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BACCALAUREATE NURSING EDUCATION; GENERIC AND
CAREER MOBILITY GRADUATES, LEADER BEHAVIOR
ORIENTATION AND PROFESSIONAL COMMITMENT.

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THE UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

BACCALAUREATE NURSING EDUCATION: GENERIC AND CAREER
MOBILITY GRADUATES, LEADER BEHAVIOR ORIENTATION
AND PROFESSIONAL COMMITMENT

A DISSERTATION
SUBMITTED TO THE GRADUATE FACULTY
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degree of
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BY
CHARLOTTE COOLEY RAPPSILBER

Norman, Oklahoma

1979

BACCALAUREATE NURSING EDUCATION: GENERIC AND CAREER
MOBILITY GRADUATES, LEADER BEHAVIOR ORIENTATION
AND PROFESSIONAL COMMITMENT

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BACCALAUREATE NURSING EDUCATION: GENERIC AND CAREER
MOBILITY GRADUATES, LEADER BEHAVIOR ORIENTATION
AND PROFESSIONAL COMMITMENT

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The purpose of this study was to examine the relationships between degree type, professional commitment and leader behavior orientation among graduate nurses from generic baccalaureate and career mobility degree programs in nursing. The overall perspective for this inquiry was socialization theory, specifically, the concepts of professional socialization and leader behavior.

Professional commitment, leader behavior orientation and selected social, educational and employment variables were determined in 224 baccalaureate degree nurses from 54 counties in Texas through a mailed survey questionnaire. An index was developed by the researcher and used as an indicator of professional commitment. The Behavioral Orientation Profile was modified to measure change agent and administrative behaviors, as types of leader behavior orientation.

The data for the variables investigated were obtained through relevant questionnaire items.

The major findings of this investigation were: (1) professional commitment and degree type was significantly related-career mobility degree types were more likely to be high in professional commitment than generic baccalaureate degree types; (2) leader behavior orientations, both change agent and administrative, were similar between the degree types; (3) leader behavior and professional commitment exhibited a positive relationship; and (4) career mobility degree types were older, more often employed in education, and more likely to possess master's degree than generic baccalaureate degree types.

BACCALAUREATE NURSING EDUCATION: GENERIC AND CAREER
MOBILITY GRADUATES, LEADER BEHAVIOR ORIENTATION
AND PROFESSIONAL COMMITMENT

CHAPTER I

INTRODUCTION

The Problem and Its Setting

Career mobility for nurses has been a major issue in nursing education for the past 25 years. This issue has intensified in the past ten years as a function of the educational pressure for upward mobility among nurses. Many registered nurses are seeking a baccalaureate degree in order to advance professionally. The position taken by the American Nurses Association (ANA) to require the baccalaureate degree as the minimum entry standard for new nurses entering professional practice after 1985 has provided further impetus for seeking the degree.

Career mobility and opportunities for life-long learning are educational goals which have contributed to the increased demand for opportunities to obtain a baccalaureate

degree without needless roadblocks or repetition of past nursing content coursework. The ANA resolved that there should be access to high-quality career mobility programs which utilize flexible approaches for nurses seeking advanced preparation ("American Nurses Association Convention 78," 1978). However, this conflicts with both assumptions and educational practices of many nurse educators. Thus nurse educators have contributed to the difficulties and frustrations encountered by registered nurses desiring baccalaureate degrees.

One major assumption is that professional role socialization cannot be obtained by addition onto technical role socialization (Lenberg, 1974; Hartwig, 1972; Hover, 1975) and that change must be facilitated by restructuring the socialization process from a reentry point. According to this perspective, learning the professional nurse role can be accomplished primarily, and perhaps solely, by completion of a generic baccalaureate program in contrast to a career mobility program. Concern about the success of professional socialization in nursing has been voiced frequently (Sheehan, 1972; Hartwig, 1972; Lenburg, 1974). Its importance is recognized, but whether it is internalized, and if so, by what process is a cogent question. Thus the issue of modification of professional socialization for career mobility nurses has not been subjected to empirical study.

Related to this assumption is the premise that baccalaureate nursing education can be professionally sound only

if upper division nursing content is built upon a liberal arts base. To illustrate, a prominent nurse educator in an address at the National League for Nursing (NLN) Open Curriculum Workshop at Denver in February, 1976, included the statement that generic nursing education with nursing content at the upper division level was the single best way to educate nurses, and that all other approaches were of lesser quality, produced inferior products and lowered educational standards. This is significant in that an influential nursing educator associated with the NLN felt confident in expressing this position at a meeting for nurse educators interested in promoting career mobility. Participant reaction to the statement was vehement in its opposition. Dr. Carrie Lenburg, a nurse educator from the New York External Degree Program and author of a book about open curriculum and career mobility, responded to the statement by proposing that an objective investigation of the assumption of the superiority of generic baccalaureate education would clarify this major issue in nursing education. This conflict between the generic and career mobility proponents stimulated interest for this investigation.

The assumptions behind the generic proponents' position have not been documented. Comparative studies of career mobility baccalaureate graduates with those from a generic program are rare, while the beliefs about the superiority of generic programs are promulgated as if they were based upon fact.

These beliefs are based on a presumed dichotomy between nursing theory and technical skills and the assumption that theory must always be learned before mastering the technical skills. This notion was challenged by McClure (1976), who stressed the importance of "doing" (technical skills) as primary before emphasis is placed on "knowing" (theory). McClure suggested that nursing education, in its zeal for professional status, has emphasized the theoretical aspects of patient care at the expense of the technical skills necessary for patient service. This neglect, according to Gamer (1979), is propagated by nursing ideologies to which generic baccalaureate students are exposed as undergraduates, yet not in the interests of the practicing nurse (Gamer, 1979). While the distinctions in theory versus practice orientation seem very clearcut to nursing educators engaged in advancing the level of nursing education, they have little effect in advancing nursing practice. Similarly, the distinctions between generic and career mobility graduates may seem clearcut to nurse educators, but indistinct in the literature and in nursing practice. The downgrading of career mobility education may not be in the best interests of the profession.

It is likely that the career mobility nurse with a background of experience in nursing practice and subsequent education at the baccalaureate level may certainly equal, even outperform, the generic baccalaureate nurse in measures of professional competence. The career mobility baccalaureate

nurse may also demonstrate a professional commitment equal or beyond that of the generic baccalaureate nurse. The decision to acquire advanced professional training suggests considerable professional commitment. In addition, it may be that overall leader behavior patterns unique to the professionally committed nurse will surface as a partial explanation for their persistent upwardly-mobile orientation.

In brief, controversy surrounds the baccalaureate education of nurses trained in generic versus career mobility programs. Traditionally, generic graduates have been viewed as superior as a consequence of a more protracted socialization during early adulthood. They were expected to assume leadership roles in nursing and represent the elite, professionally committed group within the field.

Most recently, career mobility graduates have challenged the assumptions underlying this perspective. Nursing educators advocating the career mobility alternative to baccalaureate nursing education view the efforts necessary to secure additional education as evidence of significant commitment. Thus, career mobility graduates should be amply qualified for leadership in nursing.

The research described in this dissertation was directed toward an exploration of some premises relevant to the comparison of generic and career mobility graduates. Specifically, leader behavior orientation and professional commitment of generic and career mobility students are described and

compared. Analysis and explanation of similarities and differences between graduates of the different programs was the major purpose of this study.

The Research Question

Statement of the Problem

The research question asked was: What is the relationship between leader behavior, and professional commitment for generic versus career mobility degree nurses. The study focuses on four major aspects of the problem:

1. the distribution of social and educational characteristics of nurses with different degree types;
2. the professional commitment indices of nurses with different degree types;
3. the leader behavior orientations of nurses with different degree types; and,
4. the relationship between professional commitment and leader behavior orientations of nurses with different degree types.

Delimitations of the Study

The study was limited to a population of registered nurses in the state of Texas possessing baccalaureate degrees in Nursing. The subjects included were voluntary respondents from those registered nurses who were employed full-time in counties selected to represent the variety of geographical and population areas of Texas. Social and educational characteristics were limited to self-reported information

requested in the questionnaire. Professional commitment indices were limited to professional values and related factors specifically requested of the respondents. The leader behavior orientation was determined by the subjects' reported perceptions of their own leader behavior style in their current position and was measured by the Behavioral Orientation Profile (BOP).

Limitations of the Study

The results of this investigation are limited by question selection, instrumentation and population as follows:

1. the questions included in the questionnaire represented a portion of the possible inquiries related to the variables studied. Extraneous variables pertaining to age, ethnicity, socio-economic status, university attended, or amount of college credit received, which may have influenced the findings were not investigated in this study;

2. the indicators of professional commitment represented a selection of possible indicators suggested by the literature review. No provisions were made for an analysis of factors other than those specifically requested;

3. the BOP scale was not a standardized instrument and there were no validity or reliability statistics available for its use as a measure of change agent behavior.

4. the results are limited to the population of degree nurses (N=2290) from 54 selected counties and, therefore, generalizations to other populations should be applied with caution.

Hypotheses

Prior to the data gathering phase of this investigation, research hypotheses were formulated to provide direction for development of the research design and a basis for analysis of the results of the study. Theoretical concerns and literature review during the initial phases of the investigation suggested the two degree types would exhibit more similarities than differences and led to the formulation of the following research hypotheses:

Hypothesis one. There are no differences between generic baccalaureate (GB) and career mobility (CM) degree graduates in measures of selected social educational and employment variables;

Hypothesis two. There are no differences in professional commitment indices between degree types;

Hypothesis three. There are no differences in measures of leader behavior orientation between degree types; and,

Hypothesis four. There is a positive relationship between leader behavior orientation and professional commitment among degree types.

Null hypotheses were formulated for performing statistical analysis and are included in the analysis section. The purpose of the statistical tests were to describe the data more explicitly and not to generate inferences about cause and effect or generalize to larger populations.

Need for the Study

Although increasing numbers of nurses are attaining the baccalaureate degree, the larger proportion (75%) continue to be educated in associate degree or diploma programs (Rowland, 1978). The responsibility of the nursing profession to provide avenues for attainment of baccalaureate education has emerged as a result of the ANA position (see page 1). In assuming this responsibility, the profession must afford nurses the opportunity to realize high priority educational goals, satisfy societal expectations and fulfill professional standards for baccalaureate education. The need for research on the effects of different educational avenues and the effects of those approaches on the leadership behavior and professional commitment of graduates has become essential for maintaining and upgrading professional standards.

Synthesis of findings from this study could result in increased skill by nurse educators in developing teaching strategies and selecting learning experiences appropriate to educational goals. Practitioners who are ready to move into professional nursing, as defined by the ANA, and perform confidently at a level with other professions are desperately needed to meet the health challenges of tomorrow.

Definition of Terms

General Terms

The following theoretical definitions represent a synthesis resulting from experience, literature review and are

drawn from a variety of sources.

Administrative Behavior. A leader behavior aspect characterized by directing, organizing and maintaining the status quo in an organization (Lassey, 1973; Lipham, 1964; Havelock, 1973).

Career Mobility. The designation for movement from one level to another in an occupation. Specifically, movement from technical nursing (associate degree or diploma) to professional nursing (baccalaureate degree).

Career Mobility Baccalaureate Nursing Degree (CM). A degree in nursing obtained following an initial diploma or associate degree program leading to RN licensure. The baccalaureate degree may be gained through a special program developed for RNs only or through a program developed parallel to a generic program (q.v.).

Change Agent Behavior. Behavior characterized by risk-taking, creativity, flexibility and spontaneity (Kramer, 1974; Grossman, 1974; Havelock, 1973).

Generic Baccalaureate Nursing Degree (GB). A degree in nursing obtained by completion of a four- or five-year college or university program in nursing leading to eligibility for RN licensure.

Leader Behavior. Behaviors characterizing the patterns of an individual's interactions in situations requiring leadership action (Lassey, 1973; Browne & Cohn, 1958).

Professionalism. "An ideology and associated activities

that can be found in many diverse occupational groups where members aspire to professional status" (Vollmer, 1966, p. viii).

Professional Commitment. Acceptance and identification with professional goals, norms, and values and consistency in this behavior (Hall, 1968; Becker & Carper, 1966).

Professional Values. The attitudinal dimension of professional commitment consisting of adherence to the professional organization's goals, professional reading and beliefs about the profession (Hall, 1968; Becker and Carper, 1966; Brim & Wheeler, 1966).

Socialization. The process by which persons acquire the knowledge, skills and attitudes that prepare them for their roles in society (Clausen, 1968).

Operational definitions were developed before the data collection phase of this study and are presented in Chapter III.

Organization of Subsequent Chapters

A review of the literature is presented in Chapter II. Major areas of theory, research and related literature relevant to leader behavior, professional commitment and type of education are included. A theoretical framework is developed to form the organizing structure for the formulation of hypotheses, data collection strategies, and analysis and interpretation of the data.

Chapter III presents the design and methodology of the study. Descriptions of the Professional Questionnaire and

the Behavioral Orientation Profile developed for data collection, sampling procedures, treatment of the data and statistical procedures for data analyses form the contents of this chapter.

The results of the study are presented in Chapter IV with findings related to the research questions asked. The summary, conclusions and recommendations are found in Chapter V.

CHAPTER II

REVIEW OF THE LITERATURE

Organization of the Chapter

This chapter is divided into five major sections:

(1) an overview of perspectives relevant to undergraduate nursing education; (2) the central dimensions of the socialization process with reference to professional socialization in general and professional socialization in nursing in particular; (3) the conceptual basis of professional commitment in general and in nursing in particular; (4) an overview of leadership theories with specific reference to change agent and administrative type behaviors as they relate to professional nurse leader behavior; and (5) a synthesis of the concepts reviewed into a theoretical perspective for this study.

Generic and Career Mobility Perspectives in Nursing Education

The philosophy undergirding nursing as a career and nursing education is derived from the broad goal of direct

involvement in all aspects of the health care of mankind (Murphy, 1978). Currently, most nursing theorists view technical and professional nursing as functionally and educationally different with the technical nurse (the associate degree or diploma graduate) concerned with routine prescribed patient care management, while the professional nurse (a baccalaureate degree graduate) is concerned with a broader use of scientific knowledge. This may be in terms of scientific inquiry, community involvement or leadership in nursing education or practice (Murphy, 1978). These two different forms of nursing practice and approaches to nursing education have resulted in continuing problems of educational mobility for nurses seeking to advance from technical to professional nursing. The educational transition between the program types has often produced artificial barriers and restricted the individual nurse from achieving goals consonant with abilities (Lysaught, 1979).

At all levels of education, a movement has developed to view learning as a lifelong process for all Americans ("The Learning Society," 1973). The conviction has grown that individuals have a right to achieve their highest academic potential regardless of age or current occupational status, and that education should not be restricted as a privilege for those under twenty one years of life. This movement places the responsibility on educators to increase flexibility in curriculum, to eliminate stereotypes about learners, to reduce

rigidity in educational programs and to allow for more individual variation. Consequently, an interest in career mobility has been notable in education. Lenburg (1975) defines "career mobility" as:

. . . a general category that designates movement from any one level to another in an occupational field. As such, it may refer to a range from the lowest to the highest levels of preparation. It usually refers to movement in an upward direction, although it also may designate lateral mobility. (p. 26)

Career ladder is often confused with both open curriculum and career mobility, but a career ladder is only one type of open curriculum approach to achieve career mobility. The aspects of career mobility reviewed in this chapter will be specific to nursing although within the context of the trends in education that have exerted pressure on nursing to reconsider patterns of education.

