change occurs on two levels: the individual and the organizational.

Individual professionalization begins with the formal training period and continues throughout the entire association an individual has with the selected profession. Change at this level occurs through the interaction between the professional socialization process and other types of adult socialization occurring simultaneously.

Organizational professionalization refers to change at the professional community level. This change comes about through the professional organization's interaction with individuals within the professional community and through interaction the professional organization has with other occupational and societal level organizations.

The primary focus of this study is on the individual professionalization process occurring within the

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formal training period. This is a study of two under-
graduate university-centered schools of nursing. It is,
however, necessary to include a discussion of the organ-
izational level and this will be done briefly in chapter
three.

Three points to be stressed in a definition of in-
dividual professionalization--professional socialization
--are: it is a continious process, not beginning and end-
ing with the formal training period; it is a role that
must be learned; and, most importantly, it is a social
rather than acculturation process.

Socialization As a Continuous Process

Professional socialization is a process that neither
begins with the student's entrance into a training program
nor does it end with graduation from that program.[1]

Sociological studies of adult socialization have
neglected problems in occupational socialization while
research in professional socialization overlooks events
in lateral life roles. This shows up as a weakness in the
sociological literature on individual professionalization.
One reason offered by Olesen and Whittaker for this phe-
nomenon is, "Historically, sociological investigators

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[1]Studies supporting this assumption include:
Lortie (1959), Becker (1952), and Olesen and Whittaker
(1968).

have failed to account for lateral facets of vocational
socialization, perhaps because the professions--law,
medicine, engineering, and theology--recruited males
almost exclusively, in whose life roles the resolution
of problems was supposedly not relevant" (Olesen and
Whittaker, 1968: 10).

It is the theoretical position of this paper that
professional socialization is a type of adult socializa-
tion which is not only affected by an individual's pre-
vious socialization, but also, interacts simultaneously
with other components of adult socialization that will
occur through the life-cycle.

Socialization As a Learning Process

As stated previously, to be a member of a profes-
sional community one must learn the role. The educational
system, including both its formal and informal dimmensions
as an approved insitutional mechanism of socialization,
is the most commonly focused upon system in the study of
professional socialization. In fact, Durkheim equated
the process of education to that of socialization
(Durkheim, 1956: 71).

The goal of professional socialization is the incor-
poration of group values and norms into the individual's
self image. "It is the acquisition of the specialized
knowledge, skills, attitudes, values, norms, and interests
of the profession that the individual wishes to practice"

(Bragg, 1976: 6).

Professional education is a **multidimensional** concept that must include structural elements of the education system, both formal and informal, as well as, the cognitive and affective process of socialization for the individual.

Socialization As a Social Process

In the structural educational system a student passes through a number of stages in his or her transition from layperson to professional. These stages include: observation and identification with role models; immitation, primarily through the process of role-playing: evaluation of this behavior; alteration of behavior and attitudes; and internalization of the values, norms, and attitudes of the profession.

This process however takes place through a mutual interaction between the student and the socializing agent and it should not be confused with 'acculturation' where, "one group takes over elements of the culture of other groups" (Olesen and Whittaker, 1968: 192). Socialization is instead the sharing of values and attitudes between the socializing agents and the socializee. And furthermore, this relationship is reciprocal, not unidirectional. A student may influence the behavior of professors through affectional ties, acting as the professor's ally, by performing so well that his or her services are attractive

to the professor (Rosen and Bates, 1967: 80).

In conclusion, this mutual interaction between the socializee and the socializing agent, where the socializee has an active role in **his** or her own socialization and in the educational system, is the most fundamental aspect of individual professionalization.

This completes the definition of professionalization for this study. The focus will now shift to a discussion of the basic theoretical problems in a sociological study of individual professionalization.

Theoretical Problem

Three growing trends affecting sociological literature on individual professionalization are: an emphasis on the active role of the student in his or her own professional development; an increasing stress on the interaction of the individual level with the organizational level of professionalization as a significant force in change; and, in conjunction with the first trend, an increase in heterogeneity in the types of individuals entering the professions therefore, bringing a greater variety of experience into the professional educational setting.

Active Role of Socializees

Merton, in his study of medical students, defined professional socialization as, "the process by which people selectively acquire the values and attitudes, the interests, skills and knowledge--in short, the culture-- current in the groups to which they are, or seek to become

a member" (Merton, 1957: 287). Merton goes on to stipulate that this is a social process between students and those who are significant for them.

The fact that Merton uses the terms 'selectively' on the part of the socializee and 'social interaction' to describe the process of professional socialization indicate his awareness of the students' active role in their training. He apparently did not look at the consequences of this interaction beyond the individual's own professional outcome.

In 1961, Becker discusses socialization as a sharing of values and attitudes between the socializee and the socializing agents (Becker, 1961: 62-273). His main emphasis is however on the 'stages' a medical student must pass through in the socialization process (Becker and Geer, 1958: 50). Therefore, Becker seems to assume a stable profession reflected in the educational structure to which students 'react' rather than 'interact' with during the individual socialization process.

Studies cited above appear to view professional organizations, and the educational structures representing them, as stable systems interacting with students but unchanged by this interaction.

In 1968 Olesen and Whittaker, this time using nursing students as subjects, studied the process of professional socialization. They concluded that this interaction is a mutual one between socializees and the socializing agents

representing the educational structure (192). They noted
how the student not only affects his or her own profession-
al outcome through this mutual interaction but, through
the social interaction with representatives of the edu-
cational structure, the students are able to effect change
within the actual structure of their educational program.

What appears to have taken place in the examination
of sociological literature cited above, is a progression
from viewing the student as active in his or her own prof-
fessionalization process and reacting to the educational
structure as representative of an assumed stable profes-
sional organization to a view of the student mutually
interacting with and effecting change in the educational
structure.

The view of students actually affecting the educa-
tional structure logically leads to and supports develop-
ment of the second trend in individual professionalization.
That is an interaction between individual and organization-
al professionalization as a force of change in the pro-
fession.

Interaction of Individual and
Organizational Professionalization

As indicated in the opening lines of this paper, the
American Nurses Association decided in 1965 that to improve
the professional status of nursing it was necessary to
alter the educational structure of nursing education.

