NEOPHYTE TO NURSE : THE DEVELOPMENT OF A PROFESSIONAL SELF

NEOPHYTE TO NURSE : THE DEVELOPMENT OF A PROFESSIONAL SELF

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DESMOND PETER ELLIS, B.A.

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AUTHOR: Desmond Peter Ellis , B.A. (Leicester)

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ABSTRACT

For the neophyte, socialization into the role of nurse involves not only the acquisition of required skills and knowledge, but also the gradual acquisition of a professional self-identity. The primary mechanism of socialization is interaction with other members of the student nurses' role-set, i.e. doctors, instructors and patients. The shared expectations of these role others, constitute the nursing role. Role expectations represent pressures which, ideally, elicit appropriate role performances from the encumbents of a given role. The perceived expectations of role others with whom the student nurse interacts are reflected in the self-images held. Differences in self-images held by student-nurses are related to experiences with role others prior to, and following encumbency of the nurse-trainee role.

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TABLE OF CONTENTS

CHAPTER 1

NEOPHYTE TO NURSE: THE DEVELOPMENT OF A PROFESSIONAL IDENTITY

Introduction - Socialization, Occupation and Identity

The bulk of early research on socialization has been confined to the childhood period of an individual's life. To some extent this may be due to the widely accepted view of Freud[1] and other psycho-analytically oriented scholars, that the individual's personality is established "in the first five years of life". In more recent years however, the emergence of the concept of role, has directed the attention of researchers to changes in identity which take place following the encumbency of a role. A social role orientation directs attention to the situational context in which roles are enacted. The researcher is thus not confined to the childhood situation. The theoretical insights of such major role theorists as G. H. Mead,[2] and T. Parsons,[3] have given rise to a number of empirical studies devoted

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[1]See H. Gerth and C. Wright-Mills, Character and Social Structure, London: Routledge and Kegan Paul Ltd.,1954, Chapter "Biography and Types of Childhood", especially pp.139-142.

[2]G. H. Mead, Mind, Self and Society, University of Chicago Press, 1934.

[3]T. Parsons, The Social System, Glencoe: Free Press, 1963, pp.236-248 passim.

to the socialization of adults into their occupational roles.

The research conducted in this study is informed by, and accepts the view, that a formal organization can function without reference to the "personalities" of its constituent role encumbents. However, as Gouldner[4] and Levinson[5] both point out, the significance of "personality" for organizational effectiveness is implicitly recognized by the increasing plethora of psychological tests administered to the prospective encumbents of occupational roles. Problems posed by the possibility of a discrepancy between organizational prescription and individual adaptation, lend significance to those studies devoted to an examination of "the reciprocal impact of psyche and situation".[6]

It may also be the case that the foundation for the self laid down early in life does have, in relation to the acquisition of later segmental selves, important properties of selection and direction. However, so long as levels of analysis are not confused, the acceptance of such views only increases the importance of attempting to demonstrate empirically, the extent to which changes in adult identity

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[4]A. V. Gouldner, Patterns of Industrial Bureaucracy, London: Routledge and Kegan Paul Ltd., 1957.

[5]D. J. Levinson, "Role, Personality and Social Structure in the Organizational Setting", in Journal of Abnormal and Social Psychology, Vol. 58, 1959, pp.170-180.

[6]Ibid.,D. J. Levinson.

do take place.[7] Deriving from the work of G. H. Mead,[8] the frame of reference which we use to study the development of occupational identities among student nurses, contains as its central element the notion that such changes must be related to changes in social roles.[9]

Abstract

For the neophyte, socialization into the role of nurse involves not only the acquisition of required skills and knowledge, but also the gradual acquisition of a professional self-identity. The primary mechanism of socialization is interaction with other members of the student nurses' role-set, i.e. doctors, instructors and patients. The shared expectations of these role others, constitute the nursing role. Role expectations represent pressures which, ideally, elicit appropriate role performances from the encumbents of a given role. The perceived expectations of role others with whom the student nurse interacts are reflected in the self-images held. Differences in self-images held by student-nurses are related to experiences with role others prior to, and following encumbency

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[7]Thus Erikson who is primarily concerned with identity generated during childhood maintains that a sense of identity "is never gained or maintained once and for all. Like a good conscience it is constantly lost and regained". E. H. Erikson, "The Problem of Identity", in Journal of American Psychoanalysis, Vol.IV, 1956, p.57.

[8]Op. cit., G. H. Mead.

[9]H. S. Becker and A. Strauss, Careers, Personality and Adult Socialization, in American Journal of Sociology, Vol.LXII, Nov. 1956, pp.253-263.

of the nurse-trainee role.

General Aims of the Study

This study is devoted to an analysis of the social experiences which influence the development of a primarily nursing identity among student nurses. Our approach leads us to consider in Part 1, experiences of student nurses prior to their encumbency of the nurse trainee role, which not only influenced their choice of nursing as a career, but which also influenced the facility with which they adjusted to the expectations which constitute the nursing role.

In Part 2, interest is focused on the professional role encumbent and on the interaction patterns into which she is drawn by virtue of her encumbency of the nurse-trainee role. In terms of the framework suggested by Mead, we attempt to demonstrate that the development of a professional self among student nurses is influenced by their perception of the definition of self held by others with whom they interact. The relation between differences in the degree of difficulty experienced by students in performing the nurse-trainee role and the facility with which a nursing identity develops, is also brought out.

In the present chapter we are concerned with (a) an explicit statement of our research problems, (b) a specification and operational definition of the major concepts in terms of which these problems are tackled (c) a

consideration of related research and (d) a description of our methodology.

Research Problems Stated

Within the limits set by their genetic constitution, socio-psychological attributes, and their knowledge of, and the state of, the "occupational market", adolescent girls are, ideally, free to choose any occupation they wish. In terms of the location of our sample of student-nurses in this setting, we are led to consider the following order of problems: Does the possession of certain social and intellectual characteristics influence the choice of nursing as a career? To the extent that choice of nursing is influenced by the perceived opportunity which nursing provides for an individual to implement certain values, how are differences in the values which girls seek to implement, related to the development of a professional self?

We shall attempt to show in the text that in previous research directed to answering questions relating to occupational choice, and "commitment" and "adjustment" to the occupational role chosen, no systematic attempt has been made to link the two processes, either conceptually or empirically.

In an explicity sociological formulation it is held that the development of a social self is linked to the playing of social roles. The primary mechanism through which transformations in identity take place is held to be the

ego's perception of alter's response. In her nurse-trainee role, the student-nurse is involved in a role system which involves interaction with a variety of role others, i.e. instructors, doctors and nurses. The problem presented is one of demonstrating that differences in the perceived expectations of others are reflected in self-images held.

From Meadian theory we derive the view that a person's referent-publics are an important influence on the attributes in terms of which an individual describes himself. However, other studies[10] suggest that another important influence lies in the person's performance in a given role. In our study the problem may be phrased as follows: do students who experience less difficulty with their nursing assignments tend to view themselves as nurses, at an earlier stage of their training?

Here again, while there has been no dearth of recent research directed towards testing or utilizing propositions derived from Mead's analytical scheme, few attempts have been made to consider possible influences on self-images of differences in the enactment of a given role.

Stated in more specific terms, the following research problems are presented: To what extent can the differential development of a professional identity among student nurses

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[10]H. C. Kelman, "Induction of Action and Attitude Change", in S. Coopersmith (Ed.) Personality Research Copenhagen: Munshgaard, 1962, pp.81-110. See also E. Goffman, Encounters, Indiana: Bobbs-Merrill Inc., pp.87-88.

be explained in terms of -

(a) degree of 'commitment' to the nursing role

(b) degree of 'adjustment' to the nursing role

(c) degree to which role others are perceived as defining the student primarily as a nurse

(d) duration of exposure to role expectations

(e) differences in degree of difficulty experienced by student nurses in performing their role

Concepts: Their Specification and Operational Definition

Socialization

Socialization refers to the process whereby the individual learns the expectations which are necessary for effective functioning in the role he is called upon to play. Approaches to the problem of socialization vary, in terms of whether the individual or the group is taken as a major point of reference. Central to any theory of socialization however, is the notion that human behaviour is regulated by controlling agents who act with reference to the norms of the society.

A theoretical account of the process by which a child learns to become a participating member of a society is given by G. H. Mead.[11] For Mead, socialization and the genesis of a social self are one and the same. A socialized individual is one who, through interaction with others in his group, has learned the rules necessary for the group's continued

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[11] Op. cit., G. H. Mead.

existence, and his own part in on-going group processes. Thus the student-nurse comes to learn who she is, as she learns what significant others in her role set expect a nurse to do, and be, in order to validate the encumbency of her recently[11a] acquired role.

To the extent that socialization into a role involves a transformation in self-identity, this process is facilitated by the situational contact in which it takes place. The teaching hospital represents a relatively isolated professional community, in which students learn that "mistakes at work" may have to be buried. The life and death value of the work of nurses, the collective exposure to a relatively coherent system of expectations in a relatively isolated situation, generates pressures conducive to the inculcation of the requirements of the nursing role. We do not contend that the pressure so generated is sufficient to create a "completely new self". However, that such pressures can and do create a distinct 'professional self' related to nurse-trainee experiences, is one of the major propositions to be tested in this study.

[11a] We use the word 'recently' advisedly, for in temporal terms, socialization of individuals into occupational roles is preceded in time by their socialization into other roles in other role contexts. Thus socializees are faced with the problem of adjusting to expectations which, at the least are in important respects, different from expectations which constitute their prior roles, and may be inconsistent with their perceived images of themselves.

Role

Sociological literature bears ample testimony to a "cyclical" view of concept usage. A "new" concept appears, is widely seized upon and utilized, and while this perhaps ensures full exploitation of the original idea, the concept gets used in so many senses that its fiduciary value slumps until its place in the intellectual currency can be re-established. The notion of role provides an excellent example of this trend.

Two chief traditions of approach may be isolated. One starts from role as a basic unit of socialization. Here, the concept is used as a dramatic metaphor emphasizing the selection and interpretation of parts by a single performer.[12] This approach, developed by G. H. Mead,[13] received further impetus from Newcomb[14] and Sarbin.[15]

While in Mead's approach role is considered as an aspect of the person, Parsons uses the concept to refer to an aspect of the normative environment of the actor. For

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[12]For a detailed description of a "dramaturgical perspective" see E. Goffman, Presentation of Self In Everyday Life, New York: Doubleday Anchor Inc., 1957. See also P. Berger, Invitation to Sociology, New York: Doubleday Anchor Inc. 1963, p.95.

[13]Op. cit., G. H. Mead.

[14]T. Newcomb, Social Psychology, New York: Dryden Press, 1950.

[15]T. R. Sarbin, "Role Theory" in G. Lindzey (Ed.) Boston and London, Handbook of Social Psychology, Vol. 1, 1954, pp.223-255.

Parsons, role is defined by "the normative expectations of the members of the group as formulated in its social traditions". However, in his conceptualizations, Parsons shifts from one meaning to the other, without making such shifts explicit. Thus we find in a later publication, a role defined as "an organized sector of an actor's orientation which constitutes and defines his participation in an interactive process.[17]

To some extent, such shifts in meaning are derived from Parson's reliance on the work of Linton. In an earlier work[18] Linton speaks of status as "a collection of rights and duties". When an individual puts these rights and duties into effect, he is performing a role. Thus "status and role ----become models for organizing the attitudes and behaviour of the individual so that these will be congruous with those of other individuals".[19] In his later publication,[20] the emphasis was shifted. "The term role will be used to designate the sum total of the culture patterns associated with a particular status. It thus includes the attitudes, values and behaviour ascribed by the society to any and all persons occupying this status."[21]

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[17] T. Parsons and E. A. Shils, Toward a General Theory of Action, Cambridge: Harvard University Press, 1951, p.23.

[18] R. Linton, The Study of Man, London: Routledge & Kegan Paul, 1936.

[19] Ibid. R. Linton, p.48.

[20] R. Linton, The Cultural Background of Personality, London: Routledge and Kegan Paul, 1947.

Having originally used the concept role to refer to actual behaviour and to the perception of individuals, Linton shifted to a view of roles as defined by shared norms, and as being inter-related in a system. Attention was not drawn to the differences between these elements as criteria.

As several writers[22] have indicated the result has been confusing. A plethora of names are used to refer to similar things, and similar terms to refer to units which are qualitatively different. Thus what Linton and Newcomb define as role, Kingsley Davis refers to as status. What Levy refers to as role, Parsons and Davis refer to as status. What Davis defines as role, Newcomb refers to as role behaviour and Sarbin as role enactment. However, despite these apparently divergent notions, most conceptualizations of role include the following three basic ideas: individuals (1) in social positions (2) behave (3) with reference to expectations.[23]

Role--Operational Definition

Our conception of role is informed by the work of G. H. Mead,[24] T. R. Sarbin,[25] and Gross, Mason and Machearn.[26]

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[22]L. J. Neiman and J. W. Hughes, "The Problem of The Concept of Role: A Survey of The Literature" in Social Forces, Vol. 30, 1951-'52, pp.141-149. See also M. J. Levy, The Structure of Society, New Jersey: Princeton University Press, 1952, pp.157-159, and N. Gross, W. S. Mason and A. W.MacEachern, Explorations in Role Analysis, New York: Wiley, 1958.

[23]Op.cit. Gross, Mason and MacEachern, p.5

[24]Op.cit. G. H. Mead

[25]Op.cit. T. R. Sarbin

[26]Op.cit. N. Gross, W. S. Mason and A. W. MacEachern

Central to the conceptualization of these writers is (1) the view that expectations are an essential ingredient in any formula for predicting behaviour, (2) that such predictions must be based on the individual's perception of role expectations and (3) that the degree of consensus with which role expectations are held by members of ego's role set must be empirically determined.

A given social structure may be viewed in terms of a number of social positions which are structurally related to each other through the performance systems attached to them. These performance systems are in turn, regulated by normative pressures in the form of expectations held by the encumbants of related positions. A role consists of the expectations binding on the encumbent of a given social position. Role expectations refer to both the performances which validate the encumbency of a position and the sort of person who ought to engage in these performances. Role is held to be a basic unit of socialization in the sense that it specifies what must be done regularly, and to the extent that 'doing is being' leads to the development of a self-appropriate to that role.

A social role then, consists of role expectations and role performances. Role performances refer to what the individual actually does as the occupant of a socially differentiated position. Role performances generally take place in a series of face-to-face situations with role others who, taken together, form a role set.[27]

[27] R. K. Merton, "The Role Set : Problems in Sociological Theory", in The British Journal of Sociology, Vol.VIII, June, 1957, pp.106-120.

The role relations between a given role performer and any other member of her role set is referred to as a role sector. A role sector is defined as "a set of expectations applied to the relationship of one position to a single counter position".[28] This means that a given position must be relationally specified if we attempt to answer the question - What expectations are attached to a given position? Role expectations may be assessed by means of a questionnaire or an adjective check list.[29]

Self

The idea that "Each to each a looking glass reflects the other that doth pass" suggests that the self is a product of social experience. Whatever the specific differences may be, contained in the conceptualizations of James,[30] Baldwin[31] and Mead[32] we find a similar idea expressed. The central thesis of all these writers is that the self arises through social interaction with others.

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[28] Op.cit. Gross, Mason and MacEachern, p.12.

[29] Op.cit. T. R. Sarbin, pp.226-229.

[30] W. James, The Principles of Psychology, New York: Henry Holt, 1880.

[31] J. M. Baldwin, Social and Ethical Interpretations of Mental Development, (3rd ed.), New York: Macmillan, 1902.

[32] Op. cit. G. H. Mead, Mind, Self and Society.

Taking as his starting point, the existence of society, Mead sets out to explain how the self arises in this context. The continued existence of a society is dependent specifically on 'human relations' in the widest sense. Such relations are possible because the human individual has the potential to respond to his own gestures. This developed ability enables different human beings to respond in the same way to the same gesture, thereby sharing experiences.

In Mead's view, behaviour is viewed as specifically social not simply when it represents a response to others, but rather when that response has incorporated in it, the behaviour of others. In short, the human being responds to himself as others respond to him, and in so doing he imaginatively shares the conduct of others - imagining their response, he shares that response. In this sense, the process of socialization is essentially a process of symbolic interaction in role contexts - "an individual can become a self only in so far as he can take the attitude of the other and act toward himself as others act".[33]

Mead goes on to suggest that, as the development of a social self is related to the playing of social roles, the number of selves acquired by a given individual is related to the number of roles he plays. Furthermore, Mead contends that the conception of self held by an individual regulates his role behaviour. While we do not disagree with either of these two statements, we do feel that the facility with which a given

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[33] Ibid. G. H. Mead, p.171.

self develops following the encumbency of a given role, may be influenced by self-images generated in prior role contexts. For example, a person may acquire a "family self" which may or may not be consistent with a view of self generated following encumbency of occupational roles. While he speaks of a "generalized" and other segmental selves, he does not explicate the possible reciprocal relationships between them.

Miller's[34] three fold classification of the structure of identity takes into account the possible relation between identities generated in different role contexts. The first region of identity is called the "core self". One principal component in this self, acquired from early family experiences, is socially acquired feelings of sexual identity. Secondly, Miller refers to Goffman's "presented self" which represents a compromise between a person's self-identity and the pressures which are being applied to him. The third region is composed of various "sub-identities". Each sub-identity is organized around a social role, and involves the person's perception of the expectations of others in a particular role. The choice of a particular role and the individual's adjustment to a new role are held to be related to the degree to which the newly acquired identity is perceived as being consistent with "core self".

Self--Operational Definition

The social self refers to that complex of attributes

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[34]D. R. Miller, "Personality and Social Interaction", in B. Kaplan (Ed.), Studying Personality Cross-Culturally, Evanston: Row, Peterson, 1961, Ch.8, pp.271-298.

used by a social unit (person) to describe that unit as a discrete object. The self is social in the sense that the genesis of such attributes is held to reside in the perceived appraisals of role others with whom the individual interacts in various role contexts. Self-images then, represent attributes taken over by the individual and organized in such a way as to form a structure which limits the variability of present and potential role behaviour.