Background of Career Mobility in Nursing

Prior to the early sixties, degree-seeking RNs encountered a variety of limited career mobility options. Programs were operating that led to the baccalaureate degree that were usually separate and distinct from the generic degree programs. Efforts were made to provide educational avenues for RNs with a minimum of repetition and varying contact with generic students. Some programs were for RNs only while other programs had a portion of courses with generic students and some with RNs only (McDonald, 1964). However, in 1963 the National League for Nursing Department of Baccalaureate and Higher Degree Programs (DBHDP) terminated these special programs and

provided no alternative for the RN, except to enroll in a generic baccalaureate program to challenge or repeat courses. The associate degree, as originally conceived by Montag (Montag & Gotkin, 1959), proposed that the basic differences between associate degree education and baccalaureate education in nature, scope and purpose precluded a ladder approach permitting mobility from one program to another. The associate degree in nursing was envisioned as a terminal degree. At this time, the assumption that an RN or ADN could never develop a BS approach to thinking was propagated and rapidly became a conviction among many nursing educators. This stereotype still lingers as a primary factor inhibiting the acceptance of career mobility approaches in nursing (Bensman, 1977). The assumption that the AD and diploma programs are terminal programs and not a viable basis for the advanced or baccalaureate degree serves to prevent educators from considering the needs of those graduates. However, many concerned educators view this as creating an artificial barrier for nurses, a deleterious influence on nursing education, as well as a waste of time and energy (Lenburg, 1975; Lysaught, 1960, 1979). Over 50 percent of associate degree graduates plan to attain a baccalaureate degree eventually, and RNs comprised 13 percent of the baccalaureate population in 1976 (Rowland, 1978).

The NLN (1975) responded to the career mobility trend in education and to the clamors of degree-seeking RNs by endorsing the open curriculum concept in 1970 and inviting a

sample of 51 nursing schools to participate in an exploratory project. Four national conferences were held and several publications emerged, but with no predominant model or recommendation for the most effective career mobility approach, although many different methods were explored and discussed.

Two hundred or more programs with RN baccalaureate avenues to the degree have developed since the Open Curriculum Project was initiated, using a variety of career mobility approaches (Career Mobility Programs Directory, 1977). Some developed career ladder or "two plus two" programs, others developed upper level programs for RNs only, parallel with generic programs or in universities with no generic program. The option to challenge or repeat courses in a generic program remained in many instances as a less than attractive alternative for RNs. The success rate of this alternative has been dismal with less than one-third of the RNs enrolling in the programs eventually graduating and the enrollment decreasing yearly as RNs become disillusioned (Petrone, 1978). The enlightened educators who have articulated lower and upper division nursing courses are often viewed as incompetent, at best, and traitors to professional nursing, at worst.

Articulation procedures used by career mobility programs are required to have criteria, each supported by a rationale, according to NLN specifications. However, no guidelines are given as to what an acceptable rationale is. Accreditation was seldom discussed during the open curriculum

conferences. Less than 10% of career mobility programs are accredited and the NLN position toward the RN has seemed relatively unchanged since the open curriculum project (Career Mobility Newsletter, 1977). The fear that career mobility graduates will somehow tarnish the image of nursing remains in the minds of many (Lenburg, 1975).

Such has been the status of the RN in the esteem of the leaders in nursing education in spite of the rhetoric about improving the quality of patient care, developing innovative health delivery in a changing society and upgrading the status of nursing. Gamer (1979) views these as conflicts of professional ideology and movements from the central tasks and interests of nursing, nursing practice.

Research Relevant to Career Mobility

Comparative research has failed to demonstrate marked differences between graduates of different types of nursing education programs, even among diploma, associate degree, and baccalaureate graduates (Richards, 1972; Hartley, 1974; Bruegel, 1969; Alluto, et al., 1971). This suggests an elitist attitude may be based on false assumptions, and that if there are few demonstrable differences between graduates of any type of program, there may be no reduction in nursing's professional image by career mobility graduates.

Some differences found among the various types of graduates appear to be related to practice area choices and levels of satisfaction. Hover (1975) found generic bacca-

laureate graduates to be most satisfied with their education and more likely to seek employment outside the hospital system. However, Hill (1970) found BSN nurses lower in both satisfaction with education and in job satisfaction and diploma nurses most satisfied with both job and education. Ware and Albert (1976) found that nursing directors in Oklahoma appeared to utilize graduates of the three types of nursing programs without regard for type of educational preparation in initial assignments. However, opportunities for promotion and administrative positions were often limited to holders of the baccalaureate degree. No efforts were made to differentiate between the two routes for obtaining a baccalaureate degree, generic or career mobility.

Brand (1967) studied generic baccalaureate and career mobility students at the University of Virginia and found more similarities than differences between the two types of students in terms of knowledge base, dominant personality characteristics and the ability to deal with abstract ideas.

The professional resistance by some educators to the career mobility approach was explored by Mobley (1971). The findings suggest that nurse-faculty in baccalaureate degree programs and those with doctoral level preparation are in less agreement about career mobility as a functional approach than are faculty from associate degree programs with less educational preparation. An interesting additional finding was that type of education effected little difference in perceived

attitudes about career mobility. This suggests that resistance to career mobility comes from those who had other than generic baccalaureate educations themselves (Mobly, 1971).

In spite of the reluctance of many nurse educators, career mobility has emerged as a major trend in nursing education. The non-baccalaureate graduate nurse who elects to continue in college, matriculating toward a baccalaureate degree, may or may not possess the same characteristics as a generic graduate, depending on the characteristics studied. For example, leadership orientation and professional characteristics appear to be similar for the two groups, perhaps as a consequence of employment experience, personality traits, or a genuine lack of difference between types of education (Hartley, 1974). The career mobility student may have sufficient opportunity to develop professional attitudes and leadership skills or may have acquired these previously. It is quite possible that a career mobility approach to baccalaureate education does present equal or greater opportunities to optimize professional socialization.

Professional Socialization

The Socialization Process

Socialization refers to the process by which persons acquire the knowledge, skills, and attitudes that prepare them for their roles in society (Clausen, 1968). Socialization is a lifelong process, with great variation among individuals. Changes in the demands upon them from a variety of

sources may result in the acquisition of new roles. It is desirable for society to provide for effective resocialization into roles for which a person was not previously educationally or developmentally prepared.

Resocialization refers to socialization after childhood. The literature focuses upon overt role behavior rather than value change (Brim and Wheeler, 1966). Resocialization, as a construct, is frequently interchangeable with adult socialization. The major difference between initial childhood socialization and adult socialization (resocialization) lies in the power differential. In childhood, affective relationships are so powerful that obtaining genuine acceptance of values is simpler. The outcomes of resocialization are difficult to predict since they depend upon initial socialization to such a large extent. External conformity is more easily obtained than changes in the internalized values requisite to genuine resocialization. Brim (1968) also discounts the effect of role models on resocialization as a result of lack of both powerful affective relationships and substantial intimate contact with the socializee.

Adult organizations, like professions, often screen out those who do not carry appropriate values and motives for the anticipated role in order to limit problematic outcomes in the resocialization process (Brim and Wheeler, 1966). Thus, early socialization is a building block for most professions. This is especially crucial for professions calling

for a high educational investment and commitment to a calling.

The screening process in nursing education has generally been stringent in regard to academic potential, health, perseverance, and motivation toward nursing. However, self selection may have contributed to the entrance of less career oriented women into nursing. Almquist (1974) and Richardson (1974) both found that highly career oriented women chose high status and less traditionally feminine careers, while women selecting traditionally feminine occupations tended to place equal values on career role and marriage. Feminists, generally, view nursing as a denigrating career choice (Kritek and Glass, 1978) which may partially explain many nurses' reluctance to become feminist activists. A variety of these factors may preclude nurses from making the investments necessary for professional socialization.

Professional Socialization

Moore (1970) defines professional socialization as a process which ". . . involves acquiring the requisite knowledge and skills and also the sense of occupational identity and internalization of occupational norms typical of the fully qualified practitioner" (p. 71). It is important for novices to learn their role, their place in the profession, and how to relate to others within it, although there is no evidence that professional socialization occurs only in a structured environment (Lenburg, 1975). A definition of what constitutes a profession is not always clear or consistent.

Numerous definitions and criteria of professions have been suggested by sociologists. However, most generally agree with Moore (1970) that a profession's structure involves: a full-time occupation; a sense of calling or commitment and a service orientation; a formalized organization; esoteric, useful knowledge and skills based on specialized training or education that is vigorous; and a belief in self-regulation. This definition of profession is an ideal type while in reality most occupational groups might be placed along a continuum based on the ideal (Vollmer and Mills, 1966).

Whether nursing is a true profession possessing all the characteristic attributes is beyond the scope of this study. Nurses have enjoyed the title by either courtesy or permission. Efforts are being advanced in nursing to more nearly meet the criteria (Gamer, 1979).

Professional socialization consists of an induction into what comprises a particular profession's common core (Bucher and Strauss, 1966). These are the norms and codes governing the professional's conduct to both insiders and outsiders as a means of perpetuating the system and effecting controls. Even though there are similarities in the process of socialization into a professional group, there are also differences between professions in the effects of the process (Becker and Carper, 1966). For example, physicians, nurses and engineers differ in the kinds of commitment and importance attached to their title and ideology, work tasks, organizational

associations or positions, and the significance of their position in society. There are also extraoccupational facets of socialization occurring simultaneously with professional socialization. This may be an especially influential factor in nursing; however, Davis and Oleson (1966) caution investigators not to assume professional socialization is unidimensional in any occupational role. Some important facets to consider are individual differences. Hurley (1978) describes social class, childhood experiences, interpersonal competence, general personality traits and appearance as having considerable impact on socialization outcomes. In addition, the ability to take on new behaviors reflects individual differences. This may be much easier for the non-authoritarian person, according to Hurley (1978), and reflect the individual who represents change agent type behavior.

The attitudinal dimension of professional socialization, as opposed to the structural dimension described above, was the primary focus in this study. Hall (1968) identified attitudinal attributes as: use of the professional organization as a major reference; reading of professional journals; and attending professional meetings, leading to what Gross (1968: p. 79) calls "colleague consciousness." These attitudes form the ideology that can be found in most occupational groups or individuals who aspire to professional status (Vollmer and Mills, 1966).

Professional Socialization in Nursing

For some time, nursing leaders and educators have sought to socialize nursing students to think of themselves as professionals by emphasizing the importance of professional values. There have been problems related to nursing's possession of the criteria for professional status; however, many problems of professional socialization have been related to the status of women in our society. Since the majority of nurses are women, it follows that the acceptance of professional values may conflict with cultural norms of women in our society. Heide (1972), a former president of National Organization of Women and a nurse, characterized nursing as suffering from the same oppression, prejudices, and stereotypes as women in general. "The status of women is tragically reflected in the status of nurses and nursing" (Heide, 1972, p. 824). Furthermore, nursing has primarily attracted women from the conservative middle class who bring with them ideas about the role of women that even the most powerful resocialization and liberal education is not likely to radically alter (Loomis, 1974).

According to Brim and Wheeler (1966), resocialization does not change basic values unless there is a considerable power affect involved in the process. "Power" in professional socialization refers to the desirability and prestige of the profession in relation to the role (Brim and Wheeler, 1968). Nursing has not been a highly prestigious occupation, again

reflecting the overall status of women and, thereby, further limiting professional socialization outcomes.

The education of nurses has led to difficulties in socialization due to a lack of consensus and clarification of norms among nurse educators (Lum, 1978). A characteristic of professional socialization, in general, has been the educational isolation of the socializee. This has enhanced the prolonged punishment aspect and fear of possible failure that is more prolonged and intense in the higher status professions (Lum, 1978). Nursing has identified less with this professional norm as nursing education moved into university settings and nurse educators have encouraged students to interact within the college environment. This may have affected the professional identification of students by reducing the shared suffering and common language use thought to increase professional identification. The many different avenues to becoming a nurse may have, likewise, led to increased role confusion and conflict, thereby further reducing the possibilities of strong professional identification.

The subordinate relationship of nursing to medicine has limited nursing and was an outgrowth of a hospital system in which the full worth and potential of nurses was denied. Nursing survived this type of atmosphere, but its status as an independent profession has been limited by generations of subordination to the physicians. Ashley (1976) states that "within health care, nurses have been the 'coolies' and the

'donkeys' of the system" (p. 15). This oppression has also limited the potential contributions of nursing within the health care system. To become a visible, vital, and powerful force, nursing must acquire the autonomy which characterizes an independent profession, according to Ashley.

Medicine and nursing are the oldest health care professions. Although there has been harmony in the past, a lack of collaborative effort and discord are evident now as nurses are striving to influence the quality of health care delivery (Smoyak, 1978). Physicians and health agency administrators often react to this as a role threat, which further jeopardizes professional status.

In an examination of the professional socialization of nurses, nursing settings must be considered. Nursing arose in an apprenticeship system. Efforts to overcome the aura of vocational training have been prolonged, arduous and unresolved. The continued seriousness of this situation is even more apparent when one reflects upon the fact that in 1972, only 12% of the practicing nurses were baccalaureate graduates (Ozimek, 1975). The greatest growth rate has been in numbers of graduates from associate degree programs (Rowland, 1978). These graduates fulfill an immediate social need, but continue to perpetuate the image of nursing as a vocation rather than a profession. Loomis (1974) summarized the situation by stating that:

For nursing to succeed at truly professionalizing itself through academic and scientific self-

assertion . . . a career ladder within nursing must be established in order that various levels of nurses with a variety of preparations . . . make their impact felt within the health care delivery system (p. 45).

For a career mobility approach to achieve success, it appears crucial that it be accepted as a credible alternative to generic programs. The assumption that the career mobility graduate is professionally socialized to a lesser degree still hampers the acceptance of career mobility programs (Searight, 1976). There is evidence that this attitude may be changing. Attendees at the Council for Baccalaureate and Higher Degree Programs of the NLN discussed the socialization issue at their November 1976 conference. Over 500 nurses participated in this meeting. They concluded that there was no direct relationship between curriculum type and success in the socialization process. Rather, the style of implementation and the behavioral role models available to students are most significant (CBHDP, 1977). However, many educators continue to believe otherwise. Additional factors believed to influence the socialization process include the formality of the initial socialization setting, the legitimation of the parent profession, the role expectations of nurses and the dominant sex makeup of the profession. These are specifically relevant for the nursing profession (Hinshaw, 1977).

In summary, professional socialization for nurses has paralleled general socialization for women. Female role socialization and the vocational emphasis consistent with

inferior social roles for women has precluded an emphasis upon the scholarly knowledge base necessary for the development of professionalism. A small proportion of nurses have been dedicated to professionalism, with most nurses viewing nursing as of secondary importance in relation to spouses and children. Nursing schools are faced with the task of attempting to resocialize young women toward dedicated professional commitment. Success or failure in this effort in the past may have been societal rather than type of program. The research indicates a high failure rate of nursing schools in their resocialization efforts (Davis, 1966).

Professional Commitment

Explicit as a characteristic of professions is a high level of commitment to professional values. There must be sufficient self-discipline and impulsion for members to retain their commitment throughout their lives regardless of difficulties, obstacles and personal life considerations (Jupp, 1972). A profession is not a stepping-stone to other occupations. Moore (1970, p. 8) defines commitment as ". . . acceptance of the appropriate norms and standards, and identification with professional peers and the profession as a collectivity." The internalization of values, norms and behaviors tends to build lifelong commitment.

The concept of commitment has been widely used, but in many contexts and relatively unexplained. Clearly, a committed person is seen as following a consistent line of activity,

whether it be occupational, political or philosophical (Becker, 1964). Kiesler (1971) believes it is related to McGuire's Innoculation Theory whereby a person is induced to take on values for increasing resistance to persuasion. However, it is important to recognize the sets of values associated with a particular profession before one can operationalize a concept of commitment. The concept could be different among the professions. Individuals may have conflicting commitments or be more committed than others. It seems convenient, as Becker (1964) suggests, to consider the empirical indicators of commitment as the values and norms constraining a professional's activities and the consistency of this behavior. Unfortunately, the concept is not precise.