This would appear to indicate an awareness, at some level, of the part individual professionalization plays in changes at the organizational level.

Bucher and Stelling (1977) designed a theoretical model that seems to account for the interrelationship between the individual and organizational level of professionalization. Their study included subjects from two psychiatric residency programs, a program for specialization in internal medicine, and a program for graduate study in biochemistry.

They claim to have acquired a view of how people shaped by their social institutions still create their own professional identity that, in turn, effects change at the organizational level. A further discussion of this model will appear in the next chapter of this study.

If indeed this theoretical model is accurate it again emphasizes the importance of the socializee's active role not only in his or her own professionalization but, just as importantly, the significance of the socializee's role on the profession itself. Therefore, a third recent trend in individual professionalization, namely, heterogeneity in the types of candidates entering professional educational structures, plays an important role in professional socialization studies.

Heterogenity of Student Population

A recent article published in the Loyola World
(November, 1979)[2] discussed changes in the characteristics
of students entering Loyola University's Stritch School
of Medicine over the last ten years. Major changes in-
cluded: an increase in the number of women enrolled, the
increase in acceptance of older students, and a greater
percentage of students entering with an educational back-
ground in liberal arts.

This change is not just characteristic of a catholic
university or a reginal phenomenon but reflects changes
at the societal level. Diversification in characteristics
of entering students to professional educational structures
has acted as a catalyst of sorts in individual profession-
alization studies.

It is of interest to note that the recent break-
throughs in sociological literature on professional social-
ization have been by sociologists studying students in
specialized or marginal professions (Bucher and Stelling,
1977 and Olesen and Whittaker (1968). This is where a
variation is most likely to show up.

As cited above, Merton and others were quite aware

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[2]The Loyola World is a newsletter published monthly
during the academic year for the faculty and staff at
Loyola University of Chicago.

in the 1950's and early 1960's of the role a student played in his own professionalization. But possibly due to the homogeneity of the student population and lack of supporting data in the field of adult socialization (of which professional socialization is one type), the types of individual characteristics students possessed, while in their role of socializee, were not studied by sociologists as effecting either their professional outcome or even more significantly effecting the profession itself.

Problem of Theoretical Integration

It is clear from the diccussion above that, an adequate theoretical model of professional socialization must include the following components. Students come from a variety of backgrounds and past experiences. These students interact with other students and socializing agents within the structure of an educational system that is representative of the larger professional organization. And, these students through the active role they have played in their own professionalization will have an effect on the profession.

Since no adequate theoretical model exist at this time to account for all aspects of the process cited above, the first theoretical problem is to develop a strategy of theory building. This would be based on the theories and results of previous professional socialization studies. A strategy developed for this purpose will be outlined in the next section.

Theoretical Model

The focus of this study is on individual professionalization. In entering at the individual level, one assumes two independent variables are operating that effect the process. The first, for lack of a better label, is the 'individual characteristic sets'. This includes types of individual characteristics the student population has that might interact with the process of professionalization. Sex, age, and ethnicity of a student are examples. And, in the case of individual professionalization, educational structure is the second independent variable. This is supported by Bucher and Stelling's (1977: 184) work. They found that the student's subjective experiences of development and mastery were interrelated phenomena that fall into the structural element of professional socialization.

Step one in developing a strategy for theory building is to decide which of the two independent variables to study first. Since this is a study of the nursing profession who chose to alter the educational structure as a means of innitiating change within the profession and, since the literature on adult socialization is not as developed as that on educational systems, it seems logical to begin with a study of the effects of the educational structure on professional socialization.

The suggested stepwise process would then follow as:

study the effect of educational structure on individual professional outcomes; secondly, study the effect of individual characteristic sets on individual professional outcomes; next, study the interaction of educational structure and individual characteristic sets in their effect on individual professional outcomes; and finally, study the effects of students' professional outcomes on the profession at an organizational level.

This research project will deal with step one. It is a study of the effects of educational structure on professional outcomes.

Why look at professional outcomes? Because the function of professional socialization is to transfer a layperson into a professional.

What are professional outcomes? Professional outcomes, or as speaking from the student's point of view, professional self definition includes two components-- professional commitment and identity.

Professional identity is the perception of one's self as a professional--a particular type of professional.

Professional commitment is the "positive involvement of an internal disposition" (Bucher and Stelling, 1977: 214).

Being committed to one's profession implies that one will give the activities and responsibilities associated with it relatively greater priority than other areas of

one's life (Safilios-Rothschild, 1971: 489-493). To the
extent that one's lateral adult roles are also of central
importance, the individual may experience conflict in the
assignment of priority. This interaction of professional
commitment with other types of adult socialization will be
addressed latter on.

It is the assumption of this study that professional
identity and commitment are so intricately intertwined as
to be inseperable.

An important intervening variable that aids in as-
sessing the impact of educational structure on a student's
professional self definition is a 'stage'. A stage is a
structurally defined point of progression. In undergrad-
uate professional programs, such as the two used in this
study, structural stages usually have a temporal dimmen-
sion. One obvious structural stage is year of study.

Based on the theoretical statements above, the level
of student exposure to the educational structure--stage--
should be reflected in the projected level of a student's
measurement on professional self definition. Furthermore,
this theoretical formulation predicts that an increased
exposure to the educational structure will produce higher
levels of a student's measurement on professional self
definition variables.

As stated previously, the professional educational
structure reflects the values and attitudes of the larger

professional community. So, to better understand the ed-
ucational structure in nursing it would be useful, at this
point, to switch to a brief review of organizational pro-
fessionalization in nursing.

CHAPTER III

ORGANIZATIONAL PROFESSIONALIZATION:
THE CASE OF NURSING

Discussing the process of organizational profession-
alization in nursing serves the purpose of presenting the
professional socialization process in the perspective of
a model of the professions. A related issue is whether
nursing is indeed a profession. That is important for this
study because Etzioni (1969) suggests that when a large
number of women are centered in one occupation it lowers
the autonomy and lessens the professionalization of that
particular occupation.