A generalized basis for the ascription of attributes to the self is related to the degree to which perceived expectations of role others are met. Uniformity of attributes ascribed to the self by regular performers of a specified role is held to be related to the exposure to the expectations which constitute a given role. Variability in attributes ascribed to the self is held to be related to - degree of commitment to a given role, degree of adjustment to a given role, differential exposure to the expectations of role others, duration of role encumbency and variations in role performance.

Because of its ontological nature, the self cannot be directly observed but must be inferred. In this study such references are made on the basis of responses to questionnaire items.[35]

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[35]T. R. Sarbin and B. G. Rosenberg,"Contributions to Role Taking Theory IV: A Method for Qualitative Analysis of the Self", in Journal of Social Psychology, 1953.

Role and Self

A key component in our formulations of both role and self has been the concept of interaction. In an explicitly sociological formulation, such as that of Parsons, the concept interaction refers to the reciprocal influenceon Ego, of Alter's response to the action initiated by Ego. In a social-psychological formulation a further dimension is added - i.e. the interaction between a developing structure within an organism (self) and the role being played, which represents a structure in the environment. A person's behaviour and his self-image is thus regarded as a product of his perception of the requirements of environmental structures, i.e. roles.[36]

Sample and Methodology

The data presented in this study were obtained from 160 student-nurses, pursuing a three year diploma course at a training school, attached to a general hospital in Hamilton. To some extent certain elements in the design of the study required that we consider students at initial and final stages of their training. To this end we selected first and third year nurses.

Our total sample of one hundred and sixty student-nurses--eighty-five first, and seventy-five third year students --constitutes (a) 81% of all first, and 83% of all third

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[36]Sarbin draws attention to the similarity between the idea presented here and Parsons' and Shils' conception of need-dispositions and role expectations. op.cit. T.R. Sarbin, Handbook of Social Psychology, p.223.

year students training at the nursing school studied; (b) fifty-one percent of all nurses-in-training at the school studied and (c) twenty-six percent of all nurses-in-training in the City of Hamilton.[37] All the students included in the sample were female. Two students were married.

The Questionnaire

The questionnaire used in this study represents a modified version of the one devised by Merton, Reader and Kendall,[38] and subsequently utilized in studies by Rogoff,[39] Huntingdon,[40] Katz and Martin,[41] and Wessen.[42] The items included are relevant to the testing of hypotheses specifically related to the interests of the present researcher. The final set of items was chosen on the basis of results of pre-tests administered to

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[37]Distribution of the Labour Force By Sex in Metropolitan Areas, D. B. S., 1961.

[38]R. K. Merton, G. G. Reader and P. L. Kendall (eds.) The Student Physician, Cambridge: Harvard University Press, 1957, Appendix D.

[39]N. Rogoff, "The Decision To Study Medicine", in Merton, Reader & Kendall (eds.) The Student Physician, pp.109-129.

[40]M. J. Huntingdon, "The Development of a Professional Self-Image", in The Student Physician, pp.179-187.

[41]F. E. Katz and H. W. Martin, "Career Choice Processes" in Social Forces, Vol. 41, 1962-'63, pp.149-154.

[42]A. Wessen, "Role Differentials and Nursing Ideology" Study in Progress at Washington University, St. Louis, Mo. under auspices of Medical Care Research Centre, St. Louis, Mo.

selected samples of first and third year nurses at St. Joseph's Hospital in Hamilton, and the General Hospital in Guelph. The questionnaire was administered to our sample of students towards the end of their respective years of training.

The Adjective Check List

The adjective check list was used in an attempt to isolate certain parameters of self. The final twelve adjectives, included in the questionnaire, consist of three adjectives which are applicable to role of "young woman in Canadian society", nine which refer to the role of nurse. All the adjectives included were empirically derived. Thus the nine "nursing" adjectives represent the stated three most frequently stated expectations of instructors, doctors and patients respectively. The "young woman" adjectives were derived from the responses of our sample of student nurses and a group of controls[43] to the question "Who Am I?"[44]

The general procedure adopted in administering the check-list was to ask students to check, from a list of twelve adjectives, three which they felt best described them

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[43]These consisted of first and third year undergraduates pursuing a General Arts & Science Course at McMaster University.

[44]This test was devised by M. H. Kuhn. The rationale behind its formulation and findings based on the administration of this test are presented in "Self Attitudes by Age, Sex and Professional Training" in Sociological Quarterly, Vol.IX, Jan. 1960, pp.40-55.

as persons. The use of the adjective check-list was limited to the testing of certain hypotheses regarding the relation between "commitment" to the nursing role and the stability of self-images.[45]

Previous Research

As Newman and Hughes[46] indicate, the role concept has been used in a variety of fields by both psychologists and sociologists. Similarly, the concept of self has been utilized in the field of criminology,[47] in family situations,[48] in small group experimental settings[49] and in studies of professional socialization.[50] Relatively few studies have however been undertaken in which a systematic attempt has been

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[45]For a general statement on, and the use of adjective check lists as a method of isolating parameters of the self see op. cit. T. R. Sarbin, A Method for a Qualitative Analysis of the Self (35), and G. H. Gough, Predicting Success in Graduate Training: a Progress Report, Berkely: University of California Institute of Personality Assessment and Research, 1950, Mimeo.

[46]Op. cit. L. J. Neiman and M. Hughes.

[47]W. Reckless, S. Dinitz and E. Murray, "The Self As an Insulator Against Delinquency" in B. H. Stoodley (ed.) Society and Self, Glencoe: Free Press, 1962, pp.43-47.

[48]H. Wechsler and D. N. Frankenstein, "The Family As A Determinant of Conflict in Self-Perceptions", in Psychological Reports, Vol.7, 1960, pp.143-149.

[49]F. Miyanoto and S. Dornbusch, "A Test of the Symbolic Interactionist - Hypothesis of Self-Conception", American Journal of Sociology, LXI, No.5 (March 1956) 400.

[50]Op. cit. M. J. Huntingdon.

made to relate the concepts of socialization, self and role in such a way as to allow for the influence of latent social roles. The result is that we are left with the view that socialization into occupational roles is an institutionally self-contained process in which the experiences of the occupational role encumbent are analyzed wholly within the context of the occupational role.[51]

A certain amount of research has been generated by the problem as to whether an occupation produces a given "occupational personality" or whether persons of a certain personality tend to be selected by the occupation. In this context, one study which has received considerable theoretical and some research attention is the bureaucratic personality.

Merton[52] describes how the concepts of "trained incapacity" and "heterogony of ends", both of which imply a displacement of goals wherein what is a means to an end becomes an end in itself, apply to the government bureaucrat. In order to achieve the bureaucratic goals of precision, reliability and efficiency, emphasis is placed on rule-

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[51]One such study is M.J. Huntingdon's "The Development of a Professional Self-Image" in The Student Physician. Other studies which appear to be informed by Gouldner's analysis of the influence of latent social roles in the process of socialization include H. S. Becker and B. Geer, Boys in White, Chicago: University of Chicago Press, 1961, and W.W. Burchard, "Role Conflicts of Military Chaplains", American Sociological Review, Vol.19, 1954, pp.528-692.

[52]R. K. Merton, Social Theory and Social Structure, Glencoe: Free Press, 1959, pp.195-206.

adherence, duty specification in office, motivation, through tenure rather than competition, seniority, etc. The effect of the regular enactment of a bureaucratic role in conformity with these expectations is the genesis of a bureaucratic "role personality" in which attributes of rigidity, timidity and technicism may be inferred.

Merton's findings cannot however be regarded as conclusive. For example, Turner[53] found that like the bureaucrats studied by Merton, the Navy disbursing officer was also diverted from ideal-typical bureaucratic behaviour by the various pressures to which he was exposed. However, adaptation here involved, not increasing depersonalization in role relations but toward a more personal functioning. Turner found the commonest type of Navy officer to be the "Realist" type. The Realist responded to pressures from friends and participated in the exchange system of favours. A given role personality seems then, to be a possibility rather than a certainty.

The question implied by Turner as to why only some persons develop the personality extreme described by Merton and by Henry,[54] while others do not, has been made the explicit

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[53] R. H. Turner, "The Navy Disbursing Officer as a Bureaucrat", American Sociological Review, No.12, 1947, pp.342-348.

[54] W. E. Henry, "The Business Executive: The Psychodynamics of a Social Role", in American Journal of Sociology, Vol. 54, 1949, pp.286-291.

basis for a study by Sperling.[55] Following the psycho-analysis of twenty bureaucrats, Sperling reports that the majority were "compulsive", the rest being "fanatic" and "psychopathic". Sperling further contended that these patterns had developed when the subjects were children.

On the basis of the studies considered it seems to be the case that both processes are operative. A person with a certain type of self may be attracted to a particular occupation with higher probability than to other occupations. But whatever the 'original self', following encumbency of the occupational role, a process is set in motion which tends to generate a specifically occupational self. One theme of this study is that if an individual is unable to adjust to this process of socialization, and is unable or unwilling to redefine her self so that it conforms with a self required in the occupational situation, she will move on to some other role.

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[55] O. Sperling, "Psychoanalytic Aspects of Bureaucracy", The Psychoanalytic Quarterly, Vol. 19, 1950, pp.88-100

CHAPTER 2

SOCIAL AND INTELLECTUAL CHARACTERISTICS OF GIRLS WHO SUBSEQUENTLY ENTERED NURSING TRAINING

Introduction

The social and intellectual background characteristics of student nurses constitute one class of antecedent variables which we shall subsequently attempt to relate to our main dependent variable - variations in professional self images. In the present chapter we confine our attention to a description of these variables amongst student nurses. Our findings are based on evidence from two sources: questionnaire responses and student records.*

Variables considered:

(a) Age
(b) Religious Affiliation
(c) Intelligence
(d) Educational Attainment
(e) Area of Home Residence
(f) Ethnic Origins
(g) Occupational Origins
(h) Chief Wage-Earners' Education
(i) Chief Wage-Earners' Income

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* Data presented here are drawn from one general hospital in a Metropolitan area in southern Ontario. Whilst locally representative, generalizations drawn from them must be treated with caution, when applied elsewhere.

Age

The age of entry into nursing seems to have remained remarkably stable during the past thirty years. Weir[1] in 1932 found the average age of the first year student nurse to be approximately 20 years.

From the table (1) it can be seen that the modal age for girls entering nursing training to pursue Diploma courses is between 19 and 20 years of age. This relatively late age of entry would seem to suggest that girls who enter nursing take a relatively longer period to complete Grades 12 and 13.[2] In the Atkinson Study it was found that compared to girls who entered University - for which Grade 13 is necessary - the nursing school students "have a disproportionately small number of students aged 16 and a disproportionately high number of students 19 years old".

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[1] G. M. Weir, Survey of Nursing Education in Canada, (Toronto: The University of Toronto Press, 1932), p.167

[2] Atkinson Study of Utilization of Student Resources, Report No.6 "A First-year Follow-up Study of Atkinson students who enrolled in Hospital Schools of Nursing", by W. Brehaut, 1960, p.9 Table 1 a.

Table 1.
Distribution of Nursing Students by Age and Year in Course. (1st and 3rd year student nurses)

Age	Student Nurses (1st and 3rd year nurses)*					
	1st Year		3rd Year		Total	
		Per Cent		Per Cent		Per Cent
18 years but less than 19		11.8				6.3
19 years but less than 20		41.2				21.8
20 years but less than 21		37.6		32.0		35.0
21 years but less than 22		8.2		46.7		26.3
22 years and over		1.2		20.0		10.0
No Response				1.3		.6
Total	(85)	100.0%	(75)	100.0%	(160)	100.0%

* Hereafter all Tables with an N of 160 include both 1st and 3rd year nurses.

Religious Affiliation

Hamilton has two hospitals[3] - a Civic and a Roman Catholic - to which nursing training schools are attached. The table below suggests the obvious, i.e., that Catholic girls prefer to enter a Catholic nursing school. However, neither of the two schools excludes prospective students on

[3] Since this study was started a third Hospital, "Chedoke" has instituted a two year training course for nurses. The course provided here differs from that provided in the other two hospitals, in the sense that student nurses trained at Chedoke Hospital do not have contacts with patients in a hospital setting until they have graduated.

the basis of religious affiliation. It is possible that the Catholic girls who entered the Civic hospital did so because they failed in competition with others for the places available,[4] and/ or, they wished to train with non-Catholic friends.[5]

Table 2.
Distribution by Religion of Nursing Students at Hamilton General Hospital (1st and 3rd year students)

Religion	Student Nurses	
	Number	Per Cent
Roman Catholic	14	8.7
Anglican	32	20.0
United	69	43.1
Other Protestant	42	26.3
Jewish	1	.6
No Response	2	1.3
Total	160	100.0%

[4]The Roman Catholic nursing school is more "selective" in the sense that it expects prospective entrants to possess Grade 13.

[5]This suggestion is made on the basis of an analysis of 59 randomly selected interviews between prospective students and the admissions staff, which precede acceptance of a candidate.

Religious affiliation[6] influences the type of school attended, i.e. public or separate. In this sense it seems to be related to the probability of a girl entering nursing with the minimal qualifications, or after having attempted Grade 13, (Table 3).

Table 3.
Nurses in Training who have Attempted Grade 13, Classified by Religious Affiliation.

Religion	Completed Grade 12 Per Cent	Some Grade 13 Per Cent	Completed Grade 13 Per Cent	Total Per Cent	Number
Roman Catholic	53.4	13.3	33.3	100%	15
Protestant*	20.8	28.2	41.0	100%	142
Total	25.6	29.4	43.8	100%	157+

* Includes Anglican, United, Methodist, Presbyterian, and Other Protestants.

+ Excludes 1 student of the Jewish faith and two who did not answer the question.

The table above shows that while 5 out of 15 (46.6%) of the Catholics attempted or completed Grade 13, 109 out of 142 Protestants (69.2%) had attained the same educational level.

[6]The possible influence of intervening variable "social class" is mitigated because the Roman Catholics in our sample are equally distributed through all occupational classes.

Intelligence

Weir[7] reports that student nurses made "a relatively poor showing" on intelligence tests. Similarly, in the Atkinson Study it was found that in comparison with University and 'Other Destination' Grade 13 students, student-nurses tended to be 'low scorers' on a number of aptitude tests, (p.12 Table IIa, b.).

In the Paulend Study, on the other hand, it was concluded that

> "compared to the total high school sample in this study, nursing students are substantially above the average in academic attainment. Their I.Q. scores, too, reflect the fact that nursing in Paulend attracts superior students".[8]

Differences in the conclusions reached in these various studies may be due largely to differences in methods used to measure 'intelligence'. In addition, the Atkinson and Paulend studies compare student nurses with qualitatively different populations. Assuming that intelligence is normally distributed throughout the population, our sample of student nurses is over-represented in the 'above average' categories.

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[7] I ibid. p. 168.

[8] Oswald Hall & B. McFarlane "Transition from School to Work" Report No. 10, Dec. 1962, Department of Labour.

Table 4.
Distribution of I.Q. Scores among Nursing Students

I. Q. Scores[9]	Student Nurses Number	Per Cent
Well above average	12	7.5
Above average	33	20.6
Average	73	45.7
Below Average	1	.6
Data Not Available	41	25.6
Total	160	100.0%

The table above shows that of the 119 students for whom data were available, 45 (27.11%) achieved above average scores.

Educational Attainment

Although only Grade 12 is required for entry into the Civic nursing school, Table 5 shows that 118 (73.7%) of the sample went beyond this minimum level. Of this latter group 71 (60.1%) obtained Grade 13.

[9]The scores categorized here were based on intelligence tests administered to students while they were in High School. There was little uniformity in the type of test administered in the different schools attended by students. In addition, Test Reports did not always contain specific scores, but rather grades were recorded in the terms set out in the Table.

Table 5.
Educational Level Attained by Nursing Students in their Final Year in High School

Educational Level	Student Nurses Number	Per Cent
Finished Grade 12	42	26.3
Some Grade 13	47	29.3
Finished Grade 13	71	44.4
Total	160	100.0%

Residential Origins

Compared to both the National and Provincial distributions of population, the General Hospital in Hamilton attracts a disproportionately large number of rural (farming)

Table 6.
Nursing Students Classified by Area of Home Residence

Area of Residence	Student Nurses Number	Per Cent
Rural* (farm)[10]	30	18.8
Small town	49	30.6
Large City or Suburbs	81	50.6
Total	160	100.0%

[10]Comparable percentages for Canada and Ontario are, respectively, 11.4% and 8.1%. Source - Census of Canada 1961, Rural and Urban Population, Cat. 99-512, Vol. VII - Part I.

residents. This is not really surprising if we note the relation of Hamilton to fruit farming areas of the Niagara Peninsula, from which most rural girls come.

For girls living in such areas, movement into a medium sized city represents certainly geographic, and possibly social, mobility.

Ethnic Origins

In terms of their ethnic origins, our sample of student nurses is relatively homogenous. Of the total sample, 143 (89.4%) were born in Canada. Moreover, 123 (76.8%) of their fathers and 130 (81.3%) of their mothers were also native born. To some extent the under-representation of 'other' ethnic groups is due to the

Table 7.
Nursing Students Classified by Place of Birth
(1st and 3rd year student nurses)

Birthplace	Student Nurses Number	Per Cent
"Native Born"	143	89.4
British*	9	5.6
Other #	8	5.0
Total Students	160	100.0%

*Includes English, Welsh, Scottish

#Includes Germans, Poles, Lithuanians, Latvians and Estonians

Table 8.
Nursing Students Classified by Parents' Place of Birth

Birthplace	Fathers' Number	Fathers' Per Cent	Mothers' Number	Mothers' Per Cent
"Native Born"	123	76.8	130	81.3
British*	22	13.8	21	13.1
Other #	15	9.4	9	5.6
Total	(160)	100.0%	(160)	100.0%

*Includes English, Welsh, Scottish
#Includes Germans, Poles, Lithuanians, Latvians and Estonians

fact that most recent immigrants, i.e., those who have arrived in Canada since 1946, are Roman Catholics. Religious affiliation probably influences the training school selected. In addition, our findings appear to conform to a more general pattern of the distribution of ethnic groups, other than British, in the professions generally.[11] (Tables 7 and 8)

Occupational Origins

In terms of the occupational origins of their parents, our sample of student nurses is over-represented

[11]The under-representation of ethnic groups, other than 'native born' Canadians and British, is demonstrated by B. Blishen, F.E. Jones, K. D. Naegele and J. Porter (eds.) Canadian Society, Toronto: Macmillan, 1961, p.485

in classes 1 to 5 and under-represented in classes 6 and 7.[12] These findings may be contrasted with the situation in the United States where it was found that 61% of students in hospital schools of nursing came from families below the middle of the socio-economic range.[13] To some extent this difference may be due to the proliferation of Junior Colleges and small Universities which provide economically feasible alternatives for a greater proportion of prospective nurses to receive University training.[14]

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[12] In a study of local school teachers, F. E. Jones found a similar trend in the case of women teachers. It was suggested that one reason for intellectually able women going into teaching was the fact that occupations with higher prestige are still relatively closed to them. The same argument can be extended to nurses. "The Social Origins of High School Teachers in a Canadian City", in Canadian Journal of Economics and Political Science, Vol. XXIX, No.4, Nov. 1963, pp.529-535.