Professional Commitment in Nursing

In an examination of the professional characteristics of nursing, it appears that the development of commitment has been a foremost obstacle. Professional commitment has never been consistently and uniformly profound in nursing (Friedson, 1970). Social attitudes have been harmful to the nursing cause. Thus, it is a common belief that the committed nurses to be found are simply those who were not fortunate enough to find husbands (Loomis, 1974). Commitment in nursing is often viewed as commitment by default rather than by decision. Fortunately, this social prejudice is beginning to be eradicated (Loomis, 1974). Then, too, career-oriented women wishing to seek satisfaction and status in a socially prestigious

occupation do not choose nursing (Collins and Joel, 1971; Almquist, 1974; Richardson, 1974).

Kramer (1968, 1969, 1970), Brown (1973) and others have pointed out that education of nurses affects their professional attitudes. These investigators report that nurses who have baccalaureate degrees in nursing, apparently due to more rigorous socialization, are more strongly committed to professional values than non-baccalaureate nurses. However, Alluto (1971) and Hill (1970) compared baccalaureate, diploma and associate degree graduate nurses on factors related to commitment and reported few major differences among the groups on the measures studied.

In brief, nursing education appears to fail in attracting and socializing nurses so that lack of professional commitment may largely be an educational outcome. The socialization process has generally stifled students' initiative and creative potential (Dachelet, 1978). The findings of Collins and Joel (1971) indicated little change in the attitudes of collegiate nursing students from entry into school through graduation toward professional and career commitment. Davis et al (1966) described a lack of professional commitment in baccalaureate nursing students. The authors suggested that contributing factors were feminine role conflict, poor professional models and apathy about the nursing profession. Tetreault (1976) studied the professional beliefs of nurses with Hogan's Professional Attitude Test. Commitment was one

dimension included in the test. The findings from this study suggested that age may be a determinant of professional attitude. Commitment was highest in subjects 24 to 26 years of age, and most generic baccalaureate nurses graduate between the ages of 21 and 24. This is also consistent with the notion that professional commitment, in most professions, occurs during graduate education or after a professional engages in practice (Becker, 1966).

Monnig (1978) compared nurses and physicians using Hall's scale to measure aspects of professionalism. Physicians were higher in all aspects except belief in public service. Nurses who were actively engaged in nursing for over five years were higher in use of the professional organization, but no different in sense of calling, belief in self-regulation and sense of autonomy. Nurses with master's degrees also used the professional organization more extensively, but were not higher in any of the other aspects in Hall's scale. Educational background was not found to influence degree of professionalism except for diploma graduates who had a greater sense of calling and those with master's degrees the least sense of calling. There were few significant differences among the nurses studied according to years in practice, advanced degrees, specialty type and satisfaction with nursing. Physicians exhibited professionalism to a higher degree. Motivation may provide a partial explanation.

What are the potentialities for the professional

socialization of nurses? Motivation may be a critical factor. Some individuals are more motivated to resocialize than others. Brim (1968) cites motivation as a prime variable for success. In many professions, individuals are motivated because of prestige, financial rewards, autonomy and opportunity for human service. Except for human service, these other motivators are largely missing in nursing. Another difficult question may be: "How much change can take place in an adult personality?" According to Strauss and Becker (1975), this is usually a consequence of necessity, changes in personal, work world, or job requirements. Under the circumstances in which a nurse decides to pursue a baccalaureate degree, self initiating behavior implies a desire to seek professional advancement. The age of these nurses (over 21) suggests a greater likelihood to internalize professional values according to Tetreault's (1976) findings. Thus, it is possible that the career mobility graduate demonstrates considerable potential for commitment to professional values.

An examination of the nature and extent of professional commitment indicators in practicing RNs from different educational avenues seemed essential to clarify some of these issues.

Leader Behavior

Leadership Theory

There are many available definitions of leadership suggested by theorists from a variety of disciplines. Heimann's

(1976) synthesis of varied theories led to this definition:

. . . the leader is seen as a specific person in a group who influences and directs the other members of the group toward achievement of the tasks or goals of the group. Leadership is a relationship between the leader and the group members in which the leader directs, controls, and supervises members to achieve the goals of the group, and this achievement is satisfying to both leader and group (p. 19).

There has been consistent failure to find a generalized personality pattern typical of leaders in any or all leadership settings (Lipham, 1964). A relatively new theory of leadership states that leadership is a function of the interaction between personality and situation (Heimann, 1976). Halpin and Winer (1966) identified two fundamental dimensions of leadership behavior that attempt to describe the interaction between personality and situation. They are: (1) Initiating Structure, which refers to the planning, organizing and controlling aspects of a leader's relationship in an organization; and (2) Consideration, which refers to the human relationships between leaders and members of an organization (Lipham, 1964). There is evidence that the most effective leaders in education, the military and some business organizations score high in both dimensions, although there is some controversy concerning the significance of these dimensions in terms of total leadership effectiveness within professional work settings (Halpin, 1966). It should be noted that "initiating structure" does not focus upon non-structural change agent behaviors. A sampling of twenty-five years of

leadership research reveals that there are probably no personality traits or characteristics consistently demonstrated by leaders in a variety of situations (Lassey, 1971). Leadership acts and behavior were later studied and relationships were found between democratic or participatory leader behavior and productivity under some circumstances. Participatory practices utilized with workers lacking a high need for independence and lacking readiness to assume responsibility might have highly adverse and undesirable effects (Tannenbaum and Schmidt, 1958). It would seem that leaders accomplish their work through other people, and their success depends to some extent upon ability to enlist group commitment and maintain collaborative activity. However, at present, there is no single set of leader practices that uniformly produce optimal results. It would appear that a leader's position may be maintained regardless of style if s/he consistently maintains rapport with his or her group, is aware of their goals, and is able to initiate the change required to attain goals and enlist collaboration (Lassey, 1971).

Professional Nurse Leader Behavior

Davis et al(1966) describe the meaning of professional leadership in nursing and its proximity to professional commitment:

Whatever else the elusive term 'leadership' may connote, regarding a profession, it would at minimum seem to imply persons who are strongly identified with and committed to the field, who are interested in fashioning long-term careers

for themselves in it, and who are prepared to make major life adjustments in behalf of it. On these grounds alone, findings from our study of university nursing undergraduates raise serious doubts of whether collegiate schools succeed at instilling professional leadership orientation in students--this despite what from our field work we know to be at least one school's valiant efforts in this direction (p. 159).

This continues to be characteristic of the situation in nursing leadership today in spite of endeavors to emphasize leadership and management in baccalaureate nursing programs. Perhaps an explanation for this situation lies in Christman's (1967) proposal that the leadership style most prevalent in nursing would be characteristic of leadership at its lowest level. He supported this position with the analysis that nurses' leadership actions were characterized by low risk-taking and conspicuous lack of perspective. Among additional unfavorable behaviors identified were: a concern for rules over goals, preventing innovative action; orderliness over imaginativeness; and an "establishment" orientation value system rather than professional. This suggests that nurses with new leader behaviors may not be able to practice them in settings in which the existing leader's model is stultifying to those new leader behaviors. The major premise of Kramer's (1974) research was similar to this in that the new nurse's inability to effect any change in nursing practice was viewed as due to the existing bureaucratic orientation of organizations in which they practice and the resultant conflict with professional values.

A review of studies on the leader behavior of nurses revealed a variety of findings, depending on the measuring instrument used and the aspect of leader behavior investigated.

A conspicuous lack of significant differences was found in comparisons of graduates of all three types of nursing programs in studies by Richards (1972), Hartley (1974), and Batra (1975). Chater's (1964) study of clinical specialty graduate students found the most autonomous types in community health.

There is some evidence to support the possibility that cultural changes may be affecting the leadership picture in nursing. Gilbert (1975) found nursing graduate students scoring higher than the norms on the management key for the California Psychological Inventory and comparable to the top management norms. One can also speculate that leadership behavior is different for career-oriented nurses who choose to go to graduate school (Caputo, 1965), or for the nurse who returns to school for a baccalaureate degree.

The failure to identify specific patterns typical of all leaders does not preclude the possibility that a unique type may represent the professionally committed nurse leaders in settings where nurses practice. It appears that leader behavior in nursing has not often been viewed by researchers from the perspective of innovative change agent behaviors.

Difficulties nurses may encounter when they assume leadership roles includes sex stereotyping (Schaefer, 1972),

especially if the assumption of innovative roles in traditional health care agencies is necessary for them. Unique leader qualities may be a requisite for individuals within such agencies. The typical "leader" in nursing may not exhibit the conservative, acquiescent posture historically consistent with both female and nursing roles in our society.

Change Agent Behaviors. The aspect of leader behavior of interest for this research lies within the creative rather than the maintenance function. The maintenance function was described by Lippman (1964) as "consideration" and included the activities related to interpersonal satisfaction of employees. The creative function of leadership may include initiating structure, but should not be limited to this construct. Since most nurses work in structures in which, realistically, they have little opportunity to initiate structures for others, a different sort of instrument was deemed necessary to examine leadership for nurses.

An example of change agent behavior, as we conceive it, was provided by Sandra Lee Crandall, Family Nurse Clinician, Warminster Heights Medical Center in Pennsylvania (1977). She stated that:

Niches have rarely been easy to carve, mine was to be no exception. I identified an area in my community that could benefit by having a family nurse clinician. For the next five months I redesigned my job, found a source of funds and took an active part in public relations. I met with potential clients, health care groups, community groups, community agencies, and representatives of Health, Education and Welfare who eventually

funded me. During this same period I wrote the state board of nursing, and the state board of pharmacy. I arranged meetings with our very cooperative local board of medicine and with individual nurses and physicians. This was all done before I ever got a job (p. 29).

Her comments are consistent with the underlying themes presented in the change agent items of the Behavioral Orientation Profile utilized in this research.

This instrument is based upon the notion that communication, spontaneity, role orientation, creativity, competitiveness, resourcefulness, awareness of others, etc., are aspects of behavior amenable to self-assessment (Havelock, 1974). The change agent is defined as a risk-taker capable of confrontation with others in relation to professional goals. S/he is resourceful in overcoming obstacles to achievement while maintaining an awareness of interpersonal factors affecting performance (Grossman, 1974). Change agent behavior is a mosaic of individual behaviors and these identified comprise only a portion of the total change agent behavior pattern.

The recent evidence points to the necessity of leaders' flexibility and dynamic behavior rather than a fixed, static approach. Thus the change agent behavior approach fits well with current notions of overall leader effectiveness. The world's institutions move in directions decided by leaders, and the basic activity or process which occurs is change. Human nature appears to resist change, and human beings generally prefer to behave in familiar patterns. Consequently,

it is particularly important for leaders to recognize, accept, adjust and, especially, to promote change in order to maximize their influences upon group behavior (Browne, 1969).

Current theories of leadership emphasize the dynamic interaction between the leader's personality and the situation. For example, current contingency theories (e.g., Fiedler, 1972 and Wofford, 1972) postulate that leadership style should vary in different situations. This theory directs attention toward flexibility in leadership behavior in order to meet the demands of changing situations.

Change is characteristic of all aspects of the four-way relationship between leader behavior, the group of followers, the situation in which the group and leader are working, and the goal or change which is being attempted. The maintenance of leadership status by an individual is greatly influenced by the extent to which this individual changes his own behavior as other aspects of the situation change, and the extent to which the leader can bring about changes in the other parts (Browne, 1969).

Planning for change is a constant need in any living system. Change will occur whether we like it, plan it, or try to ignore it. It becomes potentially destructive or terrifying when it is not expected and when it has not been taken into account in planning. The effective leader is able to develop a readiness for change that precludes acting in predetermined, stereotyped ways and allows for individual growth

while working toward organizational goals. In fact, leadership implies changing the status quo (Lipham, 1964).

In educational settings, according to Lipham (1968: p. 2), leadership has to do with "keeping educational organizations adaptive to the changing needs of the society they serve and society at large." The analogy can be applied to nursing as a profession similar to education. Nursing is a profession required to respond to changing health needs of our society, and nursing should reflect this mandate by providing for the development of leadership within its educational institutions.

Effective leader behavior in nursing practice is exemplified by the individual nurse who is committed to the direction of nursing-related activity and who possesses the ability to influence directions in which organizations grow and change. The behavior of this leader is manifested by flexibility, an awareness of the need for planned change, a basic philosophical commitment to the profession as a vehicle of innovation and to oneself as an agent of innovation.

Robert Oppenheimer states that "the world alters as we walk on it." So does nursing alter as we work within the field. Gardner's (1963) treatment of organizational and personal change suggests that individuals continually examine existing conditions. Problems of leadership in nursing arise from the conservative natures of women who tend to choose nursing as a career. Other obstacles to examination of the

existing conditions include the myths of a professional prestige system unrelated to the actual practice of nursing. Fresh observations about professional nursing require that nurse educators rid themselves of false assumptions, cliches and meaningless objectives unrelated to actual nursing practice (McClure, 1977).

Under many circumstances within nursing, leadership implies direction away from present group norms. In order to survive in an organization, the nurse may have to "sell out" to administration and strive primarily toward maintenance of the status quo. This may typify the nurse administrator. The individual most interested in effecting innovation may be unrecognized as a leader by the organization. Women have not been socialized to accept a power orientation within themselves, and thus vastly reduce their influence on organizations as change agents. Either a special type of person or an unusual educational process may be necessary for development of a change-oriented nurse leader.

Career mobility educational programs may either attract the more flexible, change-oriented student, or may socialize students toward a legitimate power orientation. Both generic and career mobility programs purport to teach innovative and change agent behaviors, although there is little evidence to support the notion that students learn this.

Data indirectly indicating change agent behavior by graduates from generic and career mobility programs may serve

to clarify the issue. Whether nursing education is producing activated nursing leaders capable of influencing organizations toward change may thus be investigated.

Kramer (1974) investigated change agent activity as a variable for many of the same reasons presented in this study. Specific activities of nurses were obtained by analyzing tape-recorded interviews with the nurses studied, their supervisors and co-workers. Aspects of change identified were nature, frequency, effectiveness and benefits of the change activity. A group of nurses in experimental classes were given an anticipatory socialization program designed to counteract the effects of conflicts they would face in the working world. Change agent behavior and other variables were observed and analyzed under the premise that they were measures of professional values emphasized in nursing schools. The nurses receiving the anticipatory socialization were more effective change agents and therefore, according to Kramer, potentially more effectively socialized as leaders.

Change agent behavior in nurses has not been studied extensively. It does not represent the sole or most important criterion of leadership effectiveness. It does, however, represent an important criterion that should be taken into account, especially in the context of contributing to professional socialization. The differences in change agent behavior between graduates of different types of baccalaureate degree programs may shed some light on the professional socialization differences between the two programs, GB and CM.

Summary

The literature reviewed provided the evidence that the recognition of career mobility programs as equally successful avenues to the baccalaureate degree is needed to meet societal health needs, upgrade nursing and meet the requirements for RNs to attain a baccalaureate degree. Professional commitment was presented and reviewed as an aspect of adult socialization, specifically professional socialization, which identifies and confirms occupational identity. Attitudinal dimensions of professional commitment were identified and discussed. Leader behavior was approached from a change agent perspective. Change agent behavior was identified as an aspect of professional socialization promulgated in professional nursing schools and essential for effective nursing leadership.

Theoretical Framework for Study

Theories, concepts and research related to nursing education, professional commitment and leader behavior presented in this chapter provide the framework for this study. Hypotheses were generated, research tools selected and data analyzed and interpreted. These were derived from the following propositions based on the theoretical framework.

1. Career mobility for the RN seeking a baccalaureate degree is an aspect of education that is democratically desirable, professionally necessary for nurses and nursing and would significantly improve the quality of patient care.

2. Conflicting views among nurse leaders and educators about the professional socialization of career mobility graduates compared to generic graduates can be negotiated by empirical evidence of similarities and differences between GB and CM graduates.

3. Professional commitment is an aspect of adult professional socialization that consists of adherence to professional values, norms and behaviors. Students are stimulated to adopt professional values in nursing school.