This 'semi-professional' status, as Etzioni labels
it, is a result of a dysfunction between appropriate
sexual roles and appropriate occupational roles. Many of
the issues raised by Etzioni's book are particularly ap-
plicable to the field of nursing because its population
is approximately ninety-eight percent women (American
Nurses Association, 1971: 86).

Particular concerns, such as, a lack of a sense of
careerism expressed in short term stays in the profession
and low priority given to one's occupational status have
definitely hampered the professionalization of nursing.
This is illustrated by Harold Wilensky (1964) in his

arguement that a historical cycle appears to be prevalent in most professions' development.

Historical Cycle

The cycle begins with an increase in science. This increase in science usually produces a similar increase in technology required of the profession. This creates a demand for state regulation and such control subsequently impacts on the professional educational system. Often this control acts to improve standards demanded in the teaching institutions and creates a need for advanced teaching skills. This improvement produces a better quality of professional education and such an increased need for an institution of higher learning to be involved in the educational process. With an increase in the amount and quality of education, more research is completed and the profession thus produces a larger body of professional knowledge. The increase in scientific knowledge impacts on the technology of the field and the cycle repeats itself.

This historical process has clear importance for the theoretical model of a profession designed by Bucher and Stelling discussed previously. The next section of this paper will outline the interrelationship of individual professionalization with the organizational level change. The following section will then use both the historical and theoretical model to explain the present status of nursing as a profession.

Bucher and Stelling's Model

Bucher and Stelling (1977: 21) suggest two sets of variables, structural and situational, to account for the different levels of analysis in socialization. Concepts perinent to the nature and organization of the particular profession under study and the social structure of the formal organization which 'processes' succeeding generations of professionals are categorized as structural variables. The second set of variables refers to social situations which are a function of--set up by--the larger structural variables included in the first category. These are labelled situational variables.

In discussing the structural variables, Bucher and Stelling (22) emphasize that the professions are a part of a process. The basic social unit which causes movement in a profession are named 'segments'. A segment is defined as a subgroup within a profession composed of individuals who share common professional characteristics and beliefs that distinguish them from other segments. Members of a segment share a specific professional identity and have similar ideas about the nature of the discipline and relative order of importance of activities it includes.

Professional communities exist outside the particular formal organization of training program. The larger formal organizations are linked to the training and set up

some constraints on the autonomy of those designing the
training program.

The next two major internal structural components
are the professional organization and the structure of
training programs. Bucher and Stelling hypothesize that
the structure of the training program is a function of
the nature of the professional organization. And, de-
pending upon the professional ideology, candidates would
be selected based on their suitability to professional
goals designated by these professionals. It would be
significant to distinguish if the professional organi-
zation represents one or several different segments.

Their findings also support the hypothesis that the
internal structural variables determine the nature of the
situational-interational variables.

The other major internal structural component is the
training program. It determines the kinds of professional
activities or roles in which a trainee engages, the types
of models approved and context of interaction with with
those models, and the nature of the peer group.

The trainee's participation in various categories of
activities would determine the outcome in terms of pro-
fessional identity, commitment, and career, but this
influence is not unidirectional. In the process of eval-
uating these factors, a trainee decides what he or she will
or will not adopt as a part of his or her professional

role.

Bucher and Stelling's model argues that an increase
in mastery emerging as a feature of the student's develop-
ment produces increased reliance on one's own judgement
thereby causing a decrease in one's dependency on external
sources of validation. The net result is that a student
becomes self-validating. Since mastery is transformed
into self-validation, there emerges an autonomous pro-
fessional who posses an unique professional identity and
level of commitment, while projecting a career strongly
reflecting the structural and situational aspects of his
or her training program.

A connection between student outcome and external
structural variables indicates the fact that a graduate
of any program provides feedback into the whole system.
In fact, change within the whole system is a result pri-
marily of the individual evaluatory process.

Nursing Placed in an Historical and
Organizational Perspective

The first national organization in nursing, as
Bucher and Stelling's model would identify as the pro-
fessional community--an external structural variable--
was in 1869 (Wilensky: 143).

Seven years latter, as a result of an increase
pressure of 'external structural variables', the first
state licensing law in nursing was passed. Another result

of this set of variables was the development of a program, in 1899, for graduate nurses in hospital economics at Teachers College, Columbia University. The purpose of this program was to prepare nurses for the increased demands of teaching and hospital administration.

The first collegiate nursing program opened at the University of Minnesota in 1909. Thus, as Davis indicates, nursing arrived very late into the university setting. This may be because "the subordinate position of the occupation, its reliance on expressive and succoring values, and its very historical beginnings confined to women" (Davis, 1966: 143). Davis continues that "as women, and moreover as vocationally oriented women, nurses were viewed by tradition bound universities as a group doubly unfit for whatever higher education had to offer" (143). However, the change in university philosophy from that of educating the gentleman scholar to a stress on the need to "serve the age" and, a simultaneous shift in nursing from being a vocation to the ideology of professional service meant that science and technical education became more acceptable.

One other criteria of a profession, the code of ethics, did not appear until forty-one years latter. Possibly this lag in time could be explained by the influences of external structural variables such as: hospitals, doctors, and traditional feminine roles.

The position taken here thus: Nursing at the present time is a profession in the process of developing. One of the methods of achieving a full professional status within the field is through the professional socialization of nursing students.

Now that this paper has briefly presented the profession of nursing in its historical and organizational context to better facilitate an understanding of the individual professionalization, especially the place of educational structures, the focus will shift to a discussion of the actual research methods used to gather and analyze data that pertains directly to the issue of individual professionalization.

CHAPTER IV

RESEARCH METHODS AND SAMPLE POPULATION

Chapter two outlined the theoretical problems in a study of individual professionalization and established a starting point for the construction of a comprehensive theoretical model of professional socialization. Chapter three then placed the theoretical problem into the context of the nursing profession. This chapter will attempt to transform the formal hypothesis that an increased exposure to the educational structure will produce higher levels of a student's measurement on professional self definition variables into a research design using nursing students as subjects.