[13] T. S. McPartland, "Formal Education and the Process of Professionalization", a study of student nurses in E.C. Hughes and I. Deutcher (eds.) Twenty Thousand Nurses Tell Their Story, Philadelphia and Montreal: J.B. Lippincott, 1958. Similar findings are reported in "Role Differentials and Nursing Ideology", a study in progress at Washington University, St. Louis, Mo.

[14] At the American Sociological Association 1964 Conference, Montreal, T. Parsons reported that some 90% of the U.S. adult population receive some form of higher education.

Table 9.

Percentage Comparison of Occupational Origins of Nursing Students with a National Sample as Distributed on the Blishen Occupational Class Scale[15]

Occupational Class	Student Nurses Per Cent	National Sample		Difference
1	3.2	0.9	+	2.2
2	17.0	10.7	+	6.2
3	10.1	6.3	+	3.7
4	20.3	7.0	+	13.0
5	37.3	34.2	+	2.7
6	8.2	19.6	-	11.5
7	3.9	21.3	-	17.5
Total Students*	158 100.0%	100.0%		

*Excludes 2 students who failed to respond to this question.

In an attempt to determine the reliability of the Blishen classification, we cross-tabulated education and income with occupation. Except for occupations located in Class 3, we observed a remarkably consistent relation between occupational ranking, education, and income.

[15]In the Blishen class scale occupations are ranked in terms of two criteria (a) number of years education required (b) income.

On the basis of our findings persons located in Class 5 occupations are, in relation to income earned, "under-educated", Table 10.

Table 10 : Percentage Distribution of Education and Income by Occupation

Occ. Classes **	Education: Total %	Total N	Up to Some College and Above %	Up to Finish High School %	Some Grade School %	Income: $7000 and Above %	Between $3000 - $7000 %	Under $3000 %	Total %	Total N	Occ. Classes
1	100	5	100.0	-	-	100.0	-	-	100	5	1
2	100	26	73.1	26.9	-	69.2	30.8	-	100	26	2
3	100	15	33.3	66.6	-	60.0	33.3	6.6	100	15	3
4	100	31	12.9	87.1	-	19.4	80.6	-	100	31	4
5	100	59	5.1	86.4	8.5	5.1	88.1	6.8	100	59	5
6	100	13	-	69.2	30.8	-	61.5	38.5	100	13	6
7	100	6	-	16.7	83.3	-	33.3	66.6	100	6	7
Total	100%	155*	23.3	67.7	9.0	27.5	64.5	9.0	100%	155	

* excludes 5 students who failed to answer both questions

** The occupational classes depicted here are derived from Blishen's Occupational Class Scale. See B. Blishen in Blishen, Jones, Naegele, Porter (eds.), Canadian Society, pp. 481-484.

Summary

The average student nurse pursuing a Diploma course at a Civic Hospital in a medium sized, industrial city is characterized by the following social and intellectual features. Born in Canada, of native born parents, she is an unmarried female aged between 18 and 21 years. Protestant in religion, her local church is as likely to be situated in a rural area as it is in the City or its suburbs. Of above average intelligence, she has completed at least 'some Grade 13'. On the basis of her father's occupation, she is located in the upper half of the socio-economic range.

Having described our sample of nurses in terms of their possession of a selected number of social and intellectual background factors, we now turn to an examination of the extent to which such characteristics as social class and intelligence, are related to the choice of nursing as an occupational role.

CHAPTER 3

GENERAL APPROACHES TO THE STUDY OF OCCUPATIONAL CHOICE

A highly differentiated, industrialized society such as Canada is characterized by what Hughes refers to as

> "a wholesale mobilization of people away from traditional and familial activities into more formally organized occupational roles."[1]

For the members of such a society, this constitutes the "setting" into which they are born and to which they must adapt. Adaptation in this context means that almost everyone, at some generally recognizable stage in their role-cycle, is expected to perform an occupational role. Do individuals choose the occupational roles which they subsequently play? If they do, what factors are associated with such choices?

The answers given to such questions vary and in the attempt to establish parameters we place at one extreme Hughes' support for an "accidental theory" of occupational choice. It is contended that because of differences in sex, ability, access to requisite knowledge, including knowledge

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[1] E.C.Hughes, "The Study of Occupations", in Sociology Today, R.K.Merton, L. Broom, and L.S. Cottrell, Jr., (eds.) New York: Basic Books, 1959, pp.442-459

of the system itself, and the "visibility" of occupational roles, that

> "young people must choose their occupations... largely on faith, if, indeed, they choose at all."[2]

It is difficult to evaluate the significance of this contention as no evidence is presented in support of it. Implicit in this view, however, is the notion that, at the very least, structural location limits choice differentially.

At the other end of the continuum we place a theory in which it is held that decisions made in late adolescence are quite rational. Ginsberg and his associates[3] focus on the act of choosing a career. The decision-making processes involved in occupational choice are depicted as a developmental phenomenon. Analytically, three periods are abstracted- "phantasy", "tentative", and "realistic" - which represent decision-making phases roughly corresponding to maturational stages, biological and social. Movement through these phases, defined as being "irreversible", represents a bringing into line of capacities, anticipated satisfactions and available opportunities. The ultimate decision is held to be the result of a compromise, rationally determined.

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[2]Ibid. p.456, E. C. Hughes.

[3]E. Ginsberg and Associates, Occupational Choice: An Approach to A General Theory, New York: Columbia University Press, 1951.

Other students attempt to link occupational choice to the personality characteristics of individuals. The view that such relationships do exist and that they may be clearly seen in extreme cases is posited by Inkeles and Levinson.[4] Further support for this approach comes from Henry.[5]

The "personality congruence" approach may be contrasted with the more sociologically oriented theory of Davis and Moore[6] who contend that societal rewards of income, prestige, and power provide the primary motivation to candidates competing for occupational roles.

Hints for a viable sociological theory of occupational choice come from Zetterberg.[7] In his role sequence theory, Zetterberg posits that choice of a new role is influenced by the extent to which behaviour in previous

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[4]A. Inkeles and D. J. Levinson, "National Character: The Study of Modal Personality and Socio-Cultural Systems", in G. Lindzey (ed.), Handbook of Social Psychology, Vol. II, Addison-Wesley, 1954.

[5]W. E. Henry, "The Business Executive: Psychodynamics of a Social Role" in American Journal of Sociology, Vol. 54, (January 1949), pp.286-290.

[6]K. Davis and W. E. Moore, "Some Principles of Stratification" in American Sociological Review, Vol. 10, 1945, pp.242-249.

[7]H. L. Zetterberg, An Action Theory, Mimeo: (New York, Columbia University, Bureau of Applied Social Research), 1955.

roles has been consistent with the perceived demands of the prospective new role. This approach is consistent with Miller's[8] psychologically oriented approach in which he stresses the congruence in the relation between a "core self" and subsequent occupational selves.

Perhaps the most comprehensive paradigm for an analysis of occupational choices is presented by Blau and others.[9] The "Schema of the Process of Occupational Choice and Selection" which they present has the merit of including not only psychological and sociological orders of variables, but also includes variables which influence the decisions of "occupational selectors". In this sense, the state of the "seller" and of the "market" are considered in dynamic tension. Of particular influence on this study is Blau's contention that for the "seller of labour", "unless a social experience or attribute affects the information individuals have about occupations, their technical or social qualifications for entry, or their evaluation of occupations.....(the effects of all other factors)...are not expected to influence their careers"[10] or, we add, career choices.

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[8] D. R. Miller, "Identity, Situation, and Social Interaction: the impact of social structure on motivation", in S. Koch (ed.) Psychology : Study of a Science, Vol.5, New York: McGraw Hill, 1963.

[9] P. M. Blau & others, "Occupational Choice: A Conceptual Framework" in Industrial & Labour Relations Review, Vol. 9, No.4, July 1956, pp.532-543.

[10] P. Blau and others, ibid. p.537.

Evaluating these various approaches in terms of the findings of this and other studies we are led to the conclusion that so far as entry into nursing is concerned, the factors operative in career choice decisions are more dynamic and subtle than those encompassed by the "personality" and "reward" frames of reference. While we accept Ginsberg's conception of "occupational choice as a process", his theory focuses on the processes involved in the psychological act of choosing, and so attention is diverted from the social factors which condition such choices.

Before proceeding to a description and evaluation of the relative importance of such factors, we consider in more general terms the relative importance of the roles which women in our society are expected to play, and the particular attributes of occupational roles which tend to influence occupational choice.

The Occupational Role of Women - Some Considerations

Ginsberg contends that, compared to men, career choice for girls is a "fairly loose and amorphous process", and that the major role for adult women in our society is that of housewife. The positive values attached to the wife/mother role may be contrasted with those attached to the "spinster" role. For adult women, success in most occupational roles may, in fact, be indicative of failure in what is defined as the essential effort of women -

finding a husband and raising a family. Komarovsky has drawn attention to such inconsistencies amongst single college women.[11] Parsons[12 & 13] has further indicated that for married women in our type of society, serious involvement in occupational roles tends to lead to a conflict and confusion of roles which threatens the stability of the nuclear family structure. The adolescent girl, then tends to view performance in an occupational role as a temporary phenomenon, often evaluated in terms of the opportunities the role provides to ensure success in the really important era of life - the era of competitive courtship.[14]

However this may be, figures released by D.B.S. show that the number of gainfully employed women as a percentage of the labour force has risen from 17% in 1931 to 27.8% in 1961.[15] Among the professions in which women

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[11] M. Komarovsky, "Cultural Contradictions and Sex Roles" in American Journal of Sociology, Vol.52, 1946-47, pp.185-189. See also A. Rose, "The Adequacy of Women's Expectations for Adult Roles", Social Forces, 30, 1951, pp.69-79. T. Parsons, "Age and Sex in the Social Structure of the United States", American Sociological Review, Vol.7, Oct. 1942, pp.604-616.

[12] T. Parsons, "The Kinship System of the Contemporary United States", in American Anthropologist, Vol.45, 1943,p.34.

[13] T. Parsons, "Illness, Therapy and the Modern Urban Family" in Journal of Social Issues, Vol. VIII, 1952.

[14] In reporting on findings of the Kansas City study, Hughes reports that "more than half of all who failed to finish reported that they left school to be married". E.C.Hughes, M.M.Hughes and I. Deutcher (eds.), J.B.Lippincott & Co., Philadelphia and Montreal, 1958, p.49.

[15] Government of Canada, D.B.S."Occupational Trends in Canada", 1931-61, Report No.11, Sept. 1963, D.B.S.

outnumber men are nursing (98.6%), librarians (81.7%), teaching (70.7%). Among non-professional occupational roles women are found predominantly in secretarial and service work.[16] In most other professions, occupational equality between the professions must not be assumed. The fact of differential recruitment on the basis of sex in such professions as medicine and law is attested to in the "quota methods" of recruitment adopted by vocational schools or faculties of universities and the promotional policies in the public and high school systems.[17] In this context, nursing stands out as a profession in which the recruitment pattern is reversed and not only do women outnumber men[18] but they also hold the highest positions of power, prestige, and income within the profession.

Given the general orientation of women towards occupational roles, certain attributes of the nursing profession make it an acceptable choice both from the point of view of parents and of prospective nurses themselves.

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[16]Government of Canada, D.B.S., "Distribution of Female Labour Force by Occupational Group and Selected Occupations", in Occupational Trends, No. 11, Sept. 1963, D. B. S.

[17]E. Keniston and K. Keniston, "The Image of Women and Work" in The American Scholar, Vol.33, No.3, Sept. 1960, pp.355-375.

[18]Only 1.3% of all nurses-in-training in Ontario are male - D.B.S., Dec. Trends, 1931-'61, No. 11.

Firstly, consider parental perception of the "sexually exploitative male" and the perceived temporary nature of womens' occupational roles. In these terms, nursing provides not only the "protection"[19] of residence life but also demands little in the way of capital investment.[20]

For the prospective student - the "feminist" bent on achievement and/or the girl who perceives her chances in the courtship competition as being relatively low - nursing provides an environment in which a fact of biology is not a barrier to occupational advancement. Moreover, should such girls in fact not marry, the fact that "nurses can always get a job"[21] and the perceived prestige of nursing are important considerations. Other prospective recruits see in the training involved, preparation for the expected future role of wife/mother and in the nursing role an opportunity to engage in performances associated with a generalized female role as performed by their mothers.

There are, however, other occupations open to women,

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[19]A. Ross, "Becoming a Nurse", Toronto: Macmillan, 1961, p. 159.

[20]For student nurses in Hospital training schools, monthly allowances, albeit small ones, are made from public funds.

[21]From a "state of the occupational market" point of view, the chronic "shortage" of nurses is one important attribute of the nursing profession.

such as airline stewardess or secretary which make fewer demands in terms of "Dirty work", (Hughes[22]), which impose few, if any, restrictions on young girls in training, and where the rewards in terms of income and the probability of meeting eligible males is probably greater. Furthermore, out of the ennui generated by the abstract nature of most high school courses, occupations other than nursing, which involves a three-year training period, provide an earlier opportunity to participate in a phase of life characterized by sex attraction, "having a good time", and repudiation of adult control.[23] It is in this more specific "setting" that girls decide, or are institutionally led to perform in occupational roles.

Factors Facilitating Career Choice

(a) [24]Social Class and Educational Opportunity

Michael Young's[25] characterization of industrialized societies as "meritocracies" in which I.Q. + Effort = Merit is meant to be an exaggeration. Ample evidence exists, however, which indicates that the trends he observes do in

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[22]E. C. Hughes, Men and Their Work, Glencoe: Free Press, 1958, pp.49-52.

[23]T. Parsons, "The Kinship System of the Contemporary United States", in American Anthropologist, Vol. 45, 1943, p.33.

[24]This conception of social class approximates closely Hollingshed's two factor Index of Social Class.

[25]M. Young, The Rise of The Meritocracy, London: Pelican, 1957.

fact obtain, and that formal education will, to an increasing extent, determine one's assignment into occupational roles.[26]

Viewed in terms of their function vis-a-vis the larger society, formal educational systems operate as specialized institutional devices for occupational role assignment. In relation to the performance of adult roles, such assignment has both motivational and technical significance. Evidence suggests[27] that occupational role assignment on the basis of formal education is influenced by both ascriptive and achievement factors. Thus, "whilst serving as a ladder of vertical mobility for the appropriately qualified, formal educational systems simultaneously exclude from the requisite training and so from the occupations themselves, those who lack the intellectual qualities and/or social class characteristics which happen to be required".[28]

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[26] E. deS. Bruance, S. Wayland, "Occupation & Education in Halsey, Floud & Anderson (eds.) Education, Economy and Society, Glencoe: Free Press, 1961.

[27] T. McLelland, Talent and Society, Evanston: Row and Peterson, 1959.

[28] T. Caplow, The Sociology of Work, Minneapolis: University of Minnesota Press, 1954,
For an excellent statement of the functions of schools in our society, and the decline of the "self-made man" see T. Parsons "The School Class as a Social System", Floud, Halsey and Anderson (eds.) in Education, Economy and Society, pp435-452

It has become a sociological truism that the social class position of parents is closely related to the rate of "drop-out" from high schools.[29] Thus, we would expect that those who are carried along the educational escalator to the point of obtaining the formal qualifications necessary for entry into nursing school - usually Grade 12 or above - to be over-represented in the upper half of the social class scale. Our findings, depicted in Table 9, Chapter 2, confirm this expectation.

In the Blishen Scale, which correlates highly with other scales based on Hatt-North prestige scales,[30] nurses are located in the bottom half of Class 2. Thus, for almost 79% (78.7%) of the students, that is, those located in Classes 3 and below, entry into nursing meant a vertical movement on the ladder of social mobility. For those girls already located in Class 2, nursing was probably perceived as a normal career for a girl, i.e., one that did not involve a loss of status. To some extent, the over-representation of students in Class 1 may be explained by the fact that the fathers of all but one of these girls were doctors, implying

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[29]S. O. Lichter and others, "The Dropouts: A Treatment Study of Intellectually Able Students Who Drop Out of High School, New York, Glencoe, Free Press, 1962.

[30]Rank order correlation of 0.94 was established between the Blishen Scale and prestige scales constructed by Inkeles and Rossi, based on the Hatt-North scale. This correlation relates to Canada only. Thus, Blishen concludes that "the (Blishen Scale) reflects the same variables which underlie prestige".

a "service to humanity" orientation. Add to this fact the bias against women in the recruitment policies of medical faculties, and nursing emerges as a distinct alternative.[31]

The under-representation of students in Class 3 may be due to the fact that their parents generally pursue non-professional business occupations in which a disparity exists between educational level and income earned. These people are "under-educated".[32] To the extent that education reflects values, we would not expect to find the children of such parents in a profession in which material rewards bear little relation to the length of training involved.

Girls whose parents are located in classes 6 and 7 are also under-represented amongst student nurses. This is partly accounted for by economic factors, i.e., entry into nursing means the loss of a potential contributor to the family income. It may also be that the 'life-styles' of families located in these classes militate against the development of the basic social skills and self-concept which permits young girls to perceive a professional role as a personally meaningful goal.