4. Professional values consist of structural aspects of a profession and attitudinal values of a professional. The possession of these values by a nurse is a partial indicator of successful professional socialization.

5. There are cultural factors, primarily female role socialization, that may affect the professional socialization of nurses.

6. Leadership behavior orientation is an aspect of professional socialization. Change agent type leader behavior is particularly stressed in nursing schools and can be enacted at any level of nursing practice to change the emphasis of the health care system from care of the sick to the promotion and maintenance of health. It is the closest manifestation of this professional value that can be identified in institutional settings.

7. Change agent behavior reflects a creative rather than a conforming attitude and can be measured indirectly by

attitudes toward changing old patterns, assuming new roles and adopting new attitudes.

8. There is no evidence to suggest GB degree types are presented a more effective professional orientation than CM degree types. Previous socializations may affect the professional socialization process. These may be culturally, educationally or occupationally derived.

The continuing interest within nursing education about the outcomes of the two types of nursing degree programs and by RNs about the quality of avenues available for obtaining a degree suggested the need for empirical evidence for resolution of conflict concerning the value of both program types. This research was a modest effort to shed light upon the problem by investigating significant variables associated with socialization outcomes, namely, leader behavior orientation and professional commitment.

CHAPTER III

DESIGN AND METHODOLOGY

The design and methodology of the study are described in this chapter. This includes a description of the type of study, the population, sampling procedures and instrument used to gather data. Other sections of the chapter report the procedures for collecting, treatment and analysis of the data.

The Research Design

This study aimed to describe, analyze and explain social, educational and employment characteristics, leader behavior orientations and behaviors indicative of professional commitment in the nurses sampled. Both career mobility (CM) and generic baccalaureate (GB) graduates were surveyed to determine similarities and differences in their orientation in these dimensions as elicited from the questionnaire responses.

The explanatory survey method was the method employed for this study. This differs from the descriptive survey in

that part of the data was essentially quantitative in nature and was analyzed by both descriptive and inferential statistics to derive meaning from the data and to discern potential directions for further investigation (Leedy, 1974). This study also utilized an ex post facto method which Kerlinger (1973) defines as scientific inquiry aimed at discovering relationships and interactions among sociological, psychological and educational variables in real social structures. The Nursing Profession is a social structure and the dependent variables studied were social, psychological and educational in nature. Kerlinger further defines an "ex post facto study" as a systematic empirical inquiry in which the investigator has no direct control of independent variables since their manifestations have already occurred, or because they are, inherently, not manipulable. This is apparent in this study in that explanations about relations among variables were made without intervention from systematic variation of independent and dependent variables. However, subgroups among each degree type were examined to help explain and understand the findings. Comparisons and explanations can be made from this type of data, although no prediction about cause and effect may be inferred.

The basic design selected for this study was a cross-sectional survey. Data was collected at one point in time from a sample selected to describe the larger population at that time. Babbie (1973) states that this type of information

may be used not only for purposes of description but for the determination of relationships among variables at the time of the study. The subjects surveyed consisted of two categories of nurses with baccalaureate degrees in nursing, one receiving a generic baccalaureate degree in nursing (GB) and one receiving a baccalaureate degree in nursing after having received an associate degree or diploma in nursing (career mobility, or CM). The study sought to determine and compare the leader behavior orientations preferred by the subjects in the working situation and indicators of the professional commitment of the two degree types. The study further aimed to identify and explain relationships and interactions between leader and professional commitment in the two categories of subjects.

Survey Population

The population for this study consisted of 2,290 nurses possessing at least a baccalaureate degree in nursing and employed full time from selected counties representing metropolitan, urban and rural areas in the various geographical areas of the state.

Sampling Design

The sampling procedure used followed a stratified cluster sampling format. It was impractical, due to expense, to obtain lists of nurses from each of the 254 Texas counties comprising the target population. Therefore, a sample of 54 representative counties was selected initially and names of

female RNs with baccalaureate degrees in nursing residing in each county obtained from the State Board of Nurse Examiners. This led to the ultimate selection of a sample of nurses employed full time and possessing either a GB or CM degree type, without requiring a listing of all nurses comprising the state's population. From this list a systematic sample was drawn with the first name selected at random from a table. If the name selected was judged to be a man's, the next name was selected. There were too few men in the list to warrant a representation. Babbie (1973) says that systematic sampling is virtually identical to random sampling if the list of elements are "randomized" in advance, which was true of the State Board list of names from which the sample was drawn. The list was neither alphabetized nor arranged in a way in which any characteristics would coincide with the sampling interval. Polit and Hungler (1978) cite the systematic sampling method as "preferable to simple random sampling because the same results are obtained in a more convenient and efficient manner" (p. 464). The systematic sample, when applied in this way, is a probability sampling approach (Polit and Hungler, 1978). Fifty-four counties were selected representing metropolitan, urban and rural regions in the northern, southern, western, Panhandle and central areas of the state. The counties were randomly selected from a table after grouping into the population and area categories designated on the sampling schema. The number of names selected from each county was determined

by the percent of the total population falling within the county using a sampling ratio of 16 percent. The sampling ratio for counties was 21 per cent. Twenty additional names were selected from the rural counties to insure rural representation and a sub-sample of at least thirty. This design was subject to a sampling error at each stage greater than would be expected for a single random sample. This was counteracted by increasing the size of the sample from the proposed 200 to 350 to reduce the sampling error to less than .05. The sampling error was calculated on the dichotomous variable, marital status. The confidence level was 97 per cent with a confidence interval plus or minus two standard errors (63 per cent to 37 per cent). The sampling interval was six. See Appendix A for a model of the sampling schema derived from Babbie (1973).

The sample (n=350) represented the population of female registered nurses with baccalaureate degrees in nursing, who were employed on a full time basis during 1977, were registered with the Texas State Board of Nurse Examiners and resided in the counties from which the sample was drawn (N=2,290). Any further information about the subjects necessary for analysis, explanation and grouping for degree type was unobtainable from the State Board listing and had to be elicited from the questionnaires.

Instrumentation

The questionnaire developed for this study was designed

to be self-administered. It was arranged into two content subsections with instructions and introductory statements for each subsection. Specific instructions were required on some questions to facilitate understanding and responding properly. The objectives for the questionnaire design were to (1) keep items clear and unambiguous, (2) present an uncluttered, easy to read questionnaire, and (3) keep the questionnaire as short as possible within study constraints. The items were primarily closed-ended questions and "Likert scale" items. The typed questionnaire was reproduced by photo-offset after reduction. A copy of the questionnaire is contained in Appendix B. The two sections of the questionnaire were the "Professional Questionnaire" and the "Behavioral Orientation Profile."

Professional Questionnaire

This section of the questionnaire sought to obtain data about the social and educational characteristics of the nurses surveyed, information about their occupational backgrounds, and data related to behaviors indicative of professional commitment.

Social, educational and occupational characteristics.

Social items are coded with an S on the questionnaire, and consist of data about marital status, number of children, sex (M or F), years since graduation, attitude toward the ERA, and community activities. Marital status and number of children was included to further describe the sample, compare

the degree types on these variables and to describe the effect of these variables on professional commitment. The item on sex was included to exclude any men from the sample who may have been inadvertently selected.

The educational items were designed for three different purposes: to identify the GB and CM degree types, since this information was not available from the State Board listing; to describe the educational routes taken by the CM degree types; and to compare the degree types on continuing education and post graduate activities. These items are coded E on the questionnaire. The items about post graduate and continuing education activity were used in development of the Commitment Index.

The items related to employment served to compare the degree types on past working patterns and aspects of current position and are coded EM on the questionnaire.

Professional Commitment. The content for the items containing factors related to professional commitment were selected from indicators abstracted from the literature review, specifically the attitudes identified by Hall (1968) and Kramer (1974). They are labeled (C) on the questionnaire for identification. An index was constructed to measure differences between the two degree types. The index developed, called a Professional Commitment Index (PCI) consisted of the summed scores on each of the following eight indicators:

1. Membership in a nursing association: Yes=1; No=0.

2. Nursing Association Activity Level: Hold office=3; Committee or task force member=2; attend meetings regularly=1; seldom or never=0.
3. Extent of professional reading: A lot=2; some=1; seldom=0.
4. Reason for seeking continuing education: Personal desire=1; other=0.
5. Working toward an advanced degree or certificate: Yes=1; No=0
6. Would choose nursing again: Definitely=2; probably=1; don't know or no=0.
7. Nursing as a life commitment: Primary=3; one among several=2; lesser=0.
8. Deeply involved and committed to work: Very=2; quite a lot=1; no or somewhat=0.

A statistical description of the PCI Index by the SPSS SUBPROGRAM CONDESCRIPTIVE appears in Appendix C. The highest possible index was 15. The range of actual indices was 12, with a mean and median of six. The distribution was Gaussian in character and very slightly skewed to the left.

The index was found to predict commitment behaviors in the pre-test group and the items were judged by a panel of five nurse educators to reflect components of professional commitment. The content domain was congruent with Kramer's (1974) and Hall's (1968) instruments.

Behavioral Orientation Profile

The Behavioral Orientation Profile (BOP) section consists of 30 Likert type scale items and was developed by Donald F. Harvey and Donald Brown of Washington State University. It is a modification of an instrument developed by the Boise Cascade Corporation, titled "Managerial Characteristics" and used by them in their selection and placement of management trainees. A telephone conversation with the Boise Cascade Corporation confirmed their satisfaction with the instrument, but no statistics regarding validity and reliability were available to their knowledge. Dr Brown (1976) communicated, by letter, that preliminary tests indicated the instrument had a high degree of reliability and validity. Requests for statistical verification of this statement were not received from Dr. Brown as of this writing.

The scale was used in this study for an objective different than the one cited by the developers (Boise Cascade). It was therefore deemed necessary to assess its validity and reliability as an instrument to measure change agent and administrative types of behavior rather than total leader behavior, as originally developed. Other scales surveyed to measure change agent behavior either did not reflect the leader-initiated type of change addressed in this study, or were not feasible for a lone researcher, as in Kramer's (1974) research on change agent activity. Trumbo's (1961) Change Scale primarily uses frequency of job change as the measure

of change. The Change Agent Questionnaire developed by Hall and Williams was not available at the time of this research.

The content of the items on the BOP reflected an approximate notion of change agent type and administrator types described in the literature on face validity, but neither comprises all possible behaviors nor guarantees such behavior. To assess the content validity of the instrument for this purpose, each item was placed on an index card and five business department faculty, with backgrounds in leadership and management, were asked to sort the items into behaviors typical of change agent and administrative types. Items were then categorized into these two types when the majority of the judges agreed on the category. Items 52 and 58 were each judged to measure change agent behavior as well as administrative behavior, and a decision was made to include Item 58 as an administrative behavior item to balance the groups. This was accepted by the judges. The change items are coded Ch and the administrative items are coded A in the questionnaire (Appendix B). A split half reliability was computed on the entire BOP dividing the items into odd and even numbers. The corrected reliability was 0.96.

The questionnaire was pretested on a sample of twenty local nurse educators, selected to represent ideals of professional commitment and leader behavior in nursing described in the literature review. The sample was submitted to a panel of four nurse administrators for verification of the

selection criteria. There were six master's degrees in nursing, six in fields other than nursing and eight with baccalaureate degrees in nursing represented in the pretest group. Three of the group possessed generic baccalaureate nursing degrees and the remainder were career mobility products. As a result of the pretest, changes were found to be necessary in the BOP instructions and in the question designed to differentiate degree types (Item number five). The ambiguous instructions precluded the use of the BOP for establishing base-line scores for the group tested; however, the questions later selected for use to measure commitment were identified by bivariate correlation analysis.

Procedures

Data Collection

Questionnaires were mailed to 350 nurses possessing baccalaureate degrees in nursing, employed full time and selected as survey subjects. A cover letter was included with the questionnaire explaining: the purpose of the study; commitment to send the respondent a copy of the results; safeguards to protect privacy; and the significance of the study to nursing (Appendix C). A stamped self-addressed envelope was included to facilitate return of the questionnaire. Within three weeks, 175 questionnaires were returned. Code numbers had been entered in the upper right corner of the questionnaire according to the procedure in the sampling schema (Appendix A). Codes were checked as the questionnaires

were received. A second mailing was then sent to nonrespondents with another cover letter, questionnaire and stamped, self addressed envelope. The letter again stressed the importance of the study (Appendix C). Sixty additional questionnaire returns were received. From the two mailings, fifteen questionnaires could not be delivered and eleven responses were not useable due to retirement from nursing, unemployment and male gender. These responders did not meet the required population characteristics. The response rate was 69 percent, calculated by the method described by Alvin (1977). The net useable sample size of 224 ($175+60-11$ not useable) was divided by the total sample (350) minus all that could not be delivered (15) or were not useable (11). Babbie (1973) cites 60 percent as a good response and 70 percent as very good.

The nonrespondents were mailed double post cards with items to be checked off to determine possible reasons for nonresponse (Appendix C). The findings on these returns are included in Chapter IV.

Data Analysis

Data Preparation

A coding sheet was developed and duplicated for each questionnaire received. The coding format corresponded to the questionnaire response items and coding instructions appeared on each coding sheet. The questionnaire responses were hand coded by the researcher and a trained assistant.

The information from the code sheets was then keypunched onto IBM cards resulting in two cards per subject. The Professional Questionnaire responses were punched on card number one and the BOP responses on card number two. The punched cards were machine verified and corrected. All computer analyses were done on an IBM 370 computer using package programs from the SPSS manual.

The data were then item analyzed using the SPSS sub-program FREQUENCIES and a raw count of questionnaire responses was received. The question responses were then recoded, transformed or modified by the researcher for subsequent analyses, depending upon the program and the data needed. These changes are discussed with the individual analysis results.

Operational Definitions

The following operational definitions were developed for measuring the research variables:

1. Social variables

- a. marital status-married or single (Item 1)
- b. number of children-number (Item 2)
- c. sex-male or female (Item 3)
- d. years since graduation with
a BSN (Item 4)
- e. community activites-number of (Items 28
activites involved in by type and 29)
- f. ERA attitude-yes, no or undecided (Item 27)

2. Educational variables

- a. degree type-GB (generic baccalaureate) or CM (career mobility baccalaureate degree) (Item 5)
- b. CM program type-with GB students, with RNs only or mixed type (Item 6)
- c. advanced education-possessing or working toward a master's degree (Items 4 and 18)

3. Occupational variables

- a. current position-first line manager, middle manager, top manager or educator (Item 8)
- b. type of organization-episodic, distributive or nursing school (Item 19)
- c. percent of time spent in different activities in current position-percent (Item 9)
- d. specialty area-clinical nursing choice (Item 20)
- e. quality of nursing care in work environment-one to five scale (Item 22)
- f. level of satisfaction in current work environment-one to five scale (Item 23)

4. Professional commitment-score obtained (Items 4, 10, 12, 15, 27, 18, 24, 30, 58)
by adding the individual scale items
comprising the PCI

5. Leader orientation

- a. change agent type-total score (Items 31, 32, 34, 36, 37, 39, 41, 45, 47, 50, 51, 52, 54, 56, 60)
obtained by adding the individual
scale items on the BOP that are
designated change (Ch)
- b. administrative-total score (Items 33, 35, 38, 40, 42, 43, 44, 46, 48, 49, 53, 55, 57, 58, 59)
obtained by adding the individual
scale items on the BOP that are
designated administrative (A).

Testing Procedures

The confirmation or disconfirmation of the empirical hypotheses was used for purposes of explaining the data more completely and not for predictive purposes. Babbie (1973) encourages a researcher to use measures of association and tests of significance on survey data which may not meet all the required sampling assumptions. Therefore, Babbie states, the importance of the findings cannot be based solely on the statistical significance but the qualitative aspects must also be considered. A more complete understanding of the data can be demonstrated by this qualitative "tempering." The following hypotheses were examined:

Hypothesis one. There are no differences between generic baccalaureate (GB) and career mobility (CM) degree graduates in measures of selected social, educational and employment variables. Percentages and the chi-square statistical procedure in the SPSS subprogram CROSSTABS were used

to estimate the significance of association between degree type and a series of social, educational and occupational variables. Descriptive statistics were employed to further describe the findings.