The purpose of this research is primarily exploratory in nature. Therefore, a descriptive contingency model for analysis of data derived from a five page open-ended questionnaire administered in the Fall of 1978 to volunteer nursing students from Loyola and Illinois is appropriate.

Educational Structural Variables

The two university nursing programs selected as representative of professional educational structures are, as stated previously, Loyola and Illinois. Both schools are full accredited by the National League of Nursing and

are located in Chicago, Illinois. They both also have a
graduate school of nursing.

The reason, however, these two particular university
based nursing education programs were selected was because
of some basic structural differences in their programs
which serves, in this study, as the independent variable.
To assess these differences systematically, a scheme de-
signed by LeVine (1966) in his study of American colleges,
will be used to form a basis of comparison between the two
educational structures.

LeVine notes that there are six structural features
of educational institutions that effect or facilitate
change in the students' attitudes and values.

The first is student selection which is a multi-
stage process of self-selection and educational criteria
evaluation. Both Loyola and Illinois have similar entrance
requirements. With regards to self-selection, students
appear to have similar exposure to health care contacs
within their families and are representatives of similar
socio-economic status (Krause, 1971).

It is interesting to note that LeVine's second fea-
ture--isolation of students--deals with the issue of
heterogeneity at the institutional level. So, not only
does the researcher have to deal with variations of types
of individual characteristics but most also deal with
variations in institutional settings.

This brings up one of the first observable differ-
ences between the two educational structures. Loyola's
undergraduate nursing school is located on the Lakeshore
Campus. This campus houses primarily undergraduate stu-
dents in all fields of study. Students commute to the
Loyola Medical Center in Maywood for their clinical ex-
periences and some upper level nursing courses. But, all
other coursework is done at the Lakeshore Campus where
these students attend classes with students representing
a variety of other selected courses of study.

Illinois, in contrast, is located in the center of
a large medical complex and students attend classes pri-
marily with other students majoring in health care pro-
fessions.

A second major difference in the educational struc-
ture of Illinois, unlike Loyola, is the acceptance of
students only at sophomore level or higher. The student
body therefore, has a greater variety of educational ex-
periences upon entrance to the program. This structural
difference might account for an interesting statistical
difference between the two programs in regards to nursing
as a first choice of study. Loyola subjects report a
higher percentage (63 per cent) of them selected nursing
as a first choice of study, whereas, Illinois subjects
reported a significantly lower percentage (42.2 per cent)
had selected nursing as their first choice of study (ques-

tion 3).[3] Health care related fields such as premedicine, predental, and prevetenarian were the first choice of study for a large percent (26.7 per cent) of the Illinois subjects who indicated nursing was not their first choice of study (question 3A). This is much higher than the same category of subjects at Loyola (11.1 per cent). Is this possibly a result of accepting students only at sophomore level or **higher**? And, even more importantly, does this have an effect on the individual's professional self definition? This difference will be addressed in chapter five.

In regards to consistency of program goals, LeVine's third feature, both schools appear to have expressed similar educational goals. There also appears to be similarity, as far as this researcher could observe, in the two educational structures explicitness in values and role models--LeVine's fourth feature.

In looking for mechanisms in the educational structure that deal with LeVine's fifth and sixth feature--the opportunity to practice responses and provisions of both negative and positive sanctions as feedback--this seems to neatly fit into the structure of clinical experience for

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[3]These sample statistics are in reference to data compiled from the questionnaire which is included as Appendix B to this paper and will be referred to only by question number in the following text.

nursing students. And this is the second major structural differences between the two programs. Illinois trainees have three years of clinical experiences, as opposed to Loyola students, who have only two.

If one looks at the impact of role-playing on the development of an individual socializee's professional self definition, than one could theoretically postulate that an increase amount of role-playing will correlate with higher professional outcomes. Any effect of this structural difference must be looked for in the analysis of data.

This completes a discussion of the structural simularities and differences between the two nursing programs.

Stages

As stated previously, in undergraduate professional programs, such as Loyola and Illinois, structural stages or levels of exposure to the educational structure usually have a temporal dimmension. Year of study was selected as the operational length of exposure--the intervening variable--because this objective term can safely be assumed to have the same connotation to the researcher as it does to the subjects in the sample. By manipulating the variable 'year of study' this researcher can build some type of causal sequence into the research design.

Professional Self Definition Variables

The object of analysis in this study are variables that reflect the student's professional self definition. The five ways this will be measured are the student's anticipated: professional commitment; work commitment; educational goals; area of specialization; and best job.

The variable 'professional commitment' (question 22) attempts to assess how identified the student feels with the nursing profession. In precoded responses an obvious distinction is made between practicing as a professional nurse: only until assuming the role of wife and mother; or only as a path to a better position; or as a life-long occupation.

The second variable to measure a student's professional self definition is work commitment (question 24). This question attempts to differentiate between a student's commitment to a profession and a student's anticipated employment pattern. The reason for such a distinction is based on Davis' (1966: 152-153) findings in a study of nursing students. He discovered that there is indeed a difference between what he labelled "professional commitment and identity" and considerations of the place which the student is prepared to accord to nursing in her projected life scheme. Both variables are important and, to avoid accidently confusing the two types of commitment, they will be treated separately.

The third variable included in this section is the student's anticipated educational goals in nursing (question 9). Since nursing educators have defined higher education as an important factor in upgrading the professional status of nursing it would be interesting to observe how many students intend to pursue graduate education as a part of their professional identity and commitment to nursing.

The fourth and fifth variable, selected area of specialization (question 7) and projected best job (question 8) were specifically chosen to test the assumption that the educational structure--university nursing program--has an effect on what type of professional the student sees him or herself as becoming.

Sample Characteristics

A comparison of some of the basic descriptive characteristics of the student sample appear in Table 1 in Appendix A. Basically, the students represent an urban, white population with only a small representation of hispanics, orientals, or blacks. These statistics appear to match other professional socialization studies of undergraduate nursing students, such as, Olesen and Whittaker (1968) and Davis (1968).

The students' gender is approximately ninety-seven percent women. A large portion of the students have never been married (86.4 per cent). The age of respondents

is within the average range of undergraduates as a whole. A significant portion of the survey subjects report father's occupation in the category of 'managerial, technical, or professional' (39.7 per cent). And the subject mother is most likely to either be a housewife (31.5 per cent) or working in a clerical position (22.1 per cent).