(b) Ideology Associated with Choice of Nursing

Growing out of their location in the social structure

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[31] J. Williams, "The Professional Status of Women Physicians", Unpublished Ph.D. Dissertation, University of Chicago, 1949.

[32] See Table 10, Chapter 2.

and the social events which had led these girls to enter nursing, was an ideology invoked by students to explain and justify their decisions. Values related to nursing, as expressed in the statements of students, cluster around socially approved affective characteristics of kindliness and service to others. Also involved was a conception of

Table 1.
Reasons Given for Choice of Nursing as a Career

Reasons	Number	Percentage
To help fellow man	42	21.2
Always wanted to be a nurse	30	15.1
Working with people	26	13.1
Preparation for wife/ mother role	19	10.0
Influence of parents and relatives who were nurses	17	8.5
Desire for Professional Education and skills	11	5.5
Nursing as a "satisfying" profession	11	5.5
* Particular events	10	5.0
Religious	7	3.5
#Other	25	12.6
Total number of reasons	198	100.0%

*witnessing accidents, hospitalization of self, looking after sick relatives

#job-security and travel, residence life, improvement of personal qualities, e.g. poise, self-confidence.

+Percentages are based on 59 randomly selected 'personal philosophy statements' which accompany formal applications. Such statements are designed to answer the question "Why do you want to become a nurse?" Median number of responses per student varied between 3 and 4.

the rewarding aspects of the nursing role and the perception of nursing as a vocation in the sense that "one is born to nurse". These conclusions are derived from the preceding Table 1.

Findings depicted in Table 1 receive general support from other nursing studies.[33, 34, 35] Differences in social class characteristics and in mthods of eliciting responses, probably account for differences in the relevant importance of particular sets of reasons. The reasons contained in the table above are "strategic" in the sense that they were directly related to influencing powerholders.

Thus we find the importance of certain "strategic" responses decreases when the 'others' to whom students are responding, are not as significant along the power dimension. Thus, whilst 30 out of 59 students (50.8%) mentioned among their reasons that they had "always wanted to be a nurse",

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[33] A. Ross, Becoming a Nurse, Toronto: Macmillan, 1961.

[34] T. S. McPartland, "Formal Education and the Process of Professionalization", in E. C. Hughes, H. M. Hughes, and I Deutcher (Eds.) Twenty Thousand Nurses Tell Their Story, Philadelphia and Montreal: J. B. Lippincott, 1958.

[35] Op.cit. I. H. Simpson, The Development of a Professional Self-Image Among Student Nurses, Unpublished Ph.D. Dissertation, University of North Carolina, 1957.

in responding to a questionnaire item, only 41 out of 160 (25.6%) stated that they had definitely decided to become nurses before the age of 11.

Table 2.

Age of Definite Decision to Enter Nursing

Age	Number of Students	Percentage
Before the age of 11	41	25.6
Between 11 and 16	43	26.8
After the age of 16	76	47.5
Total	160	100.0%

* These percentages are based on the combined responses of first and third year students who answered the following question, "At what age did you definitely decide to become a nurse?"

On the basis of a more specific explication, the following features of the nursing role emerge as factors of presumed motivational significance in relation to career choice.

Table 3.
Perceived Attributes of the Nursing Role as an Influence on Choice of Nursing as a Career

Perceived Role Attributes	1st year students		3rd year students		Total	
	No.	%	No.	%	No.	%
The fact that nurses are in short supply and can always get a job anywhere	8	9.4	5	6.6	13	8.1
The fact that nursing is a profession whose members are a crucial part of the health team	8	9.4	13	17.3	21	13.1
A profession which enables one to pursue a Christian way of life	3	3.5	3	4.0	6	3.7
The adventure, glamor and excitement associated with hospital nursing	-	-	4	5.3	4	2.5
The fact that nursing provides a way of helping people	46	54.1	37	49.3	83	51.8
The fact that in nursing one learns skills useful in marriage and motherhood	9	10.5	4	5.3	13	8.1
The opportunity to improve one's social position while doing work one enjoys	2	2.3	2	2.6	4	2.5
No response	1	1.1	-	-	1	.6
Total	85	99.7	75	99.7	160	99.7

* Percentages are based on responses to the following question: "Before you actually enrolled at nursing school which two of the following did you feel you would like best about nursing?" The figures above refer only to first choices.

It is evident from Table 3, that for both first and third year students, the opportunity that nursing provides to help people is the most highly evaluated aspect of the nursing role. The relatively greater emphasis by third year students on "working with doctors", is probably due to the fact their responses were conditioned by their experiences as part of a "health team", de facto, in their final year of training. The relatively high evaluation of the "working with doctors" aspect by both groups of students may be due in part to what C. W. Mills calls the "prestige by association" syndrome.[36]

(c) Personal Influences and Occupational Choice

Decisions are made in a variety of social situations where, ideally, social norms allow relative freedom of choice. Despite the differences in the situations, per se, relevant research suggests that the social and psychological factors which influence decision-making are common to all of them. Thus, the authors of Voting,[37] find that

> "Intentions (to vote) supported by one's social environment are more predictably carried out than are intentions lacking such support."[38]

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[36] C. W. Mills refers to this syndrome found among sales clerks who feel that the prestige of customers and merchandise rub off on them. American Sociological Review, Vol. XI, 1945, pp.520-29.

[37] B. Berelson and P. Lazarfeld, Voting, Chicago: University of Chicago Press, 1954.

[38] Ibid., p.283.

More specifically, the role of persons in one's immediate environment who may play an important part in shaping decisions is demonstrated by Katz and Lazarfeld.[39]

The importance of personal influence as a factor influencing entry into nursing emerges from the following table.

Table 4. Personal Influence as a Variable Related to Choice of Nursing as a Career.(First and third year students)

Source of Influence	1st year Students Per Cent	3rd year Students Per Cent	Total
Parents	39.0	44.0	41.4
Relatives	5.8	13.3	9.4
Close Friends who are doctors or relatives	11.8	14.7	13.2
Own Decision	20.0	13.4	16.8
Other Influences	12.9	5.3	9.3
Friends not doctors or nurses	5.8	2.6	4.3
No response	4.7	6.6	5.6
All students (85)	100.0%	(75) 100.0%	(160) 100.0%

* Percentages are based on responses to the following question "From the following which was most important in influencing your decision to become a nurse?"

We find that almost 70% (68.3%), expressed the view that parents, relatives or friends were most important in

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[39]E. Katz and P. Lazarfeld, Personal Influence, Glencoe, Free Press, 1955.

influencing their career choice decisions. This compares with 26.1% who reported that their decision was made independently or, that it could be related to some other source.[40] Table 5, enables us to make a rough comparison between personal influence and the relative influence of possible other sources.

Table 5.
Career Choice: Personal and Other Influences Compared

Source of Influence	Total Number of Students Number	Per Cent
Doctors and Nurses Known Personally	68	42.6
Doctors and Nurses not Known Personally	30	18.6
Recruitment Posters etc.	14	8.8
Particular Events	16	10.0
None of These	10	6.3
No response	22	13.7
All Students	160	100.0%

* Percentages are based on combined first and third year student responses to the following question: "Of the following, which was the most important in influencing your decision to become a nurse?"

Here again, the relative importance of persons, especially those known personally, is demonstrated. Our findings receive general support from results reported by

[40]See also A. Ross, op. cit., p.163

Martin and Simpson.[41] Here it was found that among reasons given for choosing nursing, the influence of relatives and friends was mentioned more frequently than were mass appeals or the influence of strangers.

Our findings suggest then that whilst most student-nurses mentioned a variety of reasons for entering nursing, parental influence was perceived as an important factor influencing their decision. We also note a tendency for such decisions to be made relatively early in life. The question is raised - how is it that the model of nurse adopted during childhood is clung to till late adolescence. The answer would seem to lie in the social attitudes embodied in the perceived role of nurse. The students early image of the nurse corresponds to the perceived generalized image of female in our society.[42] As a small girl, tender loving care given to a sick doll may possibly represent a situation where the

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[41] H. W. Martin and I. H. Simpson, "Patterns of Psychiatric Nursing: A Survey of Psychiatric Nursing in North Carolina, Chapel Hill, N.C., University of North Carolina, 1956.

[42] In a recent paper presented at the American Sociological Association Annual Conference (1964) R. F. White, suggested that in the case of nursing a perceived congruence between a girl's "self image" and the 'hursing role image" was a major factor affecting choice of nursing as a career. "Female Identity and Career Choice : The Nursing Case", American Sociological Association Abstract of Papers, p.58

mother cares for members of the family who are ill.[43] However, most girls are exposed to the influence of their mothers as role models, yet a relatively small percentage actually do become nurses.

It may be that once the symbol, nurse as female, has been implanted, continued reinforcement is necessary if the model is to continue to direct ambitions until actual career choice is made. Small girls who admire and seek to emulate this model, find such reinforcement in society's approval of nursing as a female occupation, and by repeated contacts with others who perform nursing or associated roles, i.e. role models.

The "recruitment function" of role models has been demonstrated by Rogoff.[44] On the basis of a comparison of the social background characteristics of 750 medical students, Rogoff discovered that candidates were drawn disproportionately from the homes of medical doctors. Further support for

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[43]The similarities in the role orientations governing interaction between mother and sick child and nurse and patient are drawn out by I. Thorner, "Nursing : The Functional Significance of an Institutional Pattern", American Sociological Review, 20, 1955, pp.531-538. The interpretation suggested here lends support to Zetterberg's "role sequence" theory of occupational choice. Here it is posited that an individual is most likely to adopt a new role if his behaviour in previous roles has been consistent with the perceived demands of the new one. Zetterberg, op. cit.

[44]The Decision to Study Medicine" in Merton, Reeder and Kendall (eds.), The Student Physician, Cambridge, Mass. Harvard University Press, 1957.

the influence of role models as a factor influencing occupational choice comes from McPartland.[45] Here it was found that the influence of parents and relatives was mentioned only when such persons were in some way connected with the health professions.

Table 6, shows that of a total of 160 students, 113 or 70.6% reported having relatives or close friends as members of the health professions. More specifically, of this 113, the vast majority, 110 (97.3%), specified that these relatives or friends were either doctors or nurses.[46]

Table 6.

Decision to Enter Nursing Related to the Presence or Absence of Parents, Relatives or Close Friends who are members of the Health Professions.

Response	First year Students		Third Year Students		Total	
	Number	Per cent	Number	Per cent	No.	Per Cent
yes	65	76.5	48	64.0	113	70.6
no	20	23.5	27	36.0	47	29.4
Total	85	100.0%	75	100.0%	160	100.0%

* Percentages are based on responses to the following question: "Do you have any relatives or close friends who are members of the health professions?"

[45] Op. cit. T. C. McPartland.

[46] This finding was obtained by an analysis of the distribution of responses of those 113 who answered "yes" to the question above (Table 6) and who also answered the further question as to whether the relatives or close friends mentioned were either doctors or nurses.

The significance of these findings is further increased, if, along with availability of role model dimension, we compare girls who have entered nursing with a group of controls. Table 7 shows that, the presence or absence of role models (as operationally defined in this study) is significantly associated with entry into nursing.

Table 7.

Relation Between Choice of Nursing as a Career and the Presence or Absence of Parents, Relatives or Close Friends who are Members of the Health Professions

Respondents	Availability of Role Models		Total
	YES	NO	
Nurses	113 (95.0)	47 (65.0)	160
Controls	17 (35.0)	42 (24.0)	59
Total	130	89	219

Chi square = 31.33, significant at .005 level for a one tailed test; I d.f.

* Controls consist of 59 female, first year undergraduates at McMaster University, pursuing general arts and social science courses.

Summary and Conclusions

As compared with other general approaches to the study of occupational choice, our approach focuses on the social and psychological factors which condition such choices. In the attempt to explicate the "setting" within which such

choices are made, we have proceeded from a characterization of industrialized societies, to the occupational role of women in such societies. Among the variety of influences which impinge on the developing choice of nursing as a career, three classes of variables seem to stand out.

First there is the many-faceted impact of social status and the movement of a girl's family within this hierarchy. To the extent that nursing demands certain formal qualifications, the social class position of parents, through its influence on educational opportunity and motivation for continued education, limits occupational choice. Clearly then, social class affects the simple availability of opportunities. However, whether such opportunities are perceived as such depends on the development of some sort of "core self" which must somehow be congruent with the perceived self associated with the nursing role.

Secondly there is the diffusion of the nursing image within the community relative to the images of other occupational images. The availability of role models and experiences with them serves to define with greater clarity the requirements and rewards of the nursing role.

Finally, in addition to prestige, there are other rewards which contribute to higher self-esteem. Among these are the implementation of a self-concept, the development and utilization of valued skills and the satisfaction of idiosyncratic, often generalized female needs. One variable mentioned in this connection was the age at which girls started thinking about

becoming a nurse. It may be hypothesized that prospective nurses begin thinking about their future profession earlier than girls who enter other professions. If this is so, it would seem to be contingent on the availability of appropriate anchors - professional image, role model and social support from family and peers.

Our conclusions are limited and tentative. Definitive statements await more exhaustive case studies designed to explicate the nature of the relationships with each of the "anchors" mentioned above.

CHAPTER 4

Introduction

Studies by Rogoff,[1] Thielens,[2] and Becker and Carper[3] suggest a number of significant variables affecting pre-professional socialization. These are (a) the development of a 'core self', (Miller, 1961),[4] the diffusion of a professional public image, (b) the distribution of role models, (c) prestige of the professional image, (d) the perceived potential of a profession for self-expression. The influence of these variables on the decision-making process relating to choice of nursing as a career has been considered in the last chapter. We now attempt to relate the outcomes of such a process to later phases of professional training.

Socialization into a professional role involves a series of "planned and unplanned experiences" in terms of which a professional identity develops.[5] In contra-distinction to

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[1]N. Rogoff, "The Decision to Study Medicine", in R. K. Merton, G. G. Reader and P. L. Kendall (eds.), The Student Physician, Cambridge: Harvard, 1957, pp. 109-129.

[2]W. Thielens, Jr., "Some Comparisons of Entrants to Medical and Law School", in The Student Physician, pp.131-152.

[3]H. S. Becker and J. W. Carper, "The Development of Identification with an Occupation", American Journal of Sociology, 1956, Vol. 61, 289-298.

[4]D. R. Miller, "Personality and Social Interaction", in B. Kaplan (ed.) Studying Personality Cross-Culturally, Evanston: Row and Peterson, 1961, Ch. 8, pp.271-298.

[5]E. C. Hughes, "The Making of a Physician" in Men and Their Work, Glencoe, Illinois: Free Press, 1958, pp.116-130.

approaches to 'identity' which are directly psychological in their basic assumptions,[6] Brim's[7] sociological account traces an individual's identity to his social experiences. However, Brim does acknowledge the necessity of a psychological underpinning for his sociological interpretation of identity. This is apparent in his introduction of three classes of intervening variables: (a) commitment, (b) past (role) learning, (c) performance/ability.[8]

We shall be concerned with the following order of problem: to what extent, and in what ways are commitment to the role of nurse and prior knowledge of the nursing role related to the facility with which self images develop amongst student nurses.

The Concept of Commitment - Some General Considerations in The Light of Previous Research

The concept of commitment refers to a process in which the individual pursues a consistent line of activity, over some extended period of time. As he moves through a variety of social situations the 'committed individual' will tend

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[6] J. R. P. French and J. J. Sherwood, "Self-Actualization and Self-Identity Theory, University of Michigan, mimeo, 1963.

[7] O. G. Brim, Jr., "Personality Development as Role Learning" in I. Iscoe and H. W. Stevenson (eds.), Personality Development in Children, University of Texas Press, 1960, pp. 127-157.

[8] The influence of differential ability on the development of a professional nursing identity will be considered in Chapter 5.

to reject feasible alternatives and will engage in a variety of acts[9] which, in a general sense, facilitate a consistent course of action. Social structures vary in terms of both, the opportunity they provide for individuals located in them to make lasting 'side-bets' and the degree of constraint imposed once such subjective, though not necessarily conscious side-bets are made.[10]

The transition from infant to adult may be viewed as a process in which the individual gradully acquires a variety of commitments which "constrain one to follow a consistent pattern of behaviour in many areas of life".[11] Though there are important differences between men and women in this respect, the encumbency of occupational roles has the potential of producing commitments of some duration. Generated by

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[9]H. S. Becker has referred to such acts as side-bets. For example, given an orientation to 'serve God in this world and be with Him in the next', entry into the priesthood can be considered as an outlay which commits the priest to a consistent course of action. Given his acceptance of this goal, the 'cost' of inconsistency is too high, and alternative courses of action are no longer feasible. "Some Notes on the Concept of Commitment" in American Journal of Sociology, Vol.66, (July, 1960) pp.32-40.

[10]The view of Commitment presented here draws heavily on the work of H. S. Becker, "Personal Change in Adult Life", in Sociometry, Vol. 27, No.1., March 1964, pp.49-52. For an extended statement see "Notes on the Concept of Commitment", in American Journal of Sociology, Vol. 66, 1960-61, pp.32-39. For an explicity structural definition of Commitment see E. Goffman Encounters, Bobbs-Merrill Co., Inc., 1961, pp.88-89.

[11]H. S. Becker, "Personal Change in Adult Life", p.50

this conceptualization we consider the extent to which the following act as empirical indicators of commitment:

(a) the age at which prospective nurses decide to enter the professional role which they subsequently embrace

(b) the consideration given to alternative occupational roles prior to the final decision to enter nursing.

Previous research has suggested that the age of decision to enter an occupational role is related to subjective commitment to that role. Thus Rogoff finds that those who decide to become doctors at an early age (infrequently consider alternative occupations, (b) infrequently express doubts as to the correctness of their decisions, and (c) are more satisfied with their choice of profession.

Because of sex differences in the composition of respective populations studied[12] and the differential pressure on men and women to assume occupational roles[13] it may be that Rogoff's findings are more applicable to the career decision outcomes of young men than of young women. The question is raised as to the extent to which relationships between "age of decision" and "commitment" observed in the case of medical students hold also for nursing students.

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[12] While over 90% of the students observed by Rogoff were males all the students observed in this study were females.

[13] J. Williams, The Professional Status of Women Physicians, University of Chicago, Unpublished Ph.D. Dissertation, 1949, p.84.