Hypothesis two. There are no differences in professional commitment indices between degree types.

The SPSS subprogram T-TEST was used to assess the significance of the findings about degree types related to professional commitment measured by the PCI.

Descriptive statistics were used to further describe and understand the data.

Hypothesis three. There are no differences in measures of leader behavior orientation between degree types.

The SPSS subprogram T-TEST was used to assess the significance of the findings about change agent and administrative behavior types related to degree type.

Descriptive statistics were used to further understand and describe the data.

Hypothesis four. There is a positive relationship between leader behavior orientation and professional commitment among degree types.

The SPSS subprogram ANOVA was used to perform a two-factor analysis of variance with professional commitment as the dependent variable, degree type as the non-metric independent variable, variable and change agent and administrative variables as metric covariates.

The results of the study were analyzed in relation to the hypotheses formulated and additional findings were described with descriptive statistics.

CHAPTER 4

PRESENTATION AND DISCUSSION OF THE DATA

Organization of the Chapter

This chapter contains the findings of the investigation. The results of the data analyses are presented and discussed under four major headings as follows: (A) Social, educational and employment characteristics of the two types of baccalaureate degree nurses (generic baccalaureate and career mobility) from the Professional Questionnaire responses are described and compared; (B) Professional commitment findings are presented and comparisons made between the two degree types of nurses, GB and CM; (C) Leader behavior orientation is presented in this section, comparing the two groups of nurses on various aspects of leader behavior; and (D) The results of analyses and relationships among leader behavior, professional commitment and degree type.

Findings for each section are presented first in relation to its hypothesis, followed by findings further describing

the variables studied and a discussion of the findings. The hypotheses are presented under the appropriate data headings. A summary of the results and analysis of the data concludes the chapter.

Social, Educational and Occupational
Characteristics of Nurses with
Two Types of Degrees

The hypothesis examined in this section was: There are no differences between GB and CM degree types in measures of social, educational and employment variables.

Social Characteristics

The findings from the Professional Questionnaire that pertain to social characteristics (coded S on the questionnaire) appear in this subsection and are presented in Table 1. The data were analyzed by the SPSS subprogram CROSSTABS with the independent variable, type of degree, crosstabulated with the dependent variables examined in this section: marital status, number of children, years since graduation with a baccalaureate degree, attitude toward the ERA and community organization activity. The distribution of variables between degree type are compared with chi-square analyses and percentages. The Cramer's V is noted on data significant at the .05 level or higher in order to assess the strength of the relationship.

The majority (55%) of the nurses in this sample were married with 8% more of the CM degree type indicating they

were married than GB type. This was not significant, however, and it is not known whether an unmarried status was by individual desire, divorce or death of a spouse. The variable relating to number of children was categorized, for analysis, into none, one or more than one. An equal percentage of nurses had one child; however, more GB degree types had no children and more CM degree types had more than one child. This distribution was significant at the .05 level; however, the Cramer's V was .17, indicating a weak association.

The years since graduation from a baccalaureate nursing program were grouped into ten year intervals for ease of analysis, based on the decade in which graduation occurred. The one 1937 graduate was included into the 1940 decade. The majority (54%) of the nurses sampled graduated in the 1970's. The range was 40 years, 1937 to 1977. The median decade was 1970 and 1960 for GB and CM types respectively.

There were a number of findings that were unrelated to the hypothesis but relevant to further understanding of the findings. The first of these is that the median year for graduation from a diploma program was 1953, which placed one-half of the CM degree types possessing the diploma in nursing (N=68), over 46 years of age if they graduated at age 21. The median graduation year for the ADN type (N=8) comprising the CM group was 1970, which placed them in the same approximate age category as the GB degree type. It was not possible to assess the GB type's age more precisely from

Table 1
Percentage and Chi Square Comparisons for
Social Characteristics by Nurses with
Different Degree Types

Characteristic	Degree Type		df	χ^2	p
	GB ^a %	CM ^b %			
Marital Status					
Married	52	60	1	3.5	.17
Single	48	40			
Children					
None	63	51	2	6.2	.04
One	28	28			
> One	9	21			
Years since BS degree					
> 30	3	3			
20-29	9	23			
10-19	23	32			
<9	64	42			
ERA attitude					
For	57	57	3	1.01	NS
Against	15	18			
Undecided	26	24			
Women's Organization Activity					
Church related	25	39			
Child centered	8	10			
Social	11	11			
Community service	11	28			
Political or feminist	3	19			

Note: Percentages reflect the proportion of each degree type responding to the item.

^a_n = 152

^b_n = 72

the existing data; however, from what is known, it can be estimated that over 50% of the GB degree types were 30 years old or less if they graduated at age 21.

The majority of both groups of nurses favored the Equal Rights amendment with approximately the same proportions either against or undecided (Table 1). Five nurses indicated involvement in feminist activity, two were GB degree types and three were CM degree types. Other political involvement was indicated by 3 and 11 GB and CM degree types, respectively.

Community activity in health, education or service related activity was present in 48% of the CM nurses and in 38% of the GB nurses. Activities in women's organizations, other than political or feminist are presented in Table 1. Respondents were asked to indicate the number of activities in each category. The total number was 108 for the GB group and 88 for the CM group, averaging .7 and 1.4 activity per nurse, respectively.

The findings specific to social activities described significant, though not strong, differences in number of children. Conspicuous percentage differences were also noted regarding years since graduation from a BSN degree school and distribution of community activities between degree types. Similarities in marital status and attitude toward the ERA have already been discussed. The differences were judged to outweigh the similarities, therefore, this

portion of the hypothesis was not accepted.

Discussion. The marital status of the nurses surveyed does not correspond to either nurses in general, or to the general population of women.

In 1972, 72% of the nurses were married, and of those married, 66% were employed (Rowland, 1978). The NLN (1979) reported 60% of BSN nurses employed either full or part time ten years following graduation. 36% were employed full time. Working women comprise 47% of all women and of those, 59% are reported as of single status (Bureau of Census, 1978). The finding that 8% fewer of the GB degree type were married may be a consequence of their younger age or the current trend toward later marriage in career women. The average and total number of children was greater for the CM type. If the estimated age, 46, is accurate, many of the nurses were experiencing motherhood during the post war "baby boom." The GB degree types may not have started their families or may have decided to have fewer children, if any. The extreme age differences between the groups was an unexpected finding. Perhaps this reflects the current difficulties RNs encounter when trying to pursue the degree.

The median year for the diploma CM type to attain the baccalaureate degree was 1964, suggesting the majority of the degrees were obtained before the National League for Nursing terminated the programs designed for RNs only. Perhaps it has been too difficult for the RN of recent years,

predominately ADN's, to matriculate for a baccalaureate degree. AD nurses today may not be as motivated to move upward, careerwise, as the diploma nurse, and deliberately chose the associate degree as the terminal degree, whereas, the diploma graduate of the forties and fifties had few alternatives in nursing education. These may be some partial explanations for the age difference between groups.

The Equal Rights Amendment position (yes-59%) of both groups is the same as the 59% "yes" reported by the general population in 1975 (Rowland, 1978). This agrees with the literature that portrays nurses as a conservative group and relatively uninvolved in the feminist movement. The similarities between the degree types implies that the younger generic baccalaureate graduate may be conforming to this image in spite of efforts in many programs to encourage a broader viewpoint. However, the large number of nurses undecided about the issue may reflect a sign of change. Uninvolvement in feminist activities represents a nursing norm (Davis, et al, 1966), however attitude toward the ERA may neither represent a feminist attitude nor the true status of the profession toward feminism.

The CM degree type presented more involvement in community activities, both service related and women's activities. Their older age may reflect a more permanent home situation and community identification for the type or it may be that the younger women today, do not see organizations as a viable activity.

It was expected, on the basis of the literature, personal observations and nationwide trends in nursing, to find more similarities among the two types in social characteristics than was found.

Educational Characteristics

The findings about educational behavior are examined in this section and are presented in Table 2. This table compares the two groups of nurses on graduate education and continuing education activity. Type of RN preparation appears in the table for information, although it is not an hypothesis factor. The frequencies in each category were compared for the two types of degrees with a series of chi-square comparisons corresponding to the null hypothesis that no differences existed between degree types.

Graduate degrees held or in progress were significantly more frequent in the CM degree nurses. The Cramer V was .40. The types of masters' degrees were primarily in nursing (72%). The majority of those with degrees other than nursing were in education (15%). The doctorate was held by four nurses in the CM group and none in the GB group. Continuing education activity was characteristic of the majority in both groups, with over half indicating three or more activities within the past year. The majority (75% in both groups) stated personal desire as their primary reason for participating in continuing education.

The CM nurses were asked to respond to a question about

Table 2
Percentages and Chi Square Comparisons
for Educational Activity by Nurses
with Different Degree Types

Activity	Degree Type		df	χ^2	p
	GB % ^a	CM % ^b			
Master's Degree	14	49	1	23.6	<.01
Nurse Practitioner	9	14	1	6.41	.02
Advanced Degree in Progress	22	35	1	12.85	<.01
Continuing Education Activity					
< one	15	22	3	2.68	NS
one	14	8			
two	18	14			
> three	53	54			
Diploma in Nursing		89			
Associate Degree in Nursing		11			

Note: Percentages reflect the proportion of each degree type responding to the item.

$a_n = 152$

$b_n = 72$

the type of baccalaureate program attended. Of the 61 responses, the majority (62%) indicated graduation from some type of separate program for RNs, rather than articulating within a generic program. The separate program types were evenly divided between "some courses for RN, only," and "all courses for RNs, only."

The degree types differed in holding or pursuing advanced degrees and having Nurse Practitioner certification. The similarity noted was in distribution of continuing education activity. On the basis of the excess of differences as opposed to the similarities, the portion of the hypothesis examined in this section was not accepted.

Discussion. A larger proportion of the CM degree type attained the master's degree and indicated masters' degrees in progress. This cannot be easily interpreted as a function of the age factor since half of the GB nurses had more than six or seven years in which to have pursued an advanced degree. CM degree types may either represent a more career-motivated group or hold education in higher personal or professional esteem. Moreover, this type had previously demonstrated perseverance in order to attain the baccalaureate degree, whereas the GB degree type were not faced with the opportunity or necessity to make a recommitment to nursing. A question regarding the reasons for CM degree types pursuing the degree would have clarified this issue. The NLN (1979) study reported 18% of baccalaureate degree nurses having master's degrees.

Continuing education activity (not leading to a degree) was prevalent in both groups but slightly more in the GB degree type nurses. This may have occurred due to the larger proportion of CM nurses pursuing a graduate degree. Personal desire, rather than legal or institutional requirement, illustrates an aspect of professional commitment in both degree types.

These findings were not expected. The GB degree type has traditionally been expected to be the professional-oriented nurse, providing leadership in nursing. If higher education implies the ability or knowledge to assume leadership type activities in academia or nursing practice, then the CM degree type, in this sample, is performing that function.

Employment Characteristics

In this section, aspects of nursing practice and employment are examined and compared for the two degree types, specifically, position type, organization type and work related attitudes.

All of the nurses in the sample were employed full time at the time the names were obtained from the Texas State Board of Nurse Examiners. Full time employment since graduation was larger in the GB degree nurses (by 21%), but proportionately more CM nurses (14%) indicated having alternated school with part or full time employment. A small group (11%) alternated working and non-working years, but the major characteristic of these nurses in both groups was active,

full time employment in some aspect of nursing since graduation with the baccalaureate degree.

Current employment. Responses to the question about current position were categorized into four levels of management for analysis. Team leader, head nurse, charge nurse and assistant head nurse were grouped under first-line management; supervisors, clinical specialists and nurse practitioners as mid-management; and directors and assistant directors as the top management category. Educational employment was categorized separately. The findings are contained in Table 3. Percentages were computed which reflected the proportion of the total responses that fell into each category for each type of degree. The frequencies in each category of employment were compared with a chi-square comparison according to the null hypothesis that no differences existed between the degree types.

The two groups were similar in the middle and top management categories, with significant differences in first-line management and educational employment. GB nurses were more often in first-line management and CM nurses in education. This corresponded with the percentage of time spent in various aspects of nursing indicated by the two types. More than one-third of both groups were engaged in direct patient care 50% or more of the time. Administration and supervision accounted for more than half the working time spent by 16% of the GB nurses and 33% of the CM nurses.

Table 3
Percentage and Chi Square Comparisons for
Employment Activity by Nurses with
Different Degree Types

	<u>Degree Type</u>					
	GM	CM				
Activity	% ^a	% ^b	<u>df</u>	<u>χ^2</u>	<u>p</u>	Cramer <u>V</u>
<hr/>						
Current Position Type						
<hr/>						
First-line manager	59	38	3	13.17	.01	.24
Middle manager	11	13				
Top manager	15	15				
Education	14	31				
<hr/>						
Current Organization Type						
<hr/>						
Episodic	66	42	5	15.16	<.01	.26
Distributive	17	21				
Educational	11	28				
Other	3	6				
<hr/>						
Attitudes Toward Employment						
<hr/>						
Quality of nursing care provided						
High	63	63	3	5.85	NS	
Satisfactory	24	21				
Limited	11	7				
<hr/>						
Level of work satisfaction						
High	77	75	3	1.992	NS	
Neutral	3	3				
Low	18	22				

Note: Percentages reflect the proportion of each degree type responding to the item.

^an = 152

^bn = 72

Educational activities accounted for the majority of the time for 18% of the GB nurses and 28% of the CM degree nurses. Research was the least represented category, accounting for 10% or less time for 26% of the GB nurses and 22% of the CM nurses surveyed. Nine respondents indicated spending more than 10% of their time in research activities.

Organization type. Hospitals and chronic disease facilities were combined to form the episodic category. Schools of nursing were categorized as educational, and the remaining facilities (community health, industry, schools, medical office and independent practice) were classified as distributive type health facilities. The "other" category responses on the questionnaire were placed in the category appropriate for the activity usually found in similar agencies whenever possible. The results of the analysis are contained in Table 3. The GB degree nurses exceeded the CM nurses in employment by episodic care facilities by 24%. Educational agencies were employers of 26% more of the CM nurses.

Attitudes toward employment. Findings about perceived general level of nursing care provided in current work environment and level of satisfaction in current work environment are summarized and also appear in Table 3. Both groups indicated similarly high levels of nursing care provided and high levels of satisfaction in current work environment. There were no significant differences between degree types in levels

of satisfaction and the high level of satisfaction agreed with the Godfrey and Nursing 78 (1978) survey on job satisfaction. More than 75% of the nurses studied enjoyed their work "most of the time." The Nursing 78 study also reported 65% of the nurses rating their fellow nurses as giving good or excellent physical care, again very similar to the findings of the present study concerning quality of nursing care.

The findings for employment characteristics present significant differences in characteristics of current employment activities. Similarities were observed in aspects of nursing practice. On the basis of the major differences in employment, the portion of the hypothesis examined in this section was not accepted.

Discussion. The large representation of nurses whose careers reflected full-time involvement with nursing, from both groups, separates the nurses in this sample from the average nurse. This factor may represent a need to work for monetary reasons; however, it can be inferred that they are a career-minded group, generally, and exhibit a high degree of career orientation by remaining employed almost continuously since graduation (65%). In 1972 only 19% of all nurses were working full time (Rowland, 1978). Another 17% alternated full time employment with graduate school.

The greater proportion of educators in the CM degree may be related to the greater number of master's degrees within that type. Educators held 78% of the master's degrees.

The more frequent representation of the GB degree type in first line management may be a consequence of her younger age. Possibly the GB degree type is more direct patient care oriented. In recent years, the status of patient care deliverer has risen while in the fifties and sixties career advancement was seen, most often, as moving away from the bedside (Chaska, 1978).