The ethnic and religious composition of this group varies from other similar studies (Olesen and Whittaker, 1968: 84). A large part of the sample population reports to be Catholic (63.1 per cent). And, eastern european (20.2 per cent) followed by Irish (18.8 per cent) and western european (17.1 per cent) were the most often cited ethnic identification. This sample reflects the population characteristics of Chicago.

Chapter five will now present the results of this study.

CHAPTER V

RESULTS

The purpose of this chapter is to present the data compiled in this study. The first section will present variables applying to the student's professional self definition. The following section will present data on variables that are **informally** related to the educational structure.

Although each table will be discussed as it is presented, a more comprehensive summary of the results, as they relate to the theoretical model presented earlier, will follow in chapter six.

Professional Self Definition

The concepts of professional identity and commitment are considered together. The two components of a student's professional self definition will be tapped in five ways. They are: professional commitment; work commitment; educational goals; area of specialization; and, projected best job.

The first variable to measure a student's professional self definition is professional commitment (question 22). Table 2, on the next page, presents student responses by year of study to the question of: How long do you plan to practice professional nursing?

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TABLE 2.   YEAR OF STUDY BY PROFESSIONAL COMMITMENT

(PERCENTAGES)

| Professional Commitment | Year of Study | | | | | |
| | Sophomores | | Juniors | | Seniors | |
	Loyola (N=99)	Illinois (N=97)	Loyola (N=71)	Illinois (N=55)	Loyola (N=46)	Illinois (N=58)
Uncertain	12.1	13.4	12.7	33.8	23.9	29.3
Less than two years ...	0.0	0.0	1.4	0.0	2.2	0.0
Depends on family	27.3	14.4	11.3	13.4	21.7	6.9
Until better position ..	12.1	10.3	18.3	7.3	15.2	13.8
Always	48.5	61.9	56.3	45.5	37.0	50.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 2 shows that approximately 51.4 percent of all students in the sample say they will 'always' practice as a professional nurse. In comparing the results of each year to the average response rate above, it is interesting to note that the highest category for Loyola (56.3 per cent) is junior year, whereas, the highest response for Illinois (61.9 per cent) is sophomore year. These years represent the time that students first have clinical course work for each school respectively. Although the differences between responses is not that significant, it is interesting to again note that in the year of study following the first clinical experience, there appears a large dip in this response category at both schools. Loyola seniors drop to a 37 percent response in the category of 'always'. And, the category of 'uncertain' rises (23.9 per cent). Illinois juniors experience a similar dip in response to the category 'always' (45.5 per cent). They too have a rise in the category of 'uncertain' (33.8 per cent). This pattern seems to remain in the case of Illinois seniors.

At this point it would be appropriate to compare the students responses, by year of study, to the question of work commitment. This question was designed to measure how willing a student predicts she will be to work in her professional role while having children of three years of age or younger in the home (question 24).

TABLE 3. YEAR OF STUDY BY WORK WITH CHILD AT HOME

(PERCENTAGES)

Work With Child At Home	Year of Study					
	Sophomores		Juniors		Seniors	
	Loyola (N=99)	Illinois (N=97)	Loyola (N=71)	Illinois (N=55)	Loyola (N=46)	Illinois (N=58)
Uncertain	28.2	22.6	29.6	34.6	19.5	29.3
Yes	21.2	25.8	26.8	29.1	39.1	32.8
No	50.5	51.5	43.7	36.4	41.3	37.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 3 indicates that the longer a student is exposed to the educational structure the more willing that student to continue with the professional role while having children at home. This finding is supported by other **studies** done with nursing students (Olesen and Whittaker, 1968: 214).

Another interesting point that should be brought up here is that the mean percentage of students who responded 'yes' to working with a young child at home in Table 3 is 27.7 percent. This compared with the mean percentage of students who responded to seeing themselves practicing 'always' as a professional nurse--51.4 percent--is much lower. There appears to be a distinction made by the subjects in this study between professional and work commitment. This point will be picked up again latter in this paper.

The third **variable** to measure a student's professional self definition is the educational goals that he or she sets (question 9).

The most interesting category in Table 4 is educational goals--M.S.N.--where one might hypothesize that there is a clear relationship between the amount of role-playing --clinical experience--a student participates in and that student's educational goals in nursing. The sophomores from Loyola, who have no clinical experience, have the lowest percentage (26.3 per cent) of students interested

TABLE 4.   YEAR OF STUDY BY EDUCATIONAL GOALS SET

(PERCENTAGES)

| Educational Goals | Year of Study | | | | | |
| | Sophomores | | Juniors | | Seniors | |
	Loyola (N=99)	Illinois (N=97)	Loyola (N=71)	Illinois (N=55)	Loyola (N=46)	Illinois (N=58)
B.S.N.	24.2	7.2	11.3	25.5	6.5	18.9
M.S.N.	26.3	41.2	46.5	41.8	45.7	48.3
Ph.D. in nursing	4.0	8.2	5.6	1.8	4.3	3.4
Uncertain	45.5	43.3	36.6	30.9	43.5	29.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

in pursuing graduate nursing education, whereas the
Illinois seniors, those with the most clinical experience,
have the highest percentage (48.3 per cent) of students
interested in a graduate degree in nursing-master level.

The fourth and fifth variables selected as repre-
sentative of anticipated professional outcomes are the
student's selected area of specialization (question 7)
and the student's anticipated best job (question 8).
Since there is approximately equal representation of each
class stage in each educational structure category, the
tables will be condensed for these two variables to dis-
play only the university and not each year of study. This,
hopefully, will facilitate better visual perception of
the differences.