Certainly we find, as did Rogoff, that the younger a person is when he decides on a particular professional career, the less often will he seriously consider alternative occupations. (Table 1).

Table 1.
Age of Decision to Become a Nurse by Whether or Not Other Occupations were Seriously Considered.

Age of Decision	Alternatives Seriously Considered			
	YES Per Cent	NO Per Cent	Total Per Cent	No.
Before 11 years	39.0	61.0	100.0	41
Between 11 and 16	57.1	42.9	100.0	42
After age of 16	89.5	10.5	100.0	76
All Students	68.0	32.0	100.0	159*

* Excludes 1 student who failed to respond to the question: Before you definitely decided to become a nurse, did you seriously consider entering any other occupation or profession?

However, our findings do not allow us to conclude that, compared to others, 'youthful deciders' who had not considered other occupations, i.e., Rogoff's 'committed group', will also express greater satisfaction with their choice of nursing as a career.

If the relationships posited by Rogoff did in fact obtain we would expect to find her 'committed group' (++) over-represented amongst those who report that they are more satisfied with their choice of profession. In fact we find that this group is no more satisfied than, in Rogoff's terms, the 'un-committed group', (- -), i.e., those who decided to

Table 2. Age of Decision to Become a Nurse and Whether Alternative Occupations Were Seriously Considered by Degree of Expressed Satisfaction with Choice of Nursing as a Career. First and Third Year Students.

Age of Decision	Alternative Occupations Considered	Degree of Expressed Satisfaction				
		More Satisfied	Equally Satisfied	Less Satisfied	Total	
		Per Cent	Per Cent	Per Cent	Per Cent	No.
+	+	16.3	79.0	4.7	100.0	43
+	-	26.8	65.9	7.3	100.0	41
-	+	12.5	75.0	12.5	100.0	8
-	-	16.4	79.1	4.5	100.0	67
All Students		18.9	75.5	5.6	100.0	159#

* The question relating to satisfaction was framed in the following way: "In terms of your experiences so far, and in comparison with other members of your class, would you say you were- more, less, or equally satisfied with your choice of profession?

Excludes one student who failed to answer all three questions.

The four groupings depicted here represent 'empirically purified types' which exhaust all possible combinations of responses. They are abstracted on the basis of possession of the following characteristics:

+ + decision before 16 and other occupations not considered
+ - decision before 16 and other occupations considered
- + decision after 16 and other occupations not considered
- - decision after 16 and other occupations considered

enter nursing after the age of 16 and who had seriously considered occupations other than nursing. While 7 (16.3%) out of 43 in Type (+ +) reported that they were, compared to their classmates, more satisfied with their choice of nursing as a profession, 11 (16.2%) out of 68 in Type (- -) reported a similar degree of satisfaction. It would seem that those who

decided to become nurses at a relatively young age, but whose decision was made after consideration of alternative occupations are, compared to others, most likely to express greater satisfaction with their choice of profession. Thus 11 (26.8%) of those in Type (+ -), reported that they were more satisfied. However, we must be extremely cautious in accepting such a conclusion for, not only do students in this Type tend to be over-represented in the less satisfied group--7.3% as compared with 5.6% of all others--but also we do not know the extent to which 'definite' decisions before 16 were "real" as opposed to being influenced by the structuring of the question. It does not seem realistic to expect children aged 11 and under to make "definite" career specific decisions.

Finally those who had decided to enter nursing after the age of 16 and had not considered any occupation other than nursing were probably drawn into nursing through a series of "situationally delimited decisions" only tangentially related to nursing, e.g., a wish to remain with former school friends who had entered a local nursing school. We may speculate that to the extent that such decisions were extrinsic to the nursing situation per se, students who constitute Type (- +) would tend to be over-represented among the 'less satisfied' and and under-represented among the 'more satisfied'. However, the relatively small numbers involved raises serious problems as to the meaningfulness of our interpretation.

The problem confronting us now is one of explaining the divergences found to exist between the findings of Rogoff and those of the author of this study. Furthermore, what

alternative interpretations can we offer. The researcher using a questionnaire is faced with problems of "recall", "conforming responses", and so on. However, almost sole reliance on a questionnaire is a feature of both studies. Moreover, with minor modifications, essentially the same questions were put to the subjects of each study. On these grounds it is reasonable to assume that any bias was randomized and that differences in methodology cannot be held to account for the apparent differences in findings.

Given Rogoff's findings however, an alternative interpretation may be framed along these speculative lines. Medical students who decide to become doctors at a relatively young age have a longer period of anticipatory socialization which affords them a greater opportunity to identify with the role of doctor and thus are less willing to admit that they were unhappy or that their occupational choice was an error since this would be too damaging to their self image.[14]

We have called into question, then, Rogoff's assumption that individuals located in our Type (+ +), (Table 5) are,

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[14]In private correspondence, Professor R. A. H. Robson of University of British Columbia, who is conducting a study of nurses on behalf of the Canadian Government, has communicated to the author these findings. Nursing students who had decided to become nurses at a relatively young age were found to be: (a) more critical than others about selected aspects of nursing experiences, (b) under-represented amongst those who expressed less satisfaction with their choice of nursing, (c) under-represented amongst those who said that they wished they had chosen some other profession.

compared to others, more 'enthusiastically committed' to the professional roles which they perform. If, as we suggest, an essential in any operational definition of commitment to a role is, in fact, continuance, or intention to continue in the role, then we find that Rogoff's indices of commitment[15] are not sufficient, nor indeed necessary conditions enabling the researcher to predict with any marked degree of confidence, the likelihood of continuance in the occupational role chosen.

Table 3.
Age of Decision to Enter Nursing and Whether or Not Alternative Occupations were Considered by Expressed Intention to Occupy a Full-Time Nursing Position Five Years After Graduation.

Age of Decision	Alternative Occupations Considered	Intention to Occupy A Full Time Nursing Position				
		Yes Per Cent	Undecided Per Cent	No Per Cent	Total Per Cent	No.
+	+	28.0	25.5	46.5	100.0	43
+	-	22.0	31.7	46.3	100.0	41
-	+	50.0	37.5	12.5	100.0	8
-	-	22.4	53.7	23.9	100.0	67
All Students		25.2	39.6	35.2	100.0	159*

* Excludes 1 student who failed to answer all three questions.

* For an explanation of these Types see Table 2.

Table 3 suggests that those who had definitely decided to enter nursing after the age of 16 and had presumably not considered <u>any</u> career seriously prior to entry into nursing were most highly over-represented amongst those students who

intended to occupy a full-time nursing position five years after graduation. Thus 4 (50%) out of 8 students in Type (- +) answered 'yes' to the question "Do you intend to occupy a full-time nursing position five years after you graduate? It was precisely among students in this Type that we supposed career decisions to have been 'situationally delimited and only tangentially related to nursing per se'.[16] Furthermore, only 1 out of the 8 students in this group reported that they were "more satisfied" with their choice of profession. (See Table 2). Without a consideration of factors operative following encumbency of the role it is difficult to logically connect such decisions with the expressed intention to continue in the role.[17]

It may also be the case that the perceived nursing role conceptions of those who decide to become nurses at a relatively young age are unduly influenced by generalized

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[16]We may assume that such decisions were more "mature" in the sense that they were made after due consideration of the costs and benefits attached to the nursing, as opposed to other occupational roles. An early decision without consideration of other occupations suggests a degree of inflexibility of response difficult to imagine. We may speculate as to the effects that such "dogmatism" has on achievement in the nursing role. The findings of R. M. Frumkin suggest that achievement is related to 'dogmatism' with poor performance being highest among those college students with a 'dogmatic value orientation'. "Dogmatism, Social Class, Values and Academic Achievement in Sociology", Journal of Educational Sociology 34; 31 May 1961, pp.398-403.

[17]This will be dealt with in Chapter 6.

female models, i.e., their mothers, and by the perceived congruence between a generalized female and nursing role.[18] It was suggested that the ability to carry over generalized role attributes was a factor influencing their decision to enter nursing. However, when the actual behaviour required in nurses' training conflicted with the expectations deriving from their ideology, as was the case when hospital work turned out to be menial, repetitive and "un-feminine", any commitment they may have had to continue in the role past the point of graduation was seriously weakened.[19] In this connection an inspection of the distribution of students by 'age of definite decision' and intention to continue in nursing role shows a statistically significant degree of association between youthful deciders and expressed intention to leave nursing.

If a youthful decision does not necessarily imply a desire to continue in nursing following graduation, does it at least increase the probability of successful graduation?

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[18] As we shall attempt to show later in this chapter, these girls were in effect committed to a role - the role of married female.

[19] Without imputing base motives, there is some pressure to "at any rate complete the course" both from parents and faculty. From the parental point of view girls who leave the course voluntarily before graduation must repay the cost of training incurred. From the faculty point of view "voluntary dropouts" reflect not only a rejection of nursing, but also a failure in their selection procedures. In fairness it must be stated that only a relatively small number do in fact leave voluntarily--15 out of 105. (14 %, 3rd yrs.)

Table 4.
Relation Between Intention to Occupy a Full-Time Nursing Position Five Years After Graduation and Age of Definite Decision to Enter Nursing. (First and Third Year Students)

Intention to Occupy a Full-Time Position	Age of Definite Decision				Total
	Prior to 16		After 16		
Yes or Undecided	(a)	45 (54.4)	(b)	58 (48.6)	103
No	(c)	39 (29.6)	(d)	17 (26.4)	56
All Students		84		75	159 *

Chi Square equals 9.1482 Sig. at .01 Two tailed. One dif.

Cells (a) and (c) derived by taking Types (+ +) (+ -) equals early deciders.

Cells (b) and (d) derived by taking Types (- +) (- -) equals late deciders.

* Excludes 1 student who failed to answer both questions.

Taking as their index of commitment "successful completion of nursing course", Katz and Martin[19a] find a statistically significant association between early decisions, i.e., prior to 16, and completion of the requisite training course. As the questionnaire used in this study was not administered to

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[19a] F. E. Katz and H. W. Martin, "Career Choice Processes" in Social Forces, Vol.41, 1962-63, pp.149-154.

those who subsequently left the training course, our data does not enable us to make a direct comparison. However, if we focus on the fifteen students who had enrolled with the present graduating class, and who had left voluntarily, we find that 11 (73.3%) of them had stated in some form or other, that "they had always wanted to be nurses". Although the degree of association is not statistically significant, it does suggest, albeit tentatively, a positive relationship in the direction expected, if our earlier interpretations are correct. While it is true that the interpretation offered by Katz and Martin differs from ours, their findings are, in essentials, not opposed to ours in this respect. Of 31 students who failed to graduate, they found that 15 (42.9%) had first thought about becoming a nurse before the age of 10, and 16 (50%) experienced similar thoughts at age 10 and over.

We do not claim that our evidence is conclusive. Definitive statements await longitudinal studies, and a clearer specification of 'chance factors' as they influence recruitment.

On conceptual and empirical grounds we feel justified in taking as our, albeit crude index of commitment, expressed intention to continue in a role. The emphasis given to the intentional element in our operational definition stems from our phenomenally derived view that the individual's perception of the course of the "game" constitutes the social reality which influences his present moves.

Thus, if, during a specified period, student nurses perceive the "wife-mother" role as being incompatible with the "full-time nursing" role, we may assume that the individual student nurse is faced with a problem of choosing among perceived alternatives.

Perceived Situational Cross-Pressures - Career or Marriage - and Choice of Alternatives as an Indication of Commitment.

For the nursing student, who simultaneously occupies the role of 'young woman', such choices must be made in a situation in which professional socializers, i.e., faculty, are attempting to inculcate a sense of "personal and continued commitment to nursing",[20] while expectations attached to the generalized role of 'adult female' emphasize the encumbency of the "wife-mother" role as an index of personal worth. To what extent is such a process inhibited in cases where the incompatibilities between the two roles are perceived and the role to which one is committed, i.e., the role chosen reflects the generalized expectations attached to the female role.

As we have suggested earlier, entry into an occupation can be regarded as "an event which produces lasting commitments which constrain the person's behaviour". In this sense, all the entrants to nursing school have made

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[20] M. C. Vaillot, Commitment to Nursing - A Philosophic Investigation, Montreal: J. B. Lippincott, 1962, Introduction.

side-bets which involves at the least, a potential loss of time which may have been more profitably spent. However, not all entrants to nursing training are equally committed to the nursing role. For those students for whom "marriage ...is the apex of their existence (and who) take a job only to get a man"[21] nursing is often evaluated in terms of the extent to which it prepares them for the married role. In such cases, the 'pay off' on their side-bet i.e., becoming a nurse, is perceived as the facilitation of efficient role performance in a role other than nursing--the wife-mother role. Thus we find that those who, prior to enrollment, reported that the best thing they would like about being a nurse was "the fact that in nursing one learns things useful in marriage and motherhood" tend also to be over-represented among those who intend to leave nursing shortly after graduation to get married.[22]

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[21] M. Mead, Male and Female, London: Gollancz, 1950, Chapter -"Sex and Achievement"

[22] Table 5. If you do not intend to occupy a full-time nursing position five years after graduation, for which of the following reasons are you most likely to leave?

	Number	Per Cent
-to take a job with higher pay and more prestige	-	-
-to get married	54	96.4
-dissatisfaction with nursing conditions	-	-
-other reasons (specify)	2	3.6
Total	56	100.0

Table 6.

Reasons given for Liking Nursing, Prior to Enrollment, by Intention to Occupy a Full-Time Nursing Position in Five Years After Graduation.

Reasons	Intention to Occupy Full-Time Position				
	Yes	Undecided	No	Total	
	Per Cent	Per Cent	Per Cent	No.	%
nurses are in short supply and can get a job anywhere	32.1	50.0	17.9	28	100.0
nursing is a profession whose members together with doctors constitute a crucial part of the health team	31.4	35.3	33.3	51	100.0
a profession which enables one to pursue daily, a Christian way of life	20.0	40.0	40.0	15	100.0
nursing provides a way of helping people	24.0	41.3	34.7	104	100.0
the opportunity to acquire and apply medical knowledge and associated skills	29.8	38.3	31.9	47	100.0
in nursing one learns skills useful in marriage and motherhood	14.9	36.2	48.9	47	100.0
Total Reasons				292	100.0

* Percentage distribution derived from responses of first and third year students to the following question: "Before you enrolled at the school of nursing which two of the following did you feel you would best like about being a nurse? In the table above both responses have been combined.

Table 6 shows that reasons given for liking nursing by student-nurses are related to their expressed intention to continue as a full-time nurse following graduation. In Table 6, Row 6, we find that out of a total of 47 reasons which included the preparation for marriage dimension, 7 (14.9%), 17 (36.2%) and 23 (48.9%) respectively, were related to an affirmative, indefinitive, and negative intention to continue in nursing. This finding may be compared with the distribution of responses in Row 1. Here we find that out of a total of 28 reasons which included the job security dimension, 9 (32.1%), 14 (50.0%) and 5 (17.9%) respectively, were related to affirmative, indefinite and negative intentions to continue in the nursing role. Similar comparisons with the distribution of responses in all other rows enables us to arrive at the conclusion that the chance of a student-nurse remaining in the nursing profession is partly related to the reasons she gives for initially entering it, and that those students who are most likely to leave, are those who view nursing as an aid to marriage.

Commitment to a "Wife-Mother" Role as a Factor Influencing Stability of Self-Images Held by Student Nurses

We find that some student nurses view nursing as an aid to marriage, and also intend to leave nursing shortly after being so aided. The act of entering nursing training, may be conceived of in terms of a side-bet which is consistent with the achievement of their 'real goal. To the extent also

that these students intend to pursue a primary line of activity for some time, we refer to them as being committed to the future role of 'wife-mother'. If, as we suggest, such a commitment reflects the differential evaluation of perceived expectations of "professional nursing" as opposed to "non-professional" significant others, we would expect to find that those committed to the generalized female role tend to describe themselves in 'young woman' rather than in nursing terms. Thus, of thirteen adjectives, the three adjectives which represent primarily, though not exclusively, general female qualities tend to be chosen more frequently by those who intend to get married shortly after graduation, than by those not so committed to the wife-mother role.

Table 7.
Intention to Occupy a Full-Time Nursing Position Five Years After Graduation by Relative Frequency of Choice of "Nurse" and "Young Woman" Adjectives.

Intention to Continue	Adjectives Chosen*			
	Primarily "Nurse" Per Cent	Primarily "Young Woman" Per Cent	Total Per Cent	No.
Yes	62.5	37.5	100.0	40
Undecided	46.0	54.0	100.0	63
No.	30.3	69.7	100.0	56
All Students	44.7	55.3	100.0	159 **

*The distributions depicted in this table are based on responses to the question: From the following list of adjectives--Gentle, Technically Skilled, Observant, *Feminine, Disciplined, Kind, Efficient, *Sentimental, Patient, *Emotional, Dependable, Calm--choose three which best describe you as a person.

Table 7 (continued)

The adjectives marked with asterisks represent empirically derived 'young woman' adjectives. Students are placed in the 'young woman' category if, of three choices made, one or more adjectives chosen reflected represented generalized female role expectations.

**Excludes 1 student - failed to respond to both questions.

Summary

On the basis of our data there appear to be some grounds for supposing that one factor which may account for the differential development of a professional identity amongst student nurses is the extent to which the individual nurse is committed to a role other than nursing, and the simultaneous encumbency of both roles is perceived as incompatible. Generated by Becker's conceptualization, we have attempted to use the concept of commitment as an analytic tool with which to explain "personal consistency in situations which offer conflicting directives".[23] In an attempt to account for the changes that student nurses undergo as they move through the nursing training situation we now turn to the process of situational adjustment.

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[23]H. S. Becker, ibid, p.49.

CHAPTER 5

Introduction

Our specific aim in this chapter is to explore the relationship between "prior (role) learning" and the transformations in identity which take place following encumbency of the nurse-trainee role. Our analysis is guided by Becker's concept of "situational adjustment", which refers to the process in which "individuals take on the characteristics required by the situations they participate in". A major intervening variable in this process is taken to be "the ability to assess what is required in the situation".[1]

In interaction with doctors, instructors and patients some students perceive themselves as nurses in all these role relationships, while others rarely perceive themselves as nurses whatever the specific role sequence they are involved in. To what extent are such differences in self-perception amongst first year students related to differences in prior knowledge of the nursing situation?