Research as an activity was minimal in both groups, but the fact that research was an activity at all further demonstrates the uniqueness of this group of nurses.

The GB degree type nurses were most frequently employed in hospitals, as was true for the largest proportion of CM nurses. The NLN (1979) report indicated 42% of baccalaureate degree nurses employed in hospitals ten years following graduation and 15% in nursing education. Hospital employment probably represents the larger employment scene in Texas, where distributive services are rather poorly developed. The larger proportion of CM degree nurses in community health is somewhat surprising, since many of the RN baccalaureate programs of the sixties offered no community health options. Whether this was true for the programs attended by the nurses surveyed is not known.

Social, educational and occupational characteristics were examined and compared in two types of degree nurses. On the basis of the major differences found in each of the three aspects and the statistical examination of the differ-

ences, the hypothesis examined in this section of the study was not accepted.

Professional Commitment

Findings about the professional commitment of the nurses surveyed are contained in this section. These findings were derived from the developed index, to responses to direct questions about professional commitment, to attitudes toward nursing and to other factors found in the literature to be related to professional commitment. These factors include professional association activity, professional reading and professional development activities.

The hypothesis examined in this section was: There are no differences in professional commitment indices between degree types.

Professional Commitment Index

Degree of professional commitment was assessed for the two degree types using the developed index. A t-test using the SPSS subprogram T-TEST was performed and analyzed with pool variance estimates corresponding to the null hypothesis that no difference existed between the two groups. The results of this analysis appear in Table 4. The CM degree type displayed significantly higher indices of commitment as measured by this index. The null hypothesis was rejected at the .001 level of significance.

Table 4
T-Test Values on the Professional Commitment Index for
Nurses with Different Degree Types

Professional Commitment Index	<u>n</u>	mean	Standard deviation	<u>df</u>	<u>t</u>
GB	152	5.769	2.512	222	-3.36*
CM	72	7.055	3.002		

*p < .001

The subsequent sections will further describe factors related to professional commitment for the two groups of baccalaureate degree nurses.

Attitudes Toward Nursing

The respondents' perceived level of professional commitment was asked in Item 30 of the Professional Questionnaire. This item was a part of the developed index, but an individual analysis of responses to this item further explains the findings. This question asked for attitude toward nursing as a commitment in relation to other aspects of life. The findings are presented in Table 5. Category responses were combined for analysis. Categories two and three pertaining to nursing as a serious life commitment were combined, and categories four and five, pertaining to nursing as either a lesser commitment or simply a job were combined. The analysis revealed that CM types perceived nursing as a primary life

Table 5
Percentage and Chi Square Comparisons for Professional
Commitment Factors by Nurses with
Different Degree Types

Factor	Degree Type		df	χ^2	p
	GB % ^a	CM % ^b			
Stated commitment to nursing					
Primary life commitment	10	19	2	9.42	.02
Serious commitment	79	61			
Less serious than personal life	11	18			
Professional Association Activity					
Association Membership					
ANA	41	76	2	24.43	<.01
NLN	22	70			
Specialty	8	17			
Association Activity					
Officer or committee member	7	33			
Regular attendance	10	24			
Irregular attendance	15	31			
Never attend	32	24			
Professional Reading Activity					
Journal type					
High level	23	88			
Middle level	100	100			
Low level	30	31			
Extent of Reading					
Read a lot	28	36			
Some reading	36	42			
Seldom read	24	11			

Note: Percentages reflect the proportion of each degree type responding to the item.

commitment nearly twice as often as GB types, although proportionately more CM nurses viewed nursing as a lesser commitment. The proportions between the two groups of nurses were significantly different on attitudes toward professional commitment as shown by the chi-square comparison in Table 5. The Cramer V was noted to be .20, indicating a weak association.

The responses to this item were re-analyzed, controlling for the variables of marital status, children, decade of graduation, and satisfaction in current work environment. These findings are contained in Table 6. A series of chi-square comparisons were computed to compare proportions between differing variable measures and levels of commitment, corresponding to the null hypothesis that no differences existed between groups. Primary commitment was represented most often by the unmarried nurse, the nurse with no children and the nurse graduated either in the forties or in the sixties. Nursing as a serious life commitment along with other life commitments was represented most frequently by the married nurse, the nurse with no children, and the nurse graduated in the fifties or the seventies. The uncommitted nurse was distributed fairly evenly in all categories, but the most frequent occurrences were in the married nurse and the nurse graduated in the seventies. The majority of all categories viewed nursing as a serious commitment, and were evenly divided between the primary and lesser levels.

Table 6
Percentage Distribution and Chi Square Comparisons
of Professional Commitment Levels by Demographic
Variables for Baccalaureate Degree Nurses

Variable	Level of Commitment			df	χ^2	p
	Primary % ^a	Serious %	Not Serious %			
Married						
Yes (122)	5	80	15	2	20.36	<.01
No (101)	23	55	12			
Children						
None (133)	16	68	16	4	13.96	NS
< three (62)	8	82	10			
> three (29)	9	80	10			
Decade of Graduation						
1940's (19)	21	63	11	6	39.34	.001
1950's (29)	14	79	7			
1960's (55)	22	62	6			
1970's (121)	8	78	14			

Note: Parentheses indicate number in the category.

^aPercentages reflect the proportion of the category in each level.

Differences between the category measures were significant for each category of marital status and years since graduation. The Cramer V was .21 and .17 respectively.

Professional Association Activity

The analysis of the data pertaining to activity in professional associations is contained in Table 5. The aspects of activity analyzed were membership, association type membership and level of association activity. The proportion of responses in each category were compared as a series with percentages. Fifty-two percent of the total sample said they were association members of some type.

The percentage of CM degree nurses was higher in each aspect of association activity. Membership in the American Nurses Association was less than one-third for the GB degree nurses, who were most represented in specialty associations. The Cramer V for the strength of this relationship was .36. Specialty associations were classified and analyzed as nurse practitioner, anesthesia and clinical specialty types. All but six responding to the item indicated clinical specialty as their association membership type.

Professional Reading

Aspects of reading pertaining to types of journals and extent of reading are summarized and contained in Table 5. The journals were rated into three categories, according to theoretical level and reading ease. The journals in the "high level" consisted of Nursing Research, Nursing Outlook,

Nursing Forum and Journal of Nursing Administration. The middle level consisted of The American Journal of Nursing, Nursing '70 series, and specialty nursing journals. The lowest level consisted solely of the RN magazine.

A greater proportion of the CM degree type indicated reading in the high level category. The mean number of journals regularly read was 1.9 for the GB degree type and 2.8 for the CM degree type. Journal reading preferences were similar for the groups when rank ordered except for the first choice. The CM degree type most often read The American Journal of Nursing and the GB type most often read the Nursing '70 series.

The extent of professional reading activity was self-estimated by the respondents in each of the two groups. The CM degree group indicated reading to a greater extent than the GB. The comparisons between the groups revealed that 36% of the CM group read a great deal compared to 28% of the GB group; 42% of the CM group did "some reading" compared to 36% of the GB group; and only 11% of the CM group stated that they seldom read while 24% of the GB group made a similar assertion.

Additional Findings

A question (Item 58) from the Behavioral Orientation Profile section of the questionnaire, having specific reference to commitment to work was analyzed separately and a chi-square comparison made between the two types of degree nurses. The CM group indicated a higher level of commitment and this

difference was significant at the .05 level of probability (chi-square = 10.611 with a df of 4).

Based on the findings from the t-test analysis between groups, the hypothesis proposed for this variable was not accepted. Further analysis was presented to further describe and explain this finding.

Discussion

Professional association membership is included as an aspect of professional commitment by nearly all writers dealing with the subject. The decline in professional association membership, especially among the younger graduates, is of grave concern. The Texas Nurses Association "boasts" of a membership consisting of only 2% of the RNs in Texas (Texas Nurse, 1978). The nurses surveyed had a considerably higher membership representation. If association membership is a valid indicator of professional commitment, then both degree types demonstrate a higher level of commitment than the state norm. The CM degree type was proportionately three times more often an ANA member. Other association activities were more frequent in the CM degree type except for the category of "never attend," in which the GB degree type was more frequently represented. This corresponds to the recent observation that the ANA represents the ideology of nursing education, not nursing practice (Gamer, 1979). A greater number of the CM degree type nurses were engaged in nursing education (31%). Perhaps the GB degree type nurses are not having

their needs met in the official nursing organization, since these nurses were, most often, employed in clinical practice. The largest category of membership for the GB degree nurses was in the specialty organization, which is primarily practice oriented. This agrees with Gamer's (1979) notions of problems in the profession's ideologies that promote a professional stance that is neither acceptable nor practical for the nurse employed in health care delivery.

Professional reading is another aspect of professional activity seen by many as an indicator of professional commitment. All of the nurses surveyed indicated some professional reading activity, primarily in the middle level of writing and theoretical difficulty. The journals, Nursing '70 series and the American Journal of Nursing were favored journals, and are considered practice oriented. The Nursing '70 series is slightly less theoretical than the American Journal of Nursing and was most often preferred by the GB degree type nurses. The large number of CM degree type reading in the higher level may be a consequence of the large number of educators within the group. Nursing Outlook and Nursing Research are written for an audience of nurse educators and researchers and probably do not offer much substance for the practicing nurse.

If professional reading activity is viewed as a legitimate aspect of professional commitment, the CM degree type displays this characteristic to a greater degree than the

GB degree type, from type and number of journals read to extent of reading.

The findings from this analysis are somewhat congruent with Monnig's (1978) findings that nurses with master's degrees have the highest professional organization use and diploma nurses have the greatest sense of calling and professionalism. The CM group were primarily diploma graduates originally. A partial explanation for the professional stance of diploma nurses may be the environment in which education occurred. Lum (1978) described professional socialization as developing to the maximum when a group is set apart from others and there is shared suffering. This was more pronounced in diploma programs than in the present baccalaureate degree programs where students are urged and often required to mingle and take courses with other majors. Also, Jacox (1978) views success in professionalization depending, to a great extent, on the service orientation of the faculty. This may not be as pronounced in the modern baccalaureate nursing school.

Few, if any, studies have been carried out on the professional commitment aspect of nurses comparing different degree types. Therefore, this finding may be important for a more complete understanding of some conflicting ideas about career mobility education.

Leader Behavior Orientation

This section presents findings about the leader behavior of the nurses surveyed. The data were obtained from the

responses to the items in the Behavioral Orientation Profile section of the questionnaire. Additional findings related to leader behavior were obtained from the Professional Questionnaire section. The hypothesis for this portion of the study was: There are no differences in measures of leader behavior orientation between degree types.

Comparisons of Leader Behavior by Type of Baccalaureate Degree

The Behavioral Orientation Profile items were categorized as change agent or administrative type behaviors, as described in Chapter 3. The summed scores of the items for each leader type was used to compare the degree types on this variable. The summed items were computer analyzed for a t-test analysis corresponding to the null hypothesis that no differences existed between the groups. The results of this analysis appear in Table 7. The highest possible score for these items was 75 for each category, change agent or administrative type behavior. There were no significant differences between the groups on the pooled variances analysis. The null hypothesis was accepted.

Other findings derived from the Professional Questionnaire and related to leader behavior were analyzed in the section under employment characteristics of baccalaureate degree nurses (Table 3). The CM degree type nurses had 21% less representation in first-line management than the GB type, but representation in middle and top management was similar for the two groups. Corresponding to this, 17% more of the

CM nurses indicated spending 50% or more of their time in administration or supervision than the GB nurses.

The total leader behavior scores for the differing levels of management positions were analyzed and comparisons made between the two groups, GB and CM degree types. The results of this analysis are contained in Table 8. The findings indicate that the first-line managers present lower leader behavior mean scores than the other categories and the educators in the CM degree type group presented the highest mean score of all the categories.

Individual questions from the Behavioral Orientation Profile were examined to determine the content of the questions in which the degree types differed significantly. A t-test was performed on each individual item corresponding to the null hypothesis that no difference existed between the groups. The results of this analysis revealed that the types differed at the .05 level of significance on one item. This item pertained to being creative and thinking of new approaches to problems. The CM group mean score was significantly higher than the GB mean score.

The number of years since graduation was correlated with change agent, administrative and total leader score. The results of this Pearson correlation revealed no correlation between these variables. Change and administrative scores were correlated and a Pearson r of .97 was obtained.

Table 7
T-Test Values on Change Agent and Administrative
Items to Compare Nurses with
Different Degree Types

Variable	<u>n</u>	mean	Standard deviation	<u>df</u>	<u>t</u>
Change Type					
GB degree	64	58.00	8.317	222	.68
CM degree	160	57.12	8.886		
Administrative Type					
GB degree	64	57.23	7.68	222	.53
CM degree	160	56.59	8.32		

Table 8
Mean Scores on Behavioral Orientation Profile
by Management Level Position of Nurses
with Different Degree Types

Position type	mean	<u>n</u>	%
First Line Management			
GB	112.3 ^a	89	58% ^c
CM	107.8 ^b	27	38%
Mid Management			
GB	116.0	17	11%
CM	121.7	9	13%
Top Management			
GB	119.6	23	15%
CM	119.5	11	15%
Education			
GB	117.0	21	14%
CM	127.4	22	31%

Note: Maximum possible score =150

^arange = 87-143

^brange = 86-147

^cTotals may not add to 100% due to rounding

On the basis of the t-test results between degree types on change agent versus administrative type behavior which indicated that the two degree types did not differ significantly, the null hypothesis for this section was accepted. Other findings presented some differences which will be discussed further.

Discussion

The leader behavior orientation for the two groups of nurses, GB and CM degree, were strikingly similar, although differed somewhat from the nurses surveyed in Moore's (1978) study, who were non-baccalaureate degree nurses in middle or top level management positions. The BOP was used and the mean score for the group tested was 114. The mean on the BOP for this study ranged from 112.3 to 119.6 for GB degree types and from 107.8 to 127.4 for CM degree type nurses.

Differences were observed among the subgroups within the two groups, GB and CM. It appears from the findings that the higher the level of management attained, the higher the leader behavior orientation scores, with the educator in the CM degree group having the highest of all the scores. On the basis of these findings, it might be interpreted that the theoretical base in regard to knowledge about leader behavior was similar for the two groups, and that, as the nurse progressed in management, the behaviors were developed to a higher degree. The educators in the CM group may be the nursing leaders in Texas today and present the highest degree of

leader behavior of any sub-group. These nurses are the bulk of the educational and professional system and may have possessed this leader behavior to a greater degree than the average nurse before beginning the long trek from RN to MS. This question was not addressed in this study and a longitudinal analysis would be required to gain insight into the question.

The notable similarity between change agent and administrative type behaviors suggests they may be aspects of leader behavior that are not amenable to separation. However, this does not agree with the literature reviewed, which viewed change agent behavior as in opposition to administrative behavior. These measures need to be compared in other occupational groups in order to make any further interpretations about change agent behavior in RNs. Perhaps the instrument either did not measure change agent behavior or the two constructs are linearly related. Also, the two groups of nurses may represent unique characteristics, especially suitable for adaptation to the work world they encounter.

The item analysis on the instrument revealed minimal differences between the two groups on all items except Item 54 referring to "having the ability to work as a catalyst." There was distributional difference significant at the .01 level between the groups, with the CM type higher on the scale. However, the Cramer's V was only .19, which indicates a weak association.

The words in this item directly spoke to change; however, perhaps the other change designated items were not sufficiently differentiated from the administrative items to measure the construct sufficiently. Further refinement of the instrument is indicated before it can be a useful tool for the assessment of change agent behavior.

There are many other factors that may have interacted to affect leader behavior in these two types of nurses. Among those factors are individual educational experiences, family orientations, situational factors, health, and personality type. Moore and Rivera (1978) found a significant difference in scores on this instrument among different personality types as measured on the Myers-Briggs Type Indicator. The pilot test conducted by this researcher suggested scores were different among clinical specialty types, although this was not analyzed statistically. Many aspects of leader behavior have been identified and subjected to empirical study. This study sought to examine two aspects, administrative and change agent types in order to describe leader behavior in nurses.