TABLE 5. UNIVERSITY BY SELECTED AREA
OF SPECIALIZATION (PERCENTAGES)

	University	
Area of Specialization	Loyola (N=216)	Illinois (N=210)
Uncertain	12.9	20.0
Administrative or teaching	1.4	2.9
Pediatrics	32.9	15.2
Obstetrics or gynecology	13.0	19.0
Psychiatry	0.5	2.9
Medicine	17.1	21.9
Surgery	11.6	8.6
Geriatrics	4.6	0.5
Intensive care, cardiac care, or emergency room	6.0	9.0
Total	100.0	100.0

With regard to Table 5, there appears to be a general trend for Loyola students to select pediatrics (32.9 per cent) as a specialty area, whereas Illinois students split predominantly between: medicine (21.9 per cent), uncertain (20.0 per cent), and obstetrics-gynecology (19.0 per cent). As a result of this table, there is some difference between the two educational structures with regard to students' selection of area of specialization. This is a part of the definition of professional identity discussed earlier in the theoretical model of professional socialization.

TABLE 6. UNIVERSITY BY PROJECTED

BEST JOB (PERCENTAGES)

Projected Best Job	University	
	Loyola (N=216)	Illinois (N=210)
Uncertain	34.7	37.7
Continuing education	1.9	0.5
Teaching	8.3	5.7
Staff nurse	12.5	12.4
Head nurse	18.1	7.1
Hospital administrator	11.1	9.5
Public health position	0.5	3.3
Midwife	2.3	5.2
Non-hospital employed	10.6	18.6
Total	100.0	100.0

Table 6 focuses on the students' projected best position in nursing. Again, this table is condensed into

two categories representing the two universities only.
In looking at Table 6, there appears to be a general trend
among both schools to have a certain percentage of the
subjects who project very little movement for themselves
in the work setting. A mean of 12.4 percent of both
schools see themselves as remaining in the staff nurse
role. A more subtle trend between the two schools is the
split between schools as to whether the student sees him
or her self remaining within the hospital structure or
moving into non-hospital settings. When asked about in-
nitial position, respondents replied hospital staff nurse
was their choice (67.1 per cent). But, as Table 6 indi-
cates, Illinois subjects do not predict that they will
stay in the hospital but interpret 'moving up' as 'moving
out'. Loyola students, on the other hand, see upward
movement in their profession with in the hospital structure.

Nursing As First Choice of Study

An issue brought up in the discussion of structural
differences between the two universities was the fact that
Illinois had a larger percentage of non-nursing first ma-
jors (26.7 per cent) as opposed to Loyola (11.1 per cent).
The question was asked if this was, first of all, a func-
tion of structural differences, and secondly, if indeed it
has any influence on the professional outcome of students.

In interviewing nursing educators at the Illinois
campus, it was verified that many of the students now

nursing majors had been in other professional school majors at the downstate campus. Students may have switched for many reasons but the most commonly cited reasons were that the time commitment in education was too long or the academic requirements were too difficult. Transfer with in the university from one campus to another is easier, in general, than transferring to another school, noted one nursing educator, so therefore, the students would wind up nursing majors at Illinois. Tables 7,8, and 9 attempt to assess if indeed the non-nursing majors in this study have different anticipated professional outcomes than those subjects who selected nursing as a major initally.

Table 7 looks at the relationship of nursing as a first major to educational goals of the student (question 9).

TABLE 7. NURSING AS FIRST MAJOR BY
EDUCATIONAL GOALS (PERCENTAGES)

Educational Goals	Nursing-First Major	
	Yes (N=225)	No (N=195)
B.S.N.	17.3	12.3
M.S.N.	38.2	43.1
Ph.D. in nursing	4.9	5.1
Uncertain	39.6	39.5
Total	100.0	100.0

There appears to be a slightly higher percentage of non-nursing first majors (43.1 per cent) interested in

obtaining a M.S.N. as opposed to the primary nursing majors (38.2 per cent). These results, however, are not as convincing as Table 4 which shows the relationship between educational goals set by the student and clinical experience.

Table 8 looks at the relationship between nursing as a first choice of study and work commitment.

TABLE 8.   NURSING AS FIRST MAJOR BY

WORK WITH CHILD AT HOME (PERCENTAGES)

	Nursing-First Major	
Work With Child At Home	Yes (N=225)	No (N=195)
Uncertain	23.1	31.8
Yes	22.2	34.4
No	54.7	33.8
Total	100.0	100.0

In this table there appears to be a significant (0.0002 level of significance--chi-square) difference between the two groups. Although it is difficult to relate this finding directly to the educational structure, it is an important difference in work commitment . Supporting this finding is the fact that, in Table 9--Nursing As First Major By Projected Employment Plan--non-nursing first major category again shows a higher work commitment than do first choice nursing majors.

TABLE 9. NURSING AS FIRST MAJOR BY PROJECTED
EMPLOYMENT PLAN (PERCENTAGES)

Projected Employment Plan	Nursing-First Major	
	Yes (N=225)	No (N=195)
Full time	20.9	32.2
Part time	57.8	41.0
Uncertain	21.3	26.7
Total	100.0	100.0

The large percentage of nursing-first majors who
plan to work part time (57.8 per cent) as opposed to full
time is slightly lower than the non-nursing first majors
who plan to work part time (41.0 per cent).

These findings suggest some of the informal ways the
educational structure, with regards to student selection,
can effect the professional outcomes of its student body.

Individual Characteristics

It was clearly stated in the definition of profes-
sionalization that individual characteristics are an im-
portant part of the professional socialization process.
Although this study focused primarily on the effects of
educational structures on professional outcomes, it is of
interest to look at this same group of students and com-
part the effects of types of individual characteristics
to the effects of the educational structure on the same

variable.

TABLE 10.   ETHNICITY BY WORK WITH

CHILD AT HOME (PERCENTAGES)

Ethnicity	Work With Child At Home		
	Uncertain	Yes	No
Irish (N=80)	33.8	16.2	50.0
Eastern european (N=86)	30.2	27.9	41.9
Western european (N=73)	21.9	31.5	46.6
Southern european (N=42)	26.2	26.2	47.6
Brittish (N=10)	20.0	30.0	50.0
Oriental (N=12)	16.7	16.7	66.6
Hispanics (N=15)	20.0	26.7	53.3
Afro-americans (N=14)	14.3	64.3	21.4
Other (N=94)	26.5	30.6	42.9

It is interesting to note that afro-americans have
a significantly higher (64.3 per cent) percentage of stu-
dents who are willing to work and at the same time have
children. One could argue that this is a good example of
other types of adult socialization interacting with pro-
fessional socialization. It is also of interest that the
trend noted earlier with regard to educational exposure
and work with a child at home that, sophomores had the
lowest percentage of those willing to do both at the same
time. Ten of the black students who make up the above
statistic are sophomores. Therefore, despite the trend,
in general, the black students in this study are more
willing to work and raise a family at the same time.