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[1]This approach is analogous to that of Brim, who attempts to relate present role learning to prior role learning, and to Zetterberg's concept of "role consistency".

Socialization into adult occupational roles is preceded in time by the incumbency of a variety of other roles attached to each of which is a socially bestowed identity.[2] Thus, apart from any problem of "primary alienation"[3] common to all socializer-socializee interaction systems, socializers of emerging adults into their occupational roles are confronted with the additional problem of a perceived threatened loss of previously derived, simultaneously held and perhaps valued identities, as the 'cost' of responding to role demands.[4] If we accept, as the evidence seems to suggest, that in our society encumbency of the generalized female role generates a highly strategic identity, and then we consider the nursing role situation to which girls, on the threshold of adult womanhood must adjust, we shall gain some idea of potential sources of tension, anxiety, and frustration.

The Nursing Training School

Viewed in terms of the primary orientation of its

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[2]P. L. Berger, Invitation to Sociology, New York: Doubleday & Co., 1963, p.94.

[3]As we interpret T. Parsons who developed the concept "primary alienation" refers to the ambivalent feelings aroused in socializees which represents, to the socializer, the "psychological cost" of eliciting conformity to role demands. "The Social System", Glencoe: Free Press,1961, pp.233-234.

[4]Fred Davis and V.L. Olesen "Initiation into a Woman's Profession : Identity Problems in the Status Transition of Coed to Student Nurse" in Sociometry, Vol.26, No.1, March 1963, pp.89-101.

regular and powerful role performers, i.e., the Faculty[5] the concrete interaction system - the nursing training school - may be defined as an organization whose essential function vis a vis the hospital is to produce future regular performers of the nursing role - performers who will reflect the ideals and values of the profession in general and of the nursing school in particular. This setting constitutes the social reality agreed upon by those who "define the situation", i.e., the powerholders.[6] The newcomer to such a situation is confronted with expectations specific to her newly acquired role and she must be induced or coerced to make specific responses to these expectations, and to become the sort of person who typically makes such responses.

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[5]The school of nursing, though situated in the Hospital grounds is not an integral part of the hospital structure, but merely uses the hospital for carrying out the clinical part of its training programme. In this programme the School moved its own organizational procedures into the hospital, intact. The student in training did hospital work and was paid by the hospital for services, but she remained subject to the authority of the Director of Nursing Education rather than the Director of Nursing Services. Thus, following completion of her course, the graduate must learn to adapt to another power structure - the definition of the situation held by practitioners. See R. G. Corwin "Conflict in Nursing Roles" American Sociological Review, Vol.19, 1961, pp.604-615.

[6]We are aware of the extent to which peer-group orientations, especially for those who experience socialization as a collectivity, may modify such definitions. However, as H. S. Becker and B. Geer show, these modifications remain geared to ends deemed important by powerholders. Thus, medical students adopt a collective solution to the problem generated by the pressure of work and the need to pass examinations. They only study questions likely to be asked by the Faculty. H.S.Becker and S. Geer, "The Fate of Idealism in Medical School", in American Sociological Review, 1958, Vol.23, pp.50-56.

We suggested earlier that perceived congruences between the generalized female and nurse role was a factor influencing recruitment to the nursing profession. We now suggest that adjustment to the nurse trainee role, as indicated by the development of a primarily nursing identity, is related to the degree to which the prospective nurse was made aware of the incongruences between these two roles. One source of such incongruences derives from the fact that the nurse role is performed in a formal organizational setting.[7]

Problems of Adjustment to Formal Organizational Roles - Sources of Frustration

As a formal organization, the hospital may be considered as a rationally ordered instrument, the design of which is influenced by the nature of a generally accepted primary goal--restoration of the patient to a state of health.[8] However, the acceptance of this goal by the faculty is not always obvious to student nurses. Given the altruistic 'help others' orientation of prospective nurses--

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[7]For an extended statement in pattern variable terms, of the differences in role expectations which characterize 'young woman' and nurse roles respectively, see I. Thorner, "Nursing: The Functional Significance of An Institutional Pattern" in American Sociological Review, 1957, pp.531-538.Vol.20. For a more general statement see T. Parsons, "The Professions and Social Structure" in Social Forces, Vol. 17, May 1939, pp.457-467.

[8]P. Selznick, "Foundations of The Theory of Organization" in American Sociological Review, Vol. 13, Feb.1948, pp.25-35.

an orientation which strongly influenced their choice of nursing as a profession -- frustration is engendered when students perceive that a more appropriate orientation, as defined by Instructors, is considered to be 'familiarization with hospital routines'. Thus, while 68 (80%) out of 85 first year students look upon contacts with patients primarily as an opportunity to help them, 58 (68%) of these same students felt that Instructors defined the work done by nurses as primarily concerned with the learning of skills and hospital routines. (Table "A" in Appendix).

To take another example, in addition to learning such procedures as 'bedmaking' in a prescribed sequence and degree of exactitude, students were also instructed not to perform tasks for which they had not been explicitly trained. This often means for first year students, a severe limitation of helpful actions vis a vis patients....the perceived raison d'etre of the nurse. Thus a first year student who is not 'trained' to transport patients in wheel-chair would be sanctioned for so doing. As Simpson[9] points out, however, "such sanctions were probably functional for the instilling of bureaucratic standards of universalism and affective neutrality which students must learn if they are to fit into the hospital structure.

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[9]I. H. Simpson, The Development of Professional Self-Images Amongst Student Nurses", Unpublished Dissertation, University of North Carolina, 1957.

Another organizational source of frustration lies in the "categorizing tendency" referred to by Merton.[10] This tendency generated by the nature and organizational importance of abstract bureaucratic rules produces conflicts in relation to the student nurses' definition of self. Thus young women who in other non-professional role relations perceive individuality[11] as an important attribute of self, now find that they are treated as members of an occupational category. Such treatment is especially disturbing when the definers of self happen to be 'a select sub-sample of male eligibles', i.e., student doctors.

The categorizing tendency referred to above also generates conflicts in the relations with classmates and the provision of 'personalized care' for patients. Given an all female milieu, and a collective experience of organizational pressures, strong friendships were generated amongst student nurses. Similarily, the concept of 'personalized care' implied a friendly relationship between nurse and patient. However, students were instructed that proper behaviour on

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[10] R. K. Merton, Social Theory and Social Structure, Glencoe: Free Press, 1959, pp. 202-203.

[11] Blau has shown how federal law enforcement officers with 'a mission' to help underprivileged employees must have such ideological commitment channelled into bureaucratic forms before its usefulness can be maximized. Dynamics of Bureaucracy - A Study of Inter-Personal Relations in Two Government Agencies, Chicago, University of Chicago Press, 1955, p. 192.

the ward included the use of titles - Mr., Mrs., Miss, when addressing classmates or patients. Thus the concept of friendship had to be re-defined, in terms of affective neutrality and functional specificity.

Finally, student nurses are taught that a proper relationship between nurse and patient is one in which the nurse maintains a sense of 'detachment'. At the same time they are advised to 'personally relate' to the patient. Now emotional involvement with patients can be dysfunctional for efficient role performance, as in the case where a patient required therapeutically beneficial but hurtful or embarassing treatment. Thus, for girls who, prior to entering nursing, perceived affective qualities as important attributes of self, must now learn to suppress any show of emotion in front of an audience, i.e., patients, which perhaps more than any other audience is likely to evoke a show of emotion. As Simpson[12] has shown, the result is often a re-definition of 'relating to the patient' in terms of 'pseudo-Gemeinschaft' behaviour. Students found this the most difficult role behaviour to learn.

However all this may be, institutionally derived pressures to conform to organizational role demands are not peculiar to the nursing training situation. With the possible

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[12] Simpson, ibid. p.42 (Note also structural conditions which make it difficult for nurses to get too involved with particular patients - they are assigned to a large number of patients and are "too busy" to spend "too much" time with one.

exception of nuns, however, few female newcomers to occupational roles experience socialization into such roles as a collectivity exposed to an almost 'pure type' of Weberian discipline.[13] Moreover, few other 'career locales' constitute an isolated community to the extent that the nursing school does. The combination of these two factors is probably conducive to generating greater changes in previously held identities, in the direction desired by professional nursing socializers. At the same time, however, few other female occupational roles, in fact, demand certain role performances which are generally defined as being inconsistent with a generalized, middle-class female identity.[14]

Problems of Adjustment Posed by the Intrinsic Nature of Expected Nursing Performances

Girls from predominantly middle-class families bring to nursing a 'self' which contains deeply ingrained qualities

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[13] According to Weber, personal behaviour is transformed into role (organizational) behaviour through the force of discipline. Discipline consists of "the consistently rationalized, methodically trained and exact execution of the received order in which all personal criticism is systematically suppressed and the actor is unswervingly and exclusively set for carrying out the command. H. W. Gerth and G. W. Mills, From Max Weber, New York: Oxford University Press, 1958, p.253. The degree of discipline experienced by student nurses is related to the fact that in nursing, questions of life and death are involved more directly than, say in the case of social work or school teaching. For a fuller statement of differences in types and degree of discipline involved in different organizations see A. Etzioni, Modern Organization, Prentice Hall, 1964.

[14] Certain other performances may be highly consistent, e.g. show of affect.

of modesty and gentility. Within a relatively short period of time these girls are exposed and must skillfully react to, various environmental stimuli, seldom experienced by her non-nursing peers. Student nurses are expected to assist patients who experience problems of defecation and urination, to perhaps handle the genitals of male and female patients, and to witness death, in a variety of its manifestations.[15, 16] Thus, stemming from the nature of her work experiences, especially as they relate to certain aspects of intimate patient care, nursing students experience for a time a sense of discontinuity with formerly held self images. Such feelings are expressed in the frequently expressed statement of "not feeling feminine enough around this place".[17]

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[15] T. H. Williams and M. M. Williams, "The Socialization of the Student Nurse" in Nursing Research, Vol. 7, 1958-1959, p.22.

[16] Nursing provides an interesting case illustrating the function of an ideology. The propagation of the "Nightingale ideal" endows "dirty" and in other contexts "immodest" elements of nursing work with the aura of nurturance and self-sacrifice. Thus while "dirty work" for janitors remains physically disgusting and degrading, it is redefined as an heroic element in the nurses role. E. C. Hughes, Men and Their Work, Chapter, "Work and The Self". On "dirty work" see pp.49-52, 70-72, 122, 137, Glencoe, Illinois: Free Press, 1958.

[17] We do not intend to give the impression that performance of the nursing role is completely at odds with performances generally ascribed to the generalized female role. Nursing does call for "womanly skills". The patient's condition elicits the expression of affect from the nurse which may be therapeutically beneficial. Moreover, expressive

To the extent that care of patients remains the raison d'etre of the nursing profession, the nursing training situation then contains a potentially "shocking" situation for new-comers. The question is raised as to the extent to which such shocks are ameliorated for those who experience some prior knowledge of what nursing 'really' entails. This leads to a consideration of the role that such knowledge plays in facilitating a transformation to a primarily nursing identity.

The Learning of Specific Occupational Role Orientations - Anticipatory Socialization

In G. H. Mead's theoretical account of the process of socialization, "taking the role of the other" occupies a central place. If this concept can be interpreted to refer to a process in which the individual builds up his own responses on the basis of others' anticipated responses, then, to this extent, all socialization is anticipatory. Viewed in terms of their future functions for the individual, the kinship and educational systems prepare the individual with varying degrees of success to anticipate the expectations of others in a variety of adult roles he may be called upon to play. Family and school then, prepare the individual with

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17 (continued)
activities, whatever her formal role, are perceived by patients to be proper "young woman behaviour". What we do say, is that during their training the emphasis appears to be on instrumental activities which are perceived as a negation of their "young woman" status.

varying degrees of success to anticipate the expectations of others in a variety of adult roles he may be called upon to play. Family and school then, prepare the individual to anticipate definitions of the situation which obtain in the role systems which they subsequently enter.[18]

However, given the screen of culturally derived technology which separates man from the physical world, the variety, complexity and specificity of occupational role orientations in industrialized societies, and the rate at which old occupations die and new ones are created, only the more 'historic' and "heroic" occupations provide an opportunity for an individual to gain some stable impression of the definition of the situation which obtains in these professions. But, even in such professions as medicine, nursing and the priesthood, lay expectations are often based on "on stage" performances,[19] the "back-stage" preparation and "dark secrets" of the profession being known only to the initiated.

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[18]As T. Parsons has pointed out, Social System, pp.236-242, that given the situational specificity of occupational role orientations, such preparation is not, in itself, sufficient to ensure adequate occupational role performance. See also R. Benedict, "Continuities & Discontinuities in Cultural Conditioning" in Psychiatry, 1938, 1: pp.161-167, who suggests that a sense of discontinuity with formerly performed roles is felt most severely by the adolescent upon graduating from high school.

[19]For an elaboration of these concepts see E. Goffman, The Presentation of Self in Everyday Life, New York: Doubleday Anchor, 1959.

Differential Adjustment to Role Expectations as a Function of "Reality Oriented" Prior Nursing Role Conceptions

We should expect to find then that knowledge of what is "really expected" of a nurse is related to contacts which a prospective nurse has had with the initiated, i.e., role-models.[20] Thus we find that those who reported that they had parents, relatives or close friends who were either doctors or nurses also tend to report that they know more about the work of nurses. (Table 1).

Table 1.
Contacts with Parents, Relatives or Close Friends Amongst First Year Nurses Prior to Entry Into Nursing by the Amount Known About the Work of Nurses in Hospitals

Availability of Role Models	Amount Known About Work of Nurses			
	Great Deal or Fair Amount Per Cent	Only a Little or Almost Nothing Per Cent	Total Per Cent	Number
Yes	69.2	30.8	100%	65
No	35.0	65.0	100%	20
All First Year Students	61.2%	38.8%	100%	85

[20]We selected contacts with role models rather than "previous experience as a hospital volunteer" because this latter type of experience, usually as "candy-stripers", is confined to helping in cafeterias, visiting duties, etc.--experiences which do not seem to enable prospective nurses to get any clear idea of nursing training experiences, i.e., impressions gained are based on "on-stage" performances. Thus of 69 students who reported that they had had previous volunteer hospital experience, only three also reported that such experiences helped form an impression of their first year in training. (Table B, Appendix).

In Merton's[21] conception of 'anticipatory socialization' one function of positive orientation to non-membership groups is to ease the individual's adjustment to that group after he has become part of it.

Now positive orientation of an individual to a particular occupational role, is, at some point dependent on his knowledge of the role. In the extreme case, if he had not known that a particular occupation in fact, existed, he could hardly be oriented to it. Merton does not make clear what influence if any "relative ignorance" has on situational adjustment or degree of positive orientation. We suggest that, compared to others, girls who knew more about the realities of nursing, who decided to become nurses in spite of the "dirty work" involved, may be categorized as being more positively oriented towards nursing. They also tend to adjust more quickly.

Furthermore, if we accept that prior knowledge of the nurse-trainee role tends to ameliorate the "shock" and consequent identity threat, we would expect to find that, compared to others, girls who had greater prior knowledge, will be less threatened by the perceived loss of a familiar and relatively coherent image of "self". Thus they will be less likely to cling to a "young woman" self-image following

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[21] R. K. Merton, Social Theory and Social Structure, Glencoe: Free Press, 1959, p.265.

encumbency of the student-nurse role.

Thus, taking as our index of adjustment, "the facility with which the individual acquires a self appropriate to the nursing situation" we find that those who knew more about nursing tended at a relatively early stage of their training, to describe themselves as nurses, rather than as young women when involved in role relationships with patients, doctors, and/or instructors.

Table 2.
Prior Knowledge of Nursing Among First Year Students By Perceived Identity in a Variety of Nursing Role Relationships

Prior Knowledge	Perceived Identity in Role Relationships with Doctors and/or Instructors and Patients.*					
	Not Nurse Not Nurse Per Cent	Nurse Not Nurse Per Cent	Not Nurse Nurse Per Cent	Nurse Nurse Per Cent	Total Per Cent	N
Great Deal or Fair Amount	7.7	0.0	69.2	23.1	100.0	52
Only a Little or Almost Nothing	18.1	9.1	57.6	15.2	100.0	33
Total	11.8	3.5	64.7	20.0	100.0	85

*The four types depicted here exhaust all possible combinations of responses to the question: In your relationships with doctors, instructors and patients do you tend to view yourself primarily as - a young woman, a student, a nurse?

Thus the $\begin{pmatrix}\text{Not Nurse}\\ \text{Nurse}\end{pmatrix}$ Type means that 69.2% of those students who knew a 'great deal' or 'fair amount' about nursing, saw themselves primarily as 'young women' or as 'students' in

their relationships with Doctors and/or Instructors and as nurses in their relationships with patients. This compares with 57.6% of those who knew "only a little" or "nothing" who vis a vis Doctors and/or Instructors perceived themselves primarily as students or young women and as nurses in their relationships with patients.

Summary

Using Becker's concept of 'situational adjustment' we have attempted to demonstrate the extent to which prior knowledge of the nursing situation facilitates the transition from a primarily 'young woman' to a primarily 'nurse' identity, following encumbency of the student nurse role. Shortly after entering the nursing school, the neophyte is exposed to a variety of potentially stressful experiences, which entail a radical revision of formerly held identities. Those first year students who, through contacts with role models, had acquired, presumably more accurate knowledge of the nurse-trainee role, experienced 'reality shock' to a lesser degree. Because they were more realistically anticipated, potential identity conflicts were ameliorated. This was reflected in a greater willingness to abandon a more familiar and emotionally satisfying way of viewing oneself and adopt an identity congruent with the requirements of the nursing role.

CHAPTER 6

INTRODUCTION

Our emphasis in the preceding two chapters has been on the experiences of the student-nurse prior to and following encumbency of the nursing role which tend to influence self-identities held by student-nurses. Our major concern in this chapter lies in an examination of the interaction processes in terms of which a professional self-identity[1] develops among student nurses. In this endeavour we are guided by the Meadian proposition that a self-identity develops through a process by which the individual takes over the organized set of attitudes of significant others. Our attention is thus directed to an examination of the differences between the significant others with whom the student-nurse interacts, and the part that each relevant audience, i.e., instructors, doctors, classmates, and patients play in shaping self-identities held.