Relationships Among Leader Behavior, Professional Commitment and Degree Type

This section sought to further analyze the relationships among the study variables. The hypothesis developed was: There is a positive relationship between leader behavior orientation and professional commitment among degree types.

The subprogram ANOVA in the SPSS manual was used to perform an analysis of variance and covariance. A two factor design was requested with commitment as the dependent variable, type of degree as the non-metric independent variable and two metric covariates, change agent behavior and leader behavior. The objective for this type of analysis was to assess the effects of the covariates, change agent and leader behavior, on the interaction between commitment and degree type. Therefore, the options were selected to adjust for factors first, then covariates and interactions last. The results of this analysis are presented in Table 10.

The findings from this analysis were a significantly positive main effect of degree type on commitment. The eta was .22, indicating the strength of the association. When this was adjusted for the covariates there was a significant negative effect on commitment.

The effect of leader behavior on commitment was such that the unadjusted deviation of CM and GB commitment scores was reduced from 1.28 to 1.21, and the eta to .21. The multiple R² was .05, therefore degree type explained 5% of the variation in commitment. The additive effects of change agent and leader behavior accounted for 13% of the variance. The multiple correlation (R) of the factors on the independent variable was .36. High PCI scores were significantly and positively associated with a high leader behavior score and with CM degree type.

Table 10
Summary Table for Analysis of Variance and Covariance
between Professional Commitment, Type
of Nursing Degree and Leader
Behavior Type

Source of Variation	Sum of Squares	<u>DF</u>	mean square	<u>F</u>	<u>p</u>
Main Effects					
GB	80.777	1	80.777	12.246	.001
CM	80.777	1	80.777	12.246	.001
Covariates					
Change	141.490	2	70.745	10.725	.001
Administration	121.022	1	121.022	18.347	.001
	20.469	1	20.469	3.103	.08
Explained	222.267	3	74.089	11.232	.001
Residual	1451.205	220	6.596		
Total	1673.472	223	7.504		
Covariate: raw regression coefficient					
change = 0.085					
administration = .065					

On the basis of these findings that there was a significant relationship among professional commitment, degree type, change agent behavior and administrative behavior with no interaction between change and administrative behaviors, the research hypothesis for this section was accepted.

Two bivariate Pearson Correlations were computed for Professional commitment with total Leadership Scores and with number of years since graduation from a baccalaureate nursing program. The results of this analysis are displayed in Table 9, and confirm the significant correlation (.001) between level of commitment, measured by the Professional Commitment Index and Total Leadership Score.

Table 9
Pearson Correlations Between Professional
Commitment and Leader Behavior

	coefficient	<u>n</u>	<u>p</u>
Commitment			
Years since graduation	0.0308	224	0.324
Leadership Behavior	0.3002	224	.001

An additional bivariate Pearson Correlation was performed between total leader behavior scores, and professional commitment to assess the strength of that relationship without the confounding effect of the adjustments made for the

degree type in the analysis of variance test. The result was an r of .30, significant at the .001 level of probability. This further explains an association between the two variables, although no prediction can be made about cause and effect.

Discussion

Leader behavior orientation and professional commitment exhibited an association in the analysis methodology used for this study. The CM degree type and a high level of commitment represented the highest leader behavior orientation scores. However, this may have been a consequence of the large number of educators in the group or factors not considered in this study. To identify this consequence a one-way ANOVA was performed on the computer on commitment index by position type. The top managers and educators were significantly (.01) higher than first-line and supervisors; however, there was no difference between top managers and educators.

The question emerges concerning the possible reasons behind the larger numbers of educators in the CM degree type. Most likely it is related to a combination of circumstances. There was a larger number in this group who were not married, who may have been anxious to move up professionally and the highest status in nursing is often viewed as in education. Perhaps there were a number who were originally diploma school faculty and, through education and experience, moved into baccalaureate or associate degree education as diploma schools

were phased out. Perhaps this group represents a large number of nurse leaders feeling the health delivery system too restrictive and electing to move into a professional role appearing more autonomous.

The findings about leader behavior orientation scores, professional commitment and social characteristics led to the following conclusion. The top managers and educators displayed the highest leader behavior scores and this was associated with a high level of commitment for the educator group. Commitment was highest in the CM degree type and there was a positive correlation between leader behavior and professional commitment.

Other Findings

Additional findings from the survey questionnaire analysis, not included as part of the previous analyses are described in this section.

Aspects of Employment

The clinical specialty categories of the nurses surveyed were: 42% in medical surgical; 7% in community health; 6% in psychiatry and 20% in maternal child health. Sixty one percent indicated working in their specialty area. Eighty nine of the respondents stated they expected to be working in nursing in ten years and in the following activities (in rank order): patient care, education, administration and research. A breakdown of 116 first-line managers identified 57 as staff nurses and 59 as head nurses, team leaders or charge nurses.

Of the nurses employed by episodic type agencies 56% were in hospitals and 3% in chronic disease facilities. There were 19 community health agency nurses, 12 school nurses and six office nurses in the study sample.

The findings described above were included to further describe the study sample and to use in future research on the data.

Summary

This chapter contained the findings of this investigation. A summary of the results and analysis of the data concludes the chapter.

Social characteristics of the two types of degree nurses were similar in that a small majority of both groups were married and strongly favored the equal rights amendment. Approximately one-fourth of both groups were undecided and the remainder were opposed to the issue. Differences were found in the number having children and in the number of children with the CM degree group indicating more children. The CM group was also older by approximately eighteen years, as estimated by years since graduation from a basic nursing program. More CM degree nurses indicated activity in health, education or service related activity as well as activity in women's organizations.

Educational characteristics differed markedly between the two groups in every aspect examined except continuing education activity. The CM degree type nurses possessed more

advanced degrees, certificates and advanced degrees in progress than the GB degree nurses.

Employment characteristics between the two degree types presented similarities in numbers employed as top and middle managers. There were significantly more GB degree types employed in first-line type positions and CM degree types in positions educational in nature. GB degree types were more often employed in episodic type health organizations and CM degree types in educational organizations. Both groups were highly satisfied with their current work environment.

Indices selected to measure commitment were significantly higher for the CM degree type. However, other factors related to professional commitment were similar when comparing the two groups on their stated commitment to nursing along with other serious life commitments. Differences, however, between the groups were found in other factors examined, specifically those related to professional commitment.

The CM degree type was more frequently committed to nursing as a primary life commitment, active in professional associations and engaged in more extensive professional reading.

The leader behavior was similar for the two groups when analyzed as both total leader behavior and change agent versus administrative type behavior. This was also found to be present when the leader behavior was compared for the

differing levels of management type employment. The subgroup representing the highest mean score on the leader behavior test was the CM degree type educator.

The follow-up post cards sent to a random sample of 40 nonresponders presented the following results:

1. Too busy = 5
2. Other = 15
3. Nonresponders = 20

The "other category" was broken down into:

1. Misplaced the questionnaire = 3
2. Did not receive it = 10
3. Sent it back = 2

These findings do not permit an assumption that the nonresponders did not differ greatly from the responders.

Relationships among the major variables studied were found to be significant, except for the interaction between change agent with leader behavior. These differences were significant at the $.05$ probability level. The next chapter presents the conclusions related to the hypotheses and recommendations for further research and nursing practice.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter contains a summary of the preceding chapters. The conclusions which followed from a comparison of the hypotheses with the statistical results are presented. The analysis and discussion of the findings provided the basis for the ensuing recommendations.

Summary

The purpose of this study was to describe and explain differences and similarities in social, educational and employment characteristics, professional commitment and leader behavior orientation; specifically, change agent and administrative types, between nurses from two types of baccalaureate degree nursing programs, generic and career mobility. The study examined differences in professional commitment as determined by a commitment index developed from a questionnaire containing items asking for responses about behaviors

found in the literature to be related to professional commitment; differences in leader behavior orientations as measured by the Behavioral Orientation Profile, and possible relationships among degree type, professional commitment and leader behavior orientation.

There were four hypotheses formulated to examine these variables. The first hypothesis was formulated to examine and compare the two groups on social, educational and occupational variables, with the expectation that no differences would exist between degree types. Hypothesis two was formulated to examine and compare the two groups on professional commitment indices with the presumption that no differences would exist between degree types. Hypothesis three was formulated to examine and compare the two groups on change agent and administrative aspects of leader behavior orientation, with no differences expected between types. The fourth hypothesis was formulated to examine the relationships among degree type, professional commitment and leader behavior orientation, anticipating an association among these variables.

Socialization theory provided the unifying structure for this study. Professional commitment and leader behavior were examined, within the context of professional socialization, as aspects of adult socialization. Career mobility routes to the baccalaureate degree, RN or ADN to BSN, and the traditional baccalaureate approach were reviewed for similarities and differences among the two types of graduates in

aspects of professional socialization. The perspective was developed from the literature review that more similarities than differences would exist between the two degree types and that professional commitment and leader behavior would be related.

The data for examination of the hypotheses were provided by baccalaureate degree nurses, employed full time, from 54 Texas counties and selected to represent population and geographical diversity. The sample comprised 224 registered nurses, selected by systematic sampling method from a population of 2,290 nurses.

A 60-item questionnaire was developed by the researcher, pretested, assessed for reliability and validity, and mailed to the nurses sampled with a cover letter explaining the purpose for the study. There were two sections in the questionnaire, the Professional Questionnaire (30 items) contained questions about the general characteristics of the nurses, and factors related to professional commitment. A Professional Commitment Index was developed from items in this section. The second section (30 items) was the Behavioral Orientation Profile, containing a leader behavior orientation scale.

The following results were obtained from computer analysis of the data.

Hypothesis one examined social, educational and occupational characteristics. Chi-square and percentage analysis revealed the following differential characteristics between

degree types:

1. Career mobility (CM) degree type nurses were found to be approximately 15 years older than generic degree type nurses, have more children and be more involved in community activities-service, church, child-related, political or social.

2. The degree types were equally represented on attitudes for or against the ERA, with four nurses involved in feminist organizations.

3. The CM degree type was more represented in graduate education, either having attained or pursuing an advanced degree.

4. Continuing education activities were a characteristic of both degree types, with personal desire being the primary motivator.

5. The GB degree were more often employed in first line management than the CM degree type, and the CM type more often in education. The groups were equally represented in middle and top management levels.

6. Episodic type organizations were the major employers of both degree types. The degree types were equally satisfied with quality of nursing care and work environment. There were more differences than similarities between degree types. Hypothesis one was rejected.

Hypothesis two was concerned with ascertaining whether there were significant differences in factors associated with professional commitment between the two groups of nurses.

The results from t-test, chi-square and percentage comparisons were:

1. The CM degree type was significantly ($p < .01$) more committed as measured by the Professional Commitment Index.

2. The CM degree type nurses were more often active members in professional nursing associations and read professional journals more extensively.

3. Both groups viewed themselves as highly committed to nursing and would, again, choose nursing as a career. On the basis of these findings the second hypothesis was rejected.

Hypothesis three compared the two degree types on leader behavior orientation. A t-test analysis provided the following finding:

1. There were no differences between the two groups in measures of change agent type, administrative type, or total leader behavior. Hypothesis three was, therefore, accepted.

Hypothesis four examined associations among professional commitment, leader behavior orientation and degree type. The results of a two-factor analysis of covariance revealed that:

1. There was a significant ($p < .001$) association among professional commitment, total leader behavior and degree type, with CM degree type and high leader behavior scores correlating with a high commitment score. There was no

interaction between change agent and administrative type scores. The Pearson r correlating leader behavior scores with the professional commitment was .30 ($p < .001$). Hypothesis four, therefore, was accepted.

Conclusions

The following conclusions were based on the findings of this study about differences between degree types in social, educational and occupational characteristics, professional commitment and aspects of leader behavior:

1. Career mobility (CM) degree types were older, had more children and were more active in community activities than generic (GB) degree types.

2. Graduate education activity was more represented in the CM degree type.

3. There were more educators in the CM degree type and more first-line managers in the GB degree type.

4. Leader behavior was similar for the two degree types.

5. Leader behavior and degree type are associated positively with professional commitment.

These findings can be generalized only to the group comprising the sample drawn at the time the data was collected.

Recommendations

The following recommendations were developed from the findings of this study.

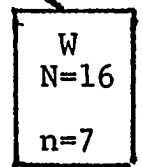
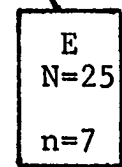
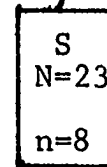
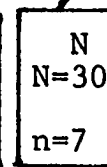
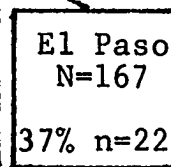
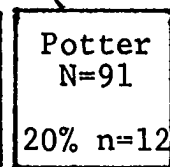
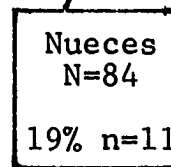
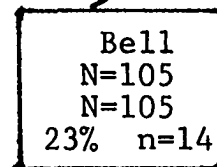
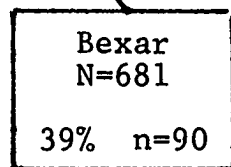
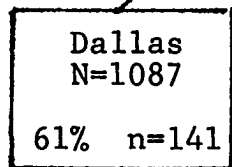
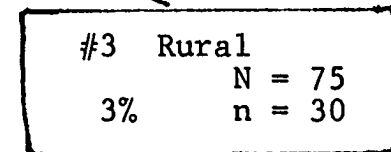
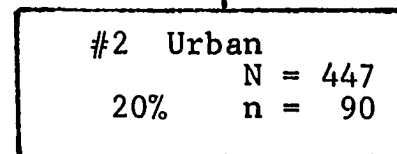
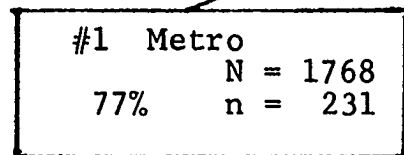
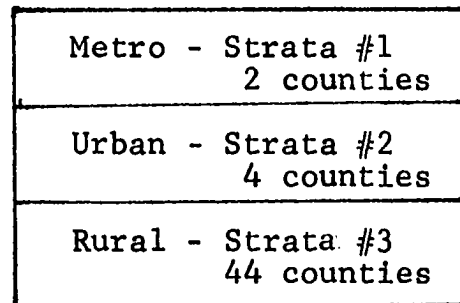
The relationships studied need to be further examined utilizing: a more evenly matched sample of nurses with different degree types; controls for major influencing factors such as education (amount, type and motivation for undertaking , employment, personality, age, sex, ethnicity and marital status); more accurate indicators of leader behavior and professional commitment or refinement of the tools used; and comparative analyses of the research variables between other professionals and nurses.

This study was carried out to identify, describe and explain some characteristics of a group of nurses not previously studied for this particular purpose. Data was obtained that may be analyzed at some future time and from another perspective. Findings from this study may be used to conduct further research on these aspects of professional socialization, to the development of a less biased view of the degree-seeking RN and to the clarification of this major issue in nursing education, career mobility versus generic baccalaureate education.

APPENDIX A

SAMPLING SCHEMA

SAMPLING SCHEMA



N
metro = over 300,000
urban = under 300,000
rural = under 50,000

C SE Panhandle W N S E W

code



strata county area

ID#

APPENDIX B

QUESTIONNAIRE

PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark ☒.

1. Glossy photographs _____
2. Colored illustrations _____
3. Photographs with dark background _____
4. Illustrations are poor copy _____
5. Print shows through as there is text on both sides of page _____
6. Indistinct, broken or small print on several pages ☒ throughout

7. Tightly bound copy with print lost in spine _____
8. Computer printout pages with indistinct print _____
9. Page(s) _____ lacking when material received, and not available
from school or author _____
10. Page(s) _____ seem to be missing in numbering only as text
follows _____
11. Poor carbon copy _____
12. Not original copy, several pages with blurred type _____
13. Appendix pages are poor copy _____
14. Original copy with light type _____
15. Curling and wrinkled pages _____
16. Other _____

PROFESSIONAL QUESTIONNAIRE

Code # _____

Please check the appropriate number for each question. Please respond to all the questions.