This concludes the presentation of data results.

CHAPTER VI

CONCLUSIONS

The focus of this study is on individual profession-
alization occurring during the training period. The unit
of analysis is educational structure, in this case, two
structurally different collegiate nursing programs. And,
the object of analysis--individual professional outcomes--
is measured in terms of students' projected: professional
commitment, work commitment, educational goals, area of
specialization, and occupational placement.

In this study, work commitment relates to the ques-
tion as to whether a student would be willing to concur-
rently work in her professional role while assuming the
role of wife and mother. Although Table 3 indicates that
the longer these students are exposed to either education-
al structure the more willing the students are to continue
to work while having children, Tables 8 and 10 show a
sharper contrast in differences between those that respond
ed in each category. This suggests that work commitment
is less likely to directly relate to the students' de-
finition of the profession--a function of the educational
structure--and relate positively to a different set of
variables--individual characteristics. A student's set
of individual characteristics such as ethnicity, sex, and

age.

The idea of work commitment being independent of the professional commitment of a student, as discussed in chapter four, seems to hold true for the subjects in this study. Students have a much higher professional commitment than they do work commitment at this point in their professional socialization.

Bucher and Stelling briefly discuss the women trainees in their study who sought out career options that would allow them to deal with both the role of professional and the role of mother (216). But, as to how these individual characteristic sets interact with the professionalization of the student is not accounted for directly in their model or any other.

The results of this study suggest that these students' educational goals are affected by the amount of clinical experience--role-playing--they participate in as specified by the educational structure. These results might be interpreted in the Bucher and Stelling model as a higher professional commitment on the part of students with more clinical experience as a result of an increased sense of mastery; but results might also be interpreted as the students' definition of nursing includes more education as the student has more contac with role models who have a higher degree in nursing.

How these students define a professional self,

that is, what area of specialization and placement, varies with the two university programs as compared with each other in Table 3. This might relate to the type of spe-ialized skills and knowledge each university setting stresses with students. Also, anticipated professional placement, Table 4, shows a subtle difference between the two programs. Loyola students see movement upwards with-in the hospital structure, whereas Illinois students equate 'moving up' as 'moving out'. There is some similarity in the trend of Illinois students and a more general trend identified by Davis (1966: 162) of bacca-laureate degree nurses retreating from hospital work. Here too, seems to be a difference between the two ed-ucational structures that relates to the knowledge and skills acquired by students during the professionalization period.

As stated in the Introduction of this paper, one of the goals of this research project was to assess the value of individual professionalization models developed in interpreting my results. It appears that work commitment, as opposed to professional commitment, could be placed in LeVine's scheme under the first criterion--student selection Therefore, on of the major ramifications in the transi-tion of nursing education into the university setting is an alteration in the student selection process. An example is an increase in the heterogeneity of student character-

istics cited (cf. Table 1) and as a trend in professional
socialization. But, although it fits neatly under the
heading of student selection, it would appear from the
definition of professional socialization used in this
paper that, individual professionalization, as only one
type of adult socialization occurring simultaneously with
other types, is directly affected by two independent var-
iables, one of which is the individual characteristics of
a student.

This paper only focused on the first set of inde-
pendent variables. It becomes obvious when one begins to
discuss work commitment, an important part of any occupa-
tional structure, the latter set of variables becomes
important. A case in point is nursing. The issue of lead-
ership in nursing has been directly linked to the bacca-
laureate nursing program. It is the assumption of the
American Nurses Association that the role of college-pre-
pared nursing graduates is one of leadership in nursing.
This is not the case, as noted by David (1966: 174).
Although these students have spent four years in a univer-
sity setting, they still maintain traditional values with
regards to a work commitment.

It is interesting to note at this point that, al-
though black nurses make up only five percent of the pop-
ulation of baccalaureate nursing graduates (American Nurses
Association, 1971: 70), black women, as evidenced in this

study and others, have a much higher work commitment than any other ethnic group. So, although the decision to move nursing education into a university setting to upgrade its professional status is based on sound theoretical principles, it may still not, as an occupation, be able through this move alone to obtain professional status. Many of the nursing profession's difficulties, such as lack of careerism, are a function of cultural rather than educational structures and will not change until the larger social system does.

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APPENDIX A

TABLE 1.   STUDENT SAMPLE CHARACTERISTICS (PERCENTAGES)

Attribute	Sophomores Loyola (N=99)	Sophomores Illinois (N=97)	Juniors Loyola (N=71)	Juniors Illinois (N=55)	Seniors Loyola (N=46)	Seniors Illinois (N=58)
Gender						
Female	96	96	99	92	98	98
Male	4	4	1	8	2	2
Marital status						
Single	99	85	84	91	92	81
Married	1	12	13	9	4	19
Divorced	0	3	3	0	2	0
Widowed	0	0	0	0	2	0
Age (years)	19	20	20	21	21	21
Religion						
Protestant	7	21	11	26	13	21
Catholic	83	55	80	42	70	38
Jewish	3	2	0	16	2	10
Other	7	12	8	16	15	31
Ethnicity						
Irish	26	13	27	17	21	14
E. European	19	15	32	21	23	25
W. European	19	21	14	14	16	25
S. European	16	10	7	5	7	12