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[1]Our use of the concept "identity" is analogous to Mead's concept of "image".

A second area of concern is derived from Brim's[2] implied contention that the facility with which professional self-identities develop can be related to differences in role enactment. To this end we consider the following order of question: do students who play their role well tend to regard themselves as nurses rather than as students? As we shall attempt to show, in its implication for the development of a nursing identity, the student's perception of her role enactment tends to exert a greater influence on the development of a nursing identity, than the student's role performances, objectively assessed.

Self-Image, Role Set and Reference Group

As G. H. Mead[3] has observed, the development of a social-self as object-to-itself is dependent upon the responses of role others. Miyamoto and Dornbusch[4] have demonstrated that a self-image is compounded not simply of the responses of others, but also includes the subject's perception of those responses.

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[2] O.G. Brim, "Personality as Role Learning", in I. Iscoe and H.W. Stephenson, (Eds.) Personality Development in Young Children, Austin: University of Texas Press, 1960 pp. 127-157.

[3] op. cit.

[4] op. cit.

To the extent that the definitions of others are taken over in the form of attributes, we refer to a student's self-identity as her perception of her pattern of attributes. A student's communicated public identity refers to the information which a reference group transmits to a person concerning his location on group relevant dimensions. Finally, a student's perceived public identity refers to what the student thinks is being communicated.*

By virtue of her encumbency of the nurse-trainee role, the student-nurse is drawn into role relationships with instructors, doctors, and patients. These role others constitute her role set.[5] Attached to each role is a set of expectations. The role expectations which govern interaction between the student-nurse and a particular role other are unique in the sense that they are not identical to those which govern interaction between the student-nurse and any other member of her role-set.

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* *Our concept of identity is analogous to that of Mead's concept of self. The analytic destinations made receive support in the attractive. See especially Rommetveit,R., Social Norms and Roles, Minneapolis: Univ. of Minnesota Press, 1954. Our distinction between a "communicated public" and Self-Identity parallels Rommtveit's concepts of "norm sender" and "norm receiver". See also E.Cross and G.P. Stone, "Embarassment and the Analysis of Role Requirements", in American Journal of Sociology, Vol. LXX, No.1, Jan. 1964.p.3- "in every social transaction identities must be established, defined and accepted, by the parties".

[5] op.cit.

The student-nurse's perception of the expectations of a given counter-role performer form the basis for the generation of a perceived public identity. Variations in perceived public identities held by student-nurses are held to be associated with exposure to a relatively specific set of expectations in different interactional contexts.

The setting in which student-nurses interact with other members of their role set is the hospital and its associated training school. Settings such as these are charaterized by a system of inter-related roles which are organized in a hierarchical order. The rank of each role is, ideally, based on the knowledge and skills required to perform the role in question.

Given an orientation to the acquisition of knowledge and skills to be utilized in patient care, the student-nurse is faced with a number of reference groups who are more or less 'significant' in this respect. Thus, docotr, instructor, patient and student roles may be ranked in terms of differences in prestige, power over valued facilities, and differences in the possession of valued knowledge and skills. Using the concept of reference group[6] in its comparative sense, we contend

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[6]Hyman, who originated the concept, utilized reference groups as comparative points of comparison in in evaluating one's own groups as comparative points of comparison in evaluating one's own status. H. Hyman, "The Psychology of Status", in Archives of Psychology,

that a student's self-identity varies according to the role of the significant others with which the student compares her role.

With these thoughts in mind, we turn to a consideration of the nature of the role-relationships which obtain between the student-nurse and various members of her role set.

Role Relations and Self Images: Student-Nurse/Instructor

If we assume successful graduation from nursing school to be one important goal shared by both student-nurses and their instructors, adaptation to the nurse role means, in a very real sense, conforming to the expectations of the nursing Faculty. Thus, no matter now dedicated a student may be to "helping patients" she soon learns that successful graduation, as defined by the Faculty, requires that tasks be performed in a routinized manner, that orders be carried out promptly, and that good grades must be achieved.

269, 1942. Further support of our use of this concept in a comparative sense comes from T. Newcomb, "Attitude Development as a Function of Reference Groups" in E. Maccoby, T.M. Newcomb and E. Hartley, (Eds.) Readings in Social Psychology, London: Methuen, 1959, pp. 265-275. The congruence between the Meadian conception of significant others and the concept of reference groups also receives support in the literature. R.K. Merton, Social Theory and Social Structure, Glencoe: Free Press, 1959, Ch.-Reference Group Theory.

The student-nurse is constantly reminded that becoming a nurse requires a great deal of hard work and self-discipline, and that nursing is a profession whose practitioners perform special and indispensable tasks in relation to patient care. Many of these tasks appear to students to be 'special' only in the sense that they require a prescribed series of movements. Thus, prior to entry into nursing school, student-nurses may have felt that they were fairly competent at bed-making. They soon learn, however, that making beds is not as straight-forward as it seemed and that competence in bed-making is dependent upon carrying out such a procedure in a specified sequence of movements.[7] This increases not only the amount of learning, but also the amount of "unlearning" that students are required to undergo.[8]

A process parallel to the redefinition of tasks, is the nursing schools'stress on technical terminology. Such an emphasis appeared to be arrived at through a redefinition

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[7]This example can be extended to cover many other "nursing tasks" which students must 're-learn'.

[8]For similar examples of "unlearning" as they apply to the socialization of the army recruit see F.E. Jones, "The Infantry Recruit: A Sociological Analysis of Socialization in the Canadian Army", unpublished Ph.D. Thesis, Harvard University, 1954.

of everyday tasks as technically specialized ones. By clothing everyday phenomena in technical terms, the nursing profession, as represented by the Faculty, guards itself against the potential charge, that outsiders could do the work of nurses equally well. Thus, students must also learn a "new language" in which brushing over teeth is referred to as "oral care", tidying up the patient's immediate environment, as "evening care".

The net effect of all this is to bring home to students their inadequate, dependent, student-status. The feelings of inadequacy engendered by the expectation that student-nurses must acquire a seemingly vast amount of detailed knowledge are further increased when the student's initial ineptitude is contrasted with the perceived smooth precise demonstration of basic nursing procedures by nursing instructors. This is illustrated by the following statement made by a first-year student-nurse:

> "I gave my first bed-bath today, and it was a traumatic experience. I was extremely disorganized. I hope that soon I will be able to give one as efficiently as our instructor did".9

The role of instructor in relation to the student

9M.E. Heiniman, "The Conflicting Life of the Student" in Nursing Outlook, March 1964, pp. 35-38.

is then, significant along various dimensions. From the persepctive of the instructor, student-nurses must be taught that former "girlish" ways of relating to others and doing things must be brought into line with what is required in the nursing situation. Moreover, the realities of the student-nurse role are more "visible" to the instructor than to any other member of the trainee's role set. The close supervision by instructors of student-nurses enables them on numerous occasions to detect "mistakes at work" and to demonstrate to students "how things should be done".

In such situations, the instructor's definition of the nurse-trainee as performing a "student" role is not surprising. Such definitions are supported by the apparent differences between instructors and students respectively, in their possession of valued knowledge and skills. The opportunities provided for the student to get away with playing the nurse role in relation to an instructor audience is severely limited by this fact.

On the basis of the preceding characterization of the instructor/student-nurse interaction, we feel justified in speculating that the public identity communicated to students by their instructors will tend to be that of student. The following tables demonstrate

that the students' perceived public and self-identities both tend to reflect this definition.[10] (Tables 1(a) and 1(b)).

Student-nurses' Perceived Public Identity as Defined by Instructors in Role Relationships with Student-Nurses Related to Student-nurses' Perception of Self (Self-Identity) in Role Relationships with Instructors

TABLE 1(a) - 1st Year Students

Perceived Public Identity	Self-Identity: Young Woman	Self-Identity: Student	Self-Identity: Nurse	Perceive Public Identity Total
Young Woman	(a) $^{-}$(0.1)*	(b) ^{1}(0.8)	(c) $^{-}$(0.1)	1
Student	(d) ^{1}(0.9)	(e) ^{70}(68.8)	(f) ^{6}(7.3)	77
Nurse	(g) $^{-}$(0.1)	(h) ^{5}(6.3)	(i) ^{2}(0.6)	7
Total Self-Identity	1	76	8	85

[10] Our basis for this conclusion is that while the depicted differences between frequencies observed and expected are too small to enable us to reject the null hypothesis that there are no differences in the perceived public and self-identities of student nurses, the size of the diagonals (a) (e) (i), does suggest a tendency in the direction predicted.

* The figures in brackets represent theoretically expected frequencies. Given the distribution of frequencies in the cells, it is not legitimate to continue on and do a chi square. The smaller the differences between "fo" and "fe", the greater the possibility of accepting the null hypothesis.

TABLE 1(b) - 3rd Year Students

Perceived Public Identity	Self-Identity+			Perceived Public Identity
	Young Woman	Student	Nurse	Total
Young Woman	(a) $^{-}$(0.0)	(b) ^{2}(1.7)	(c) $^{-}$(0.3)	2
Student	(d) $^{-}$(0.0)	(e) ^{57}(54.6)	(f) ^{8}(10.4)	65
Nurse	(g) $^{-}$(0.0)	(h) ^{4}(6.7)	(i) ^{4}(1.3)	8
Total Self-Identity	-	63	12	75

+The frequencies observed in this table are based on responses to the following questions.

(1) "In terms of your experiences so far, do you feel that instructors regard you primarily as - a young woman, a student, or a nurse (perceived public identity).

(2) "In relationships with instructors, do you think of yourself primarily as - a young woman, a student, or a nurse (self-identity).

The table should be read in the following way. Focusing on the 'student' row we find that 77 students felt that instructors regarded them as students. Of this number, 70 students regarded themselves also as students, 1 as a young woman, 6 as a nurse.

We acknowledge the possibility that, as the questions relating to perceived public and self-identities followed each other in two clusters of four, answers to previous questions may have structured responses to subsequent ones.

Student Nurse/Doctor Interaction

As members of a "health team" doctors and student-nurses are united by a common goal, i.e., restoration of the patients to a state of health. The public identity communicated to student-nurses by doctors is based upon the contribution which the encumbent of the student role makes to the achievement of this goal.

In this context, the role performances of the first year student are, in relation to patient care, limited to a very narrow sphere of competence. Thus, the tasks that first year students perform are not always perceived by doctors as being related to the goal of the health team.[11] Moreover, the doctor's perception of the student-nurse as "one who has a lot to learn" is reinforced by such things as the student's inability to even identify the instruments which she handles clumsily.

In view of these considerations, there seems to be little danger in speculating that the identity communicated by doctors to first-year student-nurses will be that of student.

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[11] The following remark, made by a first year student after talking with a resident illustrates this:

"The thing that made me feel incompetent was the remark made by a doctor, when he came to see my patient. He asked me about intake and output which I was no (trained) to measure. He said that (such measurements) and getting (the patient) up was all that was important, and that all else, bath and her bed, were just superfluous". op.cit., M.E. Heiniman, p. 36.

The perceived public and self-identities of first-year student-nurses reflect these definitions.(Table 2 (a)).[12]

TABLE 2(a)

1st year Students

Student-Nurses Perceived Public Identity as Defined by Doctors in Role Relationships with Student-Nurses Related to Student-Nurses' Perception of Self (Self-Identity) in Role Relationships with Doctors.

Perceived Public Identity	Self-Identity: Young Woman	Self-Identity: Student	Self-Identity: Nurse	Perceived Public Identity Total
Young Woman	1 (0.02)	- (0.82)	- (0.16)	1
Student	- (1.76)	62 (61.76)	13 (11.47)	75
Nurse	1 (0.21)	8 (7.41)	- (1.37)	9
Total Self-Identity	2	70	13	85

[12]By inspection, we can see that the differences between frequencies observed and expected are not sufficiently great as to allow us to reject the null hypothesis that there is no relationship between perceived public and self-identities.

*For a statement of how "perceived public identity" and "self-identity" were derived from questionnaire responses, see footnote appended to Table 1(a). The questions asked are, of course, changed to include the identities communicated by instructors, doctors, and patients respectively.

The student-nurse brings to the nurse-trainee role lay conceptions of the doctor's role in which the "heroic" elements are emphasized. At an early stage of her training, such conceptions tend to be reinforced by the elevation of the doctor's role in the hospital hierarchy. Thus, in her relations with doctors, the student nurse's original reactions were of awe and respect. As they progress through their training, however, and come to interact with doctors more frequently on a "team" basis their earlier conceptions of the doctor's role come to be modified so as to include instrumental elements. Doctors are no longer "a species apart", but co-workers. In addition, the increased proficiency of students in their final year of training is reflected in the dexterity and confidence with which they perform nursing tasks relevant to patient care.

Thus, on a group-relevant dimension, i.e., restoration of the patient to a state of health, the role performances of third year students will, as compared with those of first year students, tend to be evaluated by doctors as being more congruent with their view of the nursing role. These different evaluations will be reflected in the identities communicated to first and third year students respectively.

To the extent that a communicated identity forms

the basis for the student-nurse's perceived self-identity, we can see by comparing Tables 2(a) and 2(b), that while only 9 (10.5%) out of 85 first year students felt that doctors regarded them as nurses, 24 (32%) out of 75 third year students felt that doctors regarded them in the same terms.

TABLE 2(b)

3rd Year Students

Student-Nurses Perceived Public Identity as Defined by Doctors Related to Student-Nurses' Perception of Self (Self-Identity) in Role Relationships with Doctors

Perceived Public Identity	Self-Identity*			Perceived Public Identity Total
	Young Woman	Student	Nurse	
Young Woman	-(0.04)	1(0.4)	-(0.5)	1
Student	2(2.0)	26(21.3)	22(26.6)	50
Nurse	1(0.9)	5(10.2)	18(12.8)	24
Total Self-Identity	3	32	40	75

*See Table 1(a).

The above table 2(b) is especially interesting because we find differences between frequencies observed

and expected sufficiently large to enable us to reject the null hypothesis that there is no relationship between the perceived public and self-identity of third year students.[12]

The degree to which attitudes such as these were taken over by students, and is reflected in their working relations with doctors, does of course vary, in terms of the state of training reached. Thus, student-nurses, especially third-year student nurses, tend to feel that both doctors and nurses contribute in their special way to achieve a common good, and that doctors may not know as much about "nursing" as the students themselves do.

In this sense, the identity communicated by doctors is not as "significant" in determining self-images held, as in the case of Instructors whose proficiency in a specifically "nursing" area is acknowledged, and whose communication is thus considered more legitimate.

Thus we find that, although a majority of both first

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	Self-Identity		
	Student	Nurse	
Student	29 (23.8)	22 (27.2)	51
Nurse	6 (11.2)	18 (12.8)	24
	35	40	75

Chi square 6.6569 Significant at .02 One degree of freedom.

* the four students who, in Table 2 (b) either viewed themselves as "young women", or felt that others viewed them as young women have been included in the "student" and "nurse" cells in this table.

and third year students define themselves as nurses vis-a-vis both doctors and instructors, there is a general tendency for a larger proportion of both groups to define themselves as nurses when comparing themselves with doctors, than when their reference group consists of instructors. Tables 2(a) and 2(b) show that in relationships with doctors 13 out of 15 first year and 40 out of 75 third year viewed themselves as nurses. This compares with 8 out of 83, and 12 out of 75 first and third years respectively, who viewed themselves as nurses in relationship with instructors. (Tables 1(a) and 1(b).

Further support for our view that the identities communicated to third year students are not perceived by students as being legitimate is suggested by the analyses of Simpson[13] and Schechter[14]. The doctors with whom students in their final year of graduation interact are most frequently internes, who have yet to "learn the ropes" of the hospital. Thus the student nurse is placed in a position to contrast her "knowledge of hospital routine" - defined as an important aspect of the nursing role, with the internes' obvious ignorance. Furthermore, it may happen that internes are not always familiar with the impedimenta

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[13] Op. Cit., p. 38.

[14] D. S. Schechter, "Changes in Relationships", in Nursing Outlook, No. 2, April 1954, p. 163. See also Burling, Lentz and Wilson, op. cit., p. 87.

of medical/ nursing practise, "may have to be shown" how such things as blood-pressure instruments must be applied.

To sum up, we find that for first year and third year students vis-a-vis instructors, while the degree of difference between frequencies observed and expected does not allow us to reject the null hypothesis that there is no relationship between perceived and public self-identities, the differences between observed and expected frequencies are in the hypothesized direction. With respect to doctors, the relationship between perceived public identity and self-identity is slightly negative for first year students, significantly positive for third year students. We had originally supposed that these congruencies would be related to the extent to which the identities transmitted by instructors and doctors respectively, are perceived as being based on the possession of greater increments of valued knowledge and skills on a dimension specifically relevant to nursing, but our chi square analysis does not bear this out.

Student Nurse/Classmate Interaction.

It was in their relationships with classmates that student-nurses were most likely to view themselves in terms of an extra-professional identity. Upon entry into the training school, student-nurses find themselves immersed in a situation in which they live, work, and study with other young women. In this context adjustment to the "informal" peer-group situation places a premium on activities which facilitate getting along with girl-friends. The identities

communicated by student-nurses to each other reflect their expectations that peers should relate to each other in personal, i.e. "not professional" terms. Thus student-nurses perceive that their classmates tend to view them as "young women". The self-identities of student nurses reflect such definitions.

Table 3(a)

First Year Students

Student-Nurses Perceived Public Identity as Communicated by Classmates in Their Role Relationships With Other Classmates, Related to Student-Nurses perception of Self (Self-Identity) in Role Relationships With Classmates

Perceived Public Identity	Self-Identity: Young Woman	Self-Identity: Student	Self-Identity: Nurse	Perceived Public Identity Total
Young Woman	60 (53.88)	1 (5.90)	1 (2.21)	62
Student	8 (13.04	6 (1.43)	1 (0.53)	15
Nurse	5 (6.08	1 (0.67)	1 (0.25)	7
Total (Self-Identity)	73	8	3	84*

* Excludes one first year student who failed to respond to both questions.

Table 3(b)

Third Year Students

Perceived Public Identity	Self-Identity: Young Woman	Self-Identity: Student	Self-Identity: Nurse	Perceived Public Identity Total
Young Woman	49 (36.04)	2 (10.88)	- (4.08)	51
Student	2 (7.77)	9 (2.34	- (0.88)	11
Nurse	2 (9.18)	5 (2.77)	6 (1.04)	13
Total (Self-Identity)	53	16	6	75

The preceding tables show that while the differences between observed and expected frequencies may not be sufficiently large to enable us to reject the null hypothesis, that there is no relationship between perceived public and self-identities, the diagonal values are sufficiently large as to enable us to suggest a strong tendency toward such a relationship.

Student Nurse/Patient Instruction

Student nurses saw their relationships with patients as the most crucial experience of all for the generation of an image of themselves as nurses. Interaction with patients,

more so than interaction with any other number of their role set enabled students to implement values which had originally led them into nursing. Moreover, since the student-nurse/patient relationship was, apart from the student-nurse/faculty relationship, the only one which was regularly structured and organizationally sanctioned, the importance of this relationship can easily be understood.

As in our analyses of other student-nurse instruction situations, our line of analysis here, proceeds in a specified sequence. Firstly, we examine the situation of the patient, which forms the basis for the communicated public identity of student nurses. Then we focus on aspects of the student-nurse/patient interaction which elicit the communication of a specifically nursing identity, and why this identity is considered "legitimate" by student nurses.

As Parsons[15] and Thomas[16] have indicated, there are attached to the sick role various increments of emotional "shock", uncertainty, and anxiety about the future. In addition, the hospital patient has to adjust to a formal setting which includes contacts with strangers at a time when his need for comfort and response from friends and loved ones is perhaps greatest.

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[15] T. Parsons. The Social System, Glencoe: Free Press pp. 428-479.

[16] Op. cit.

In this situation, the emotional shock experienced by patients is analogous to that experienced by student-nurses following the encumbency of the nurse-trainee role. In both cases a clash of identities[18] is involved. Becoming a patient means abandoning a former valued conception of self in which autonomy and responsibility were important attributes. Encumbency of the sick role generates a self which implies a regression to childhood in which dependency and submission constitute an important element in relationships with adults. The dependent relation between nurse and patient is maintained by the patient's need for response.[19]

That the patient's need for response is not always directly met by doctors is due to some extent to the fact that the number of patients allocated to them, does not allow them to spend more than a minimal amount of time with any one patient. Compared with doctors, nurses are in more frequent contact with patients, and for longer periods of time. Their sexual status puts them in a better position to offer socio-emotional support and to have such support defined by patients as being "appropriate" to the role of nurse. Such a situation provides the condition for patients to communicate to student-nurses, a nursing identity.

[18]For the student the clash is between generalized female and nursing identities.

[19]As Thorner points out, "such a situation provides the condition for willing conformity to the nurses' authority". I. N. Thorner, "Nursing: The Functional Significance of an Institutional Pattern".

From the perspective of the student-nurse, the minimal opportunities provided by her role to "play the nurse" in other role relationships, combined with their value orientations relative to patient care, lead student nurses to view their role vis-a-vis patients, as being most consistent with their view of the "real work" of nurses. Furthermore, compared to instructors and doctors, it is only in relation to patients, that student-nurses feel that they possess a greater increment - however small in fact - of valued knowledge and skills. The fact that such specialized knowledge is being utilized to help patients who are not well enough to help themselves, serves to increase the legitimacy of the patients' communicated public identity. The perceived public and self-identities of student nurses reflect these definitions. (Tables 4(a) and 4(b)).

Table 4(a)

First Year Students

Student-nurses Perceived Public Identity as Communicated by Patients in Their Role Relationships with Student-Nurses Related to Student-Nurses Perception of Self (Self-Identity) in Role Relations With Patients.

Perceived Public Identity*	Self-Identity*			Perceived Public Identity Total
	Young Woman	Student	Nurse	
Young Woman	1 (0.07)	1 (0.5)	1 (2.7)	3
Student	- (0.16)	3 (1.31)	4 (5.52)	7
Nurse	1 (1.76)	12 (14.11)	62 (59.12)	75
Total (Self-Identity)	2	16	67	85

Table 4(b)

Third Year Students

	Self-Identity*			Perceived Public Identity Total
	Young Woman	Student	Nurse	
Young Woman	1 (0.24)	1 (0.48)	4 (5.28)	6
Student	- (0.1)	- (0.1)	2 (1.8)	2
Nurse	2 (2.68)	5 (5.36)	60 (58.96)	67
Total (Self-Identity)	3	6	66	75

Changes in Self-Identities held by Student-Nurses as a Function of Duration of the Nurse-Training Role

As they progress through their course of training student-nurses demonstrate a tendency to define themselves as nurses, not only more frequently, but also in a greater variety of role relationships. This fact requires little elaboration and is related to the increasing proficiency which students acquire in performing the nursing role as they near graduation. The greater ability of third year students to play the role of nurse vis-a-vis a greater variety of role others is reflected in both perceived public and self-identities they held.[20]

[20] In our analysis the influence of differences in religion, ethnicity, social class and intelligence between 1st and 3rd year students has been controlled, in the sense that the distributions of these characteristics are very similar for 1st and 3rd year students (see Chapter [illegible]).

*Table 5(a)

First Year Students

Perceived Public Identities of Student-Nurses as Defined by Doctors, Instructors and Patients Related to the Student-Nurses' Perception of Self (Self-Identity) in Role Relationships with Doctors, Instructors and Patients

Perceived Public Identity	Self-Identity: Not Nurse Not Nurse	Nurse Not Nurse	Not Nurse Nurse	Nurse Nurse	Perceived Public Identity Total
Not Nurse Not Nurse	2 (0.94)	- (0.28)	5 (5.18)	1 (1.60)	8
Nurse Not Nurse	1 (0.12)	- (0.04)	- (0.64)	- (0.20	1
Not Nurse Nurse	5 (7.06)	2 (2.12)	41 (38.82)	12 (12.00)	60
Nurse Nurse	2 (1.88)	1 (0.56)	9 (10.35)	4 (3.20)	16
Total (Self-Identity)	10	3	55	17	85

Table 5(b)

Third Year Students

Perceived Public Identity	Self-Identity: Not Nurse Not Nurse	Nurse Not Nurse	Not Nurse Nurse	Nurse Nurse	Perceived Public Identity Total
Not Nurse Not Nurse	1 (0.19)	1 (0.08)	0 (0.61)	- (1.12)	2
Nurse Not Nurse	- (0.47)	1 (0.20)	2 (1.53)	2 (2.80)	5
Not Nurse Nurse	5 (3.83)	- (1.64)	15 (12.57)	21 (22.96)	41
Nurse Nurse	1 (2.52)	1 (1.08)	6 (8.28)	19 (15.12)	27
Total (Self-Identity)	7	3	23	42	75

*The table should read in the following way:

Row 5 (Nurse-Nurse). In this table, 16 students felt that Instructors, Doctors, and Patients all regarded them as nurses (perceived public identity), and 4 of these regarded themselves as nurses (self-identity) in all role-relationships.

Comparing Tables 5(a) and 5(b) we find that while 17 out of 85 first year students, (20%), regarded themselves as nurses in relationships with Doctors, Instructors, and Patients, 42 out of 75 third year students, (45%), tended to view themselves in these terms in the same variety of role relationships.

In neither of the two tables presented do the differences between frequencies observed and expected enable us to reject the null hypothesis that there are no differences in perceived public and self-identity. The diagonal values do, however, suggest a tendency toward such a relationship.

However this may be, we have yet to explain why 7 (9.3%) of students in their final year of training cling to a "young woman" self-identity. Upon closer examination of these seven students, we find that five of them intend to leave nursing within five years of graduation in order to get married. This compares with only 53 (33%) of all others who intend to leave nursing within the same period of time and for the same reason. The relation between commitment to a wife-mother role and a disinclination to abandon a "young woman" identity has already been discussed in Chapter 4.

Focusing on first year students, Table 5(a), we note that 17 (20%0 of them at a relatively early state of their

training came to view themselves primarily as nurses in all role relationships. Given similar exposure to various training situations for similar periods of time, why should this be.[21]

The Effect of Differences in Role Performances on the Facility with which a Professional Self-Identity Developed Among First-Year Student-Nurses

The data presented show not only that there are differences in the perceived identities of first and third year students, but also that, compared to first year students, a greater proportion of third year students tend to feel that they are regarded as playing the nurse's role by other members of their role set. We conclude from this that there is a tendency for a role-performance attribute to become an attribute of self. If this is so, and Brim's conceptualization of role learning suggests that it is - it becomes necessary to consider the influence on self-identities of differences in role performances. The probable influence of this conditioning variable may be stated in the form of the following hypothesis: student-nurses who perform their role well, will tend to perceive themselves as nurses rather than as students.

Student-nurses are graded on two types of performances-clinical, i.e. ward work, and academic work. Our objective measure of a student's-role performance is arrived at by

[21] We have ascertained that in terms of their possession of social background and intellectual characteristics, there are no important differences between the Nurse-Nurse and other groups of students.

combining Faculty evaluations of a student's performances in both these areas.[22]

Table 6

Self-Identities of First Year Students by Differences in Objectively Assessed Academic and Clinical Role Performances (1st year students)*

Self-Identity	Faculty Assessment of Student's Role Performances				
	Top Group	Middle Group	Bottom Group	Total %	No.
Not Nurses Not Nurses	2 (20.0)	6 (60.0)	2 (20.0)	100.0	10
Nurses Not Nurses	1 (33.0)	2 (66.0)	- (0.0)	100.0	3
Not Nurses Nurse	12 (21.9)	32 (58.1)	11 (20.0)	100.0	55
Nurse Nurse	3 (17.6)	10 (58.8)	4 (23.5)	100.0	17
Total	18 (21.2)	50 (58.8)	17 (20.0)	100.0	85

* Objective data depicted here was only available for first year students.

The preceding table shows that, compared to all first year students, those who view themselves as nurses in role relationships with doctors, instructors and patients tend to be slightly under-represented among those students who are located in the 'top group'. Thus while 3 (17.6%) out of 17 students in type 'Nurse-Nurse' are ranked as being in the top role performance group, we find that 18 (21.2%) out of

all i.e. 85, first year students are located in the top role performance group.

We are at a loss to frame an adequate explanation for the findings depicted in Table (6). Furthermore, a review of the literature by this writer has uncovered no empirical study in which the effect on self-identities of differences in role performance has been investigated. In the light of this situation, we may speculate that Faculty rankings of student role performances are less important as a basis for the generation of a self-identity, than the students' perception of her own experiences in enacting a role.

Such a speculation receives support from the findings of M. J. Huntingdon.[24] In her study of the development of a professional self-identity among medical students, Huntingdon found that of first year students who claimed "no difficulty", "little difficulty" and "considerable difficulty" in treating their patients, 45%, 29%, and 25% respectively came to regard themselves as doctors rather than students.

The data presented in our study lend support to these findings. Table (6) demonstrates that among 17 first year students who reported that they experienced "no difficulty" with their academic assignments, 5 (29.4%) also reported that in their relationships with doctors, instructors and patients, they viewed themselves as nurses rather than as students or young women. This compares with 24 students who

reported having a "great deal" or "fair amount" of difficulty in the academic area, none of whom saw themselves as nurses in the relationships specified.

Table 7

Degree of Difficulty Experienced by First Year Students in their Academic Role Assignments by Perception of Self in Role Relationships with Doctors and/or Instructors and Patients

Degree of Difficulty Experienced by Students	Self-Images					
	Not Nurse Not Nurse	Nurse Not Nurse	Not Nurse Nurse	Nurse Nurse	Total	
	Percent	Percent	Percent	Percent	%	No.
Great Deal or Fair Amount	8.3	4.2	87.5	-	100	24
Only a Little	16.0**	4.5	52.3	27.3	100	44
No Difficulty	5.8	-	64.7	29.4	100	17
All Students	11.8	3.5	64.7	20.0	100	85

*percentage distributions are based on responses to the following question "Compared to other students in your class, how much difficulty would you say you had in successfully completing faculty course requirements, academic and otherwise?

**Of this (16%) some (9%) reported that they did not intend to remain in nursing five years after graduation.

A similar trend is observed when we relate the degree of difficulty reported by students in their relationships with patients as related to self-identities held. Table (7) demonstrates that of 48 students who reported experiencing no difficulty in this area 13 (27.1%), perceived themselves as nurses in all role relationships. This compares with 4 (11.7%) out of 34 students who experienced some difficulty

and who also perceived themselves as nurses in a similar variety of role relationships.

Table 8

Degree of Difficulty Experienced by First Year Students in their Relationships with Patients by Perception of Self in Role Relationships with Doctors and/or Instructors and Patients.

Degree of Reported Difficulty	Not Nurse Not Nurse	Nurse Not Nurse	Not Nurse Nurse	Nurse Nurse	Total	
	Percent	Percent	Percent	Percent	%	No.
Great Deal or Fair Amount	50.0	-	50.0	-	100	2
Only a Little	11.7	5.8	70.6	11.7	100	34
No difficulty	10.4	2.1	60.4	27.1	100	48

+percentage distributions are based on responses to the following question: "Compared to other students in your class how much difficulty would you say you had in obtaining the co-operation of Patients?"

*one student who failed to respond to the above question has been excluded.

We make no claims as to the conclusiveness of the evidence presented. What we have attempted is to suggest trends which may profitably be explored in further research.

Summary

The self-identities of student-nurses are related to (a) their perception of the identity communicated to them by doctors, instructors and patients, (b) the extent to which their own experiences with role others, teach them to view

such communications as being legitimate. Compared to first year students, third year students feel that they are perceived as nurses more frequently and in a greater variety of role relationships. The self-identities of third year students reflect these perceived expectations. The facility with which self-identities develop among first year students tends to be influenced by the degree of difficulty which students report experiencing in enacting their role.

CHAPTER 7

CONCLUSION

In this study we have described some of the processes in terms of which a professional self-identity develops among student nurses. On the basis of our findings, we are led to the conclusion that an adequate analysis of such processes must be based on an assessment of the interplay of occupational and extra-occupational identities in professional socialization. Professional socialization has been viewed as the process through which student nurses gradually acquire a professional self-identity as they learn to play the nurse's role. In this context our findings have been ordered and analyzed in terms of the concept of social role as put forward by Mead (1), Parsons (2), and Sarbin (3).

Major Findings of This Study

Data presented in Chapter 2 show that in terms of certain selected social and intellectual background

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[1] G. H. Mead, Mind, Self and Society.

[2] T. Parsons, The Social System.

[3] T. R. Sarbin, 'Role Theory' in Handbook of Social Psychology.

characteristics, student nurses form a relatively homogeneous group. Compared to the rest of the gainfully employed population, student nurses are, in terms of their occupational origins, over-represented in the upper half of the Blishen Occupational Class Scale. A particularly interesting finding in this context is that compared to girls whose parents are located in Class 5 and above, girls in Class 3 tend to be under-represented among those who enter nursing.

Our suggested exlanation for this seemingly anomalous datum is that as the parents of these girls earn more money than their educational level would allow one to assume, the occupational choice of their daughters would tend to reflect the influence of "commercial and business" values where rewards are more immediate and not as dependent upon the possession of formal educational qualifications.[4]

The suggested relation between social class and choice of nursing as a career was pursued in greater detail in Chapter 3. It was found that social class, through its influence on educational opportunity,

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[4]We note that in response to the question - "What is your father's occupation?", occupations mentioned most frequently were advertising, insurance, and retail trade salesmen.

tended to limit the choice of nursing as a career to those whose parents could afford to keep their children at school till the age of twenty-one or so.

It was also contended that through its influence on the psychological and social development of the individual, social class limits choice of nursing to those who have acquired certain social skills and a self-concept which enable a girl to perceive a professional nursing role as a personally meaningful goal.

Following an examination of the influence on occupational choice of such macroscopic variables as education and social class, we then considered the influence on career choice of such 'microscopic' variables as personal influence. In this context, the influence of parents seemed to be important. Table 4 shows that 41.4% of our sample reported that parents were most important in influencing their decision to enter nursing.

It was suggested that parental influence was not limited to active encouragement given during adolescence, but also, in the case of the mother, included the provision of a role model which the child sought initially to emulate, and later to validate in their occupational roles. Based on the assumption that the mother is perceived as being kind and

helpful , a girl's choice of nursing as an occupation was influenced by her wish to emulate her mother in occupational terms. We find that 51.8% of our sample of nurses gave "the fact that nursing provides a way of helping people" as one of the things they felt they would best like about nursing, Table 3.

While most girls are subject to the influence of their mothers as role models and may wish to emulate them later in life, not all girls decide to become nurses. It was found that in addition to parental influence per se, contacts with doctors and nurses is often important for those girls who subsequently enter nursing. Compared to others, girls who are exposed to the influence of doctors and nurses who are family members, relatives, or close friends seem to be very much more likely to choose nursing as a career.

The influence of a girl's mother, while generally functional for a girl's developing choice of nursing as a career, may also be dysfunctional so far as continuance in nursing is concerned. Thus, we found in Chapter 4, that those students whose occupational choice was influenced by "the fact that in nursing one learns (mother's) skills useful in marriage and motherhood," tended to be over-represented among those

who wish to leave nursing five years after graduation in order to get married.

We assumed that for some girls, entry into nursing was viewed as an investment, the returns on which would facilitate, perhaps choice of marriage partner and more probably, the efficiency of certain aspects of role enactment following marriage.

To the extent that these students also intended leaving nursing within five years of graduation to get married, we referred to them as being committed to a "wife-mother" role. It was contended that commitment to a role reflected in self-images held, and that those who are committed to a "wife-mother" role would be less likely to abandon a self-image which was perceived as being the only one consistent with the attainment of that role. Table 7 in Chapter 3 shows that, of our sample of nurses, 37.5% of those who intended to continue in nursing five years after graduation defined themselves primarily in 'young woman' terms. This compares with 69.7% of those who intended to leave nursing within the same period, and who defined themselves in similar terms.