- S** 1. Marital Status: _____ 1) Married _____ 2) Single
- S** 2. Number of Children: _____
- S** 3. Sex: _____ 1) Female _____ 2) Male
- S** 4. Which diplomas, certificates or degrees have you received? (Check as many as apply)
- E** _____ 1) Nursing diploma; Year _____
- _____ 2) Associate degree; Year _____
- _____ 3) Bachelor's degree; Year _____
- _____ 4) Nurse practitioner or clinical specialist; Year _____
- _____ 5) Master's degree; Year _____ Nursing _____, Other (Please describe) _____
- _____ 6) Ph.D. or Ed.D; Year _____ Field: _____
- E** 5. Did you have an associate degree or a diploma in nursing before receiving your bachelor's degree?
- _____ 1) No _____ 2) Yes (diploma) _____ 3) Yes (associate degree)
- E** 6. If you had an associate degree or diploma in nursing before receiving your bachelor's degree check the response best describing your bachelor's degree nursing program. Please read all responses carefully before checking your response.
- _____ 1) All nursing courses were taken with generic (basic) students in a bachelor's degree nursing program.
- _____ 2) All nursing courses were specifically for RN's and taken with RN's only.
- _____ 3) Some nursing courses were taken with generic (basic) students and some were specifically for RN's and taken with RN's only.
- E** 7. Since completing the bachelor's degree, I have:
- _____ 1) Worked full-time in nursing.
- _____ 2) Worked part-time in nursing.
- _____ 3) Alternated full-time and part-time employment in nursing.
- _____ 4) Alternated full and/or part-time employment in nursing with non-working years.
- _____ 5) Alternated graduate school with full and/or part-time employment in nursing.
- E** 8. What is your current position? (Please check the one best response.)
- _____ 1) Staff Nurse _____ 6) Supervisor
- _____ 2) Team Leader _____ 7) Assistant Director
- _____ 3) Head Nurse _____ 8) Director
- _____ 4) Assistant Head Nurse _____ 9) Professor/Instructor
- _____ 5) Charge Nurse _____ 10) Nurse Practitioner or Clinical Nurse Specialist
- _____ 11) Other (specify) _____
- E** 9. In your current position, what percent (%) of your time is spent in each of the following general areas?
- _____ % 1) Administration and supervision _____ % 3) Direct patient care
- _____ % 2) Teaching/working with students _____ % 4) Research
- C** 10. Are you currently a member of a nursing association? _____ 1) Yes _____ 2) No
- C** 11. If yes:
- _____ 1) American Nurses Association
- _____ 2) National League for Nursing
- _____ 3) Specialized association, e.g., Pediatrics, Maternity, etc. (Please specify) _____
- C** 12. How actively do you currently participate in a nursing association?
- _____ 1) Hold office/committee chairperson _____ 4) Attend occasional meetings
- _____ 2) Committee or task force member _____ 5) Seldom or never attend meetings
- _____ 3) Attend meetings regularly
- C** 13. How would you characterize the professional reading (books and journals) which you do? That is, is it primarily oriented toward (select one response):
- _____ 1) Nursing skills _____ 3) Overview of the field of nursing
- _____ 2) Nursing administration _____ 4) Theory, research and/or teaching of nursing
- C** 14. Which, if any, of the journals listed below do you regularly read?
- _____ 1) Nursing Outlook _____ 4) Nursing Forum _____ 7) Journal of Nursing Administration
- _____ 2) Nursing Research _____ 5) American Journal of Nursing _____ 8) Specialty area journal
- _____ 3) R.N. _____ 6) Nursing '77
- C** 15. Please circle the number for the response which best describes the extent to which you typically read professional journals.
- 1 2 3 4 5
- C** 16. During the past 12 months, have you participated in continuing education experience(s)?
- E** _____ 1) No _____ 2) Yes. If yes, how many? _____
- C** 17. If yes, was this a consequence of: (Check as many as apply.)
- E** _____ 1) Legal requirement
- _____ 2) Institutional pressure or provision
- _____ 3) Personal desire
- C** 18. Are you currently working toward an advanced certificate or degree?
- E** _____ 1) Yes _____ 2) No

Em 19. In what type of organization are you currently employed?

- | | |
|---|---|
| <input type="checkbox"/> 1) Hospital | <input type="checkbox"/> 6) School |
| <input type="checkbox"/> 2) Chronic disease facility | <input type="checkbox"/> 7) Medical Office |
| <input type="checkbox"/> 3) School of Nursing | <input type="checkbox"/> 8) Independent practice |
| <input type="checkbox"/> 4) Community health or home health care agency | <input type="checkbox"/> 9) Other (explain) _____ |
| <input type="checkbox"/> 5) Business or industry | |

Em 20. If you had special preparation in an area of clinical practice, please check the appropriate number. (if more than one, please check primary area.)

- | | |
|---|--|
| <input type="checkbox"/> 1) Geriatrics | <input type="checkbox"/> 5) Psychiatry/mental health |
| <input type="checkbox"/> 2) Medical/surgical | <input type="checkbox"/> 6) Community/public health |
| <input type="checkbox"/> 3) Obstetrics/gynecology | <input type="checkbox"/> 7) Other (specify) _____ |
| <input type="checkbox"/> 4) Pediatrics/maternity | |

Em 21. Are you currently practicing in the area of practice checked above? ☐ 1) Yes ☐ 2) No

Em 22. Is your work environment conducive to : (Please circle your response)

1	2	3	4	5
/	/	/	/	/
High quality nursing care		Satisfactory nursing care		Limited nursing care

Em 23. What is your level of satisfaction in your current work environment?

1	2	3	4	5
/	/	/	/	/
Very dissatisfied	Moderately dissatisfied	Neither satisfied or dissatisfied	Moderately satisfied	Very satisfied

C 24. Would you still choose nursing as a career?

1	2	3	4	5
/	/	/	/	/
Definitely no	Probably no	Don't know	Probably yes	Definitely yes

C 25. Ten years from now, I:

1	2	3	4	5
/	/	/	/	/
Don't expect to be employed in nursing		Don't know whether I'll be employed in nursing		Expect to be employed in nursing

Em 26. If you expect to be employed in nursing ten years from now, what do you anticipate will be your primary activity? (Choose one response only.)

- | | |
|--|--|
| <input type="checkbox"/> 1) Direct patient or client care | <input type="checkbox"/> 3) Teaching/working with students |
| <input type="checkbox"/> 2) Supervision and administration | <input type="checkbox"/> 4) Research |

S 27. Do you believe that the Equal Rights Amendment is necessary or desirable?

☐ 1) No ☐ 2) Yes ☐ 3) Undecided

S 28. In how many health, education or social service-related community activities do you actively participate? _____ (For example, March of Dimes, Crisis Center, Red Cross, P.T.A., Campfire Girls, etc.)

S 29. If you belong to any women's organizations, please check according to the following orientations.

<input type="checkbox"/> 1) religious or church centered	How many
<input type="checkbox"/> 2) child-centered	1) _____
<input type="checkbox"/> 3) primarily social	2) _____
<input type="checkbox"/> 4) community service	3) _____
<input type="checkbox"/> 5) political	4) _____
<input type="checkbox"/> 6) feminist	5) _____
	6) _____

C 30. I regard nursing as:

- | |
|---|
| <input type="checkbox"/> 1) My primary life commitment. |
| <input type="checkbox"/> 2) One among several serious life commitments of relatively equal importance. |
| <input type="checkbox"/> 3) One among several serious life commitments of fluctuating value depending on other commitments. |
| <input type="checkbox"/> 4) A lesser area of commitment than personal life. |
| <input type="checkbox"/> 5) Simply a field of work. |

BEHAVIORAL ORIENTATION PROFILE

The purpose of this profile is to identify the relationship between selected social behaviors and nursing practice. Please circle the number response which best describes your most typical behavior in nursing situations.

Ch 31. Having the ability to communicate ideas in a clear, concise, and persuasive manner:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

Ch 32. Being spontaneous--saying and doing things that seem natural on the spur of the moment.

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 33. Doing things "by the book"--noticing appropriate rules and procedures and following them:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

Ch 34. Being creative--having a lot of unusual, original ideas, thinking of new approaches to problems others do not often come up with:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 35. Being competitive--wanting to win and be the best:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

C 36. Being able to listen to and understand others:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

C 37. Being aware of other people's moods and feelings:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 38. Being careful in your work--taking pains to make sure everything is "just right".

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

C 39. Being resourceful in coming up with possible ways of dealing with problems:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 40. Being a leader--having other people look to you for direction; taking over when things are confused:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

C 41. Having the ability to accept criticism without reacting defensively, becoming hostile, or withdrawing:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 42. Having the ability to deal with conflict and anger:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 43. Having written work neat and organized; making plans before starting on a different task; organizing details of work:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 44. Thinking clearly and logically; attempting to deal with ambiguity, complexity, and confusion in a situation by thoughtful, logical analysis:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

Ch 45. Having self-confidence when faced with a challenging situation:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 46. Having the ability to level with others, to give feedback to others:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

Ch 47. Doing new and different things; meeting new people; experimenting and trying out new ideas or activities:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 48. Having a high level of aspiration, setting difficult goals:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

17 49. Analyzing a situation carefully before acting; working out a course of action in detail before embarking on it:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

Ch 50. Being effective at initiating projects and innovative ideas:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

Ch 51. Seeking ideas from others; drawing others into discussion:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- Ch 52. Having a tendency to seek close personal relationships, participating in social activities with friends; giving affection and receiving it from others:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- A 53. Being dependable--staying on the job; doing what is expected:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- Ch 54. Having the ability to work as a catalyst, to stimulate and encourage others to develop their own resources for solving their own problems:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- A 55. Taking responsibility; relying on your own abilities and judgement rather than those of others:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- Ch 56. Selling your own ideas effectively:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- A 57. Being the dominant person; having a strong need for control or recognition:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- A 58. Getting deeply involved in your work; being extremely committed to ideas or work you are doing:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- A 59. Having the ability to evaluate possible solutions critically:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

- Ch 60. Having the ability to work in unstructured situations, with little or no support and to continue to work effectively even if faced with lack of cooperation, resistance, or hostility:

1 2 3 4 5
/ / / / /
Not at all Somewhat Very
Characteristic Characteristic Characteristic

APPENDIX C

COVER LETTER

FOLLOW-UP LETTER

POST-CARD TO NON-RESPONDERS

Box 6010
Corpus Christi, TX 78411

Dear Colleague:

Your help is urgently requested. As part of an Area Health Education Council (AHEC) grant-supported research project concerned with the practice of nursing, I am surveying nurses in Texas with a bachelor's degree in nursing for information related to the practice of nursing. This project has been approved by nursing and educational professionals who have reviewed the proposal and questionnaire. The results of this research will be mailed directly to you. The information which you provide will not only assist nursing educators in improving the process of nursing education, but in addition, nurses will have useful information about the relationship of baccalaureate education to nursing practice.

Modern ethical safeguards are being employed to protect your privacy. Responses will be code numbered and your name will not be utilized except for the mailout of results. The information provided by respondents will be grouped for processing and reporting purposes, providing further protection for your privacy.

Again, let me emphasize how very much I need your help.
Your assistance is crucial to the success of this project.
This research can affect the ability of educators to meet
the needs of individuals seeking a degree in nursing.

PLEASE RETURN THIS QUESTIONNAIRE AS SOON AS POSSIBLE. If you have any further questions, please write me at the above address.

Sincerely yours,

Charlotte Rappsilber, B.S., M.S.N.
Assistant Professor
Corpus Christi State University

Box 6010
Corpus Christi, TX 78411

Dear Colleague:

About a month ago, I sent you a questionnaire requesting your help in exploring some vital issues in nursing. Your participation is crucial to the success of this project, which can affect the development of nursing education programs. I am enclosing a questionnaire and a stamped self-addressed envelope in case you did not receive the questionnaire. Would you please complete and return it within the next week?

Sincerely,

Charlotte Rappsilber
Assistant Professor
Corpus Christi State University

Box 6010
Corpus Christi, TX 78411

Dear Colleague:

Since you haven't responded to the questionnaire I sent you concerning issues in nursing, I am interested in your reason(s) for non response. Would you please check off or list your reasons on the enclosed self-addressed card? Thank you.

Cordially,

Charlotte Rappsilber
Assistant Professor
Corpus Christi State University

-
- ☐ Too busy, busy, busy.
 - ☐ Hate researchers.
 - ☐ Nothing's going to help nursing education, even my response to your questionnaire.
 - ☐ It's just not important enough.
 - ☐ Nursing is about helping patients, not answering surveys.
 - ☐ Other (explain)

APPENDIX D

FREQUENCY DISTRIBUTION OF
COMMITMENT INDEX SCORES

APPENDIX D
FREQUENCY DISTRIBUTION OF
COMMITMENT INDEX SCORES

COMMITMENT INDEX	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
	1.	6	2.7	2.7	2.7
	2.	13	5.8	5.8	8.5
	3.	22	9.8	9.8	18.3
	4.	23	10.3	10.3	28.6
	5.	32	14.3	14.3	42.9
	6.	32	14.3	14.3	57.1
	7.	26	11.6	11.6	68.8
	8.	25	11.2	11.2	79.9
	9.	15	6.7	6.7	86.6
	10.	14	6.3	6.3	92.9
	11.	9	4.0	4.0	96.9
	12.	4	1.8	1.8	98.7
	13.	<u>3</u>	<u>1.3</u>	<u>1.3</u>	100.0
	TOTAL	224	100.0	100.0	
MEAN	6.183	STD ERR	0.183	MEDIAN	6.000
MODE	5.000	STD DEV	2.739	VARIANCE	7.504
KURIOSIS	-0.484	SKEWNESS	0.271	RANGE	12.000
MINIMUM	1.000	MAXIMUM	13.000		
VALID CASES	224	MISSING CASES	C		

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BIOGRAPHICAL SKETCH

Charlotte Cooley Rappsilber was born in Ponca City, Oklahoma. She graduated from high school in Tonkawa, Oklahoma. She received a diploma from Oklahoma University Hospital School of Nursing in Oklahoma City, Oklahoma. After attending Oklahoma State University in Stillwater, Oklahoma for three semesters she entered the United States Air Force as a second lieutenant and served as a flight nurse in the Pacific and Far East during the Korean War.

In 1959, having received a BA with a major in nursing from San Francisco State College, she entered the University of California at San Francisco for graduate study. The Master of Science degree with a major in community health and nursing education was completed in 1964.

Professional nursing activity following separation from the air force consisted of three years as a full time staff nurse and supervisor in a small hospital and ten years staff nursing part time while raising children and attending school. One year was spent as a school nurse and some visiting nursing.

From 1965-67 she taught refresher courses to RNs at a Marin County, California community college. Following a move

to Illinois she taught at William Rainey Harper Community College, Palatine, Illinois in an associate degree nursing program in 1970-71. Following the death of her husband she returned to Oklahoma and taught nursing in a generic baccalaureate nursing program at Central State University in Edmond, Oklahoma from 1971-1976. During this time she completed her course work for the doctoral degree at the University of Oklahoma.

In 1976, she accepted an appointment at Corpus Christi State University in Corpus Christi, Texas in a baccalaureate nursing program for RNs and is currently the acting director of the program. She has taught research and leadership and conducted leadership workshops for nurses throughout the south Texas area.

Charlotte Rappsilber is a registered nurse, a member of the American Nurses Association, Women's Political Caucus, NOW, American Educational Research Association and the Sierra Club. She is the mother of five children and resides in Corpus Christi, Texas.