Table 1-Continued

Attribute	Sophomores		Juniors		Seniors	
	Loyola	Illinois	Loyola	Illinois	Loyola	Illinois
Ethnicity (continued)						
Brittish	2	3	1	2	5	2
Oriental	5	4	0	5	0	2
Hispanic	4	4	3	2	7	2
Afro-american ..	2	9	3	2	3	0
Other	6	20	13	31	18	17
Father's Occupation						
Farm-service ...	6	5	0	2	0	5
Operative-laborer	17	29	21	22	15	17
Crafts	15	12	10	9	15	17
Clerical	2	1	3	0	5	0
Sales	8	2	8	4	8	5
Technical-Managerial -professional ..	45	47	52	55	46	47
Health care	6	4	5	7	10	8
Mother's Occupation						
Housewife	32	39	35	19	32	45
Farm-service ...	2	3	2	10	5	6
Operative-laborer	4	5	7	7	2	2
Crafts	1	0	0	0	0	0
Sales	4	2	4	0	2	4
Technical-Managerial -professional ..	15	12	11	29	23	14
Health care	16	17	14	5	5	14
R.N. contac						
Mother	13	15	9	10	8	26
Relative	20	18	25	22	20	14

Table 1-Continued

Attribute	Sophomores		Juniors		Seniors	
	Loyola	Illinois	Loyola	Illinois	Loyola	Illinois
R.N. contac (continued)						
Friend	33	32	36	28	32	51
Work	13	17	10	12	3	5
Other	0	0	2	0	0	0
None	21	18	17	27	36	5
First Major						
Nursing	67	54	55	34	66	37
Health care	14	26	12	29	7	30
Physical sciences	2	7	14	15	7	7
Education	8	4	5	5	2	0
Social sciences .	3	0	3	5	2	7
Humanities-business	5	9	10	11	15	19

APPENDIX B

NURSING STUDENT QUESTIONNAIRE

PLEASE ANSWER AS MANY QUESTIONS AS YOU ARE ABLE. THANK YOU
FOR YOUR COOPERATION.

1. What university are you presently enrolled in? _____

2. Before entering this university's nursing program did
    you know any person(s) who is a registered nurse?

                                    yes 1
                                    no 2

IF "YES":
    A. How did you know this person(s)?
    B. Did this person influence your choice to become
        a nurse?

                                    yes 1
                                    no 2

3. Was nursing your first choice of study?

                                    yes 1
                                    no 2

IF "NO":
    A. What was your first choice of study? _____

4. What would you say was the major influence on you to
    choose nursing as a major?

5. Other than as a nursing student have you worked in a
    hospital setting?

                                    yes 1
                                    no 2

IF "YES":
    A. What was your position title? _____
    B. How long did you work in that position? _____

6. After completing your B.S.N., what type of position in
    nursing do you plan to seek innitially?

7. What field of nursing are you interested in?

8. What would you say your best job in the future will be?

9. Do you plan to attend graduate school in nursing?
    no 1   Ph.D. in nursing 3
    M.S.N. 2   uncertain 4

IF "YES":
    A. Why would you obtain a graduate degree in nursing?

10. What do you see as the benefits of practicing as a professional nurse?

11. What would you say is the major influence for your answer to question 10?

12. What problem(s) do you anticipate in your first year post-graduation practicing as a professional nurse?

13. What would you say is the major influence for your answer to question 12?

14. What do you think your university's nursing program is doing that may <u>help</u> your preparation as a professional nurse?

15. What do you think your university's nursing program is doing that may <u>hinder</u> your preparation as a professional nurse?

16. Have you already had or at present taking clinical courses in the hospital setting?

IF "YES":
    A. What would you say the role of the staff nurse is as you have observed it in the hospital setting?

    B. Who do you think is chiefly responsible for defining the staff nurse's role?

    C. How does the role of the hospital staff nurse <u>correspond</u> with the way you think the role <u>should</u> be defined and carried out?

    D. How does the role of the hospital staff nurse differ with the way you think the role <u>should</u> be defined and carried out?

    E. What would you say are the chief influences for your answer to the above questions? (16A through 16D)

17. At some hospitals the graduate nurses who are most
    successful are the ones who are realistic and practi-
    cal about their jobs rather than the ones who attempt
    to live according to idealistic principles about
    serving humanity.
    Do you think this should be true of all nurses?
    strongly agree 1   disagree 4
    agree 2   strongly disagree .. 5
    undecided 3

18. When a supervisor at a hospital considers a graduate
    for promotion one of the most important factors is
    length of experience on the job. Do you think this
    is what supervisor's should regard as important?
    strongly agree 1   disagree 4
    agree 2   strongly disagree .. 5
    undecided 3

19. All graduate nurses in a hospital spend, on the average
    at least six hours a week reading professional journals
    or taking refresher courses. Do you think this should
    be true of all nurses?
    strongly agree 1   disagree 4
    agree 2   strongly disagree .. 5
    undecided 3

20. Do you belong to any professional organization related
    to nursing outside the university's nursing department?
                              yes 1
                              no 2

IF "YES":
    A. What is the name of the organization?

21. You are a nursing student working in a hospital setting.
    In reviewing the nursing care plan of a patient you are
    assigned to you disagree on one of the approaches listed
    What do you do?

22. Do you plan to practice professional nursing:
                    for less than two years 1
                    until you are married 2
                    until you have children 3
                    as a life-long occupation 4
                    until a better position 5
                    uncertain 6
                    other (specify) _____ 7

23. Do you plan to be employed from the time you graduate until you retire:

    on a full-time basis 1
    on a part-time basis 2
    plan to work intermittently ... 3
    uncertain 4
    other (specify) _____ 5

24. Would you work while having children less than three years old at home?

    yes 1
    no 2
    uncertain 3

25. Do you believe the role of a professional nurse in general is changing?

    yes 1
    no 2
    uncertain 3

26. Why do you feel the way you do about question 25?

27. What is your age? _____

28. What is your sex? _____

29. What is your religious preferences? _____

30. What is your father's occupation? _____

31. What is your mother's occupation? _____

32. What is your ethnic background? _____

33. What type of living accomodations do you have? _____

34. How much education has your father obtained? _____

35. How much education has your mother obtained? _____

36. What is your racial identification? _____

37. What year of study are you in? _____

38. Any comments you wish to add?

APPROVAL SHEET

The thesis submitted by Karole Schafer Heyrman has been read and approved by the following committee:

       Dr. Robert McNamara, Director
       Professor, Sociology, Loyola

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

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

Dec 10, 1979
Date   Director's Signature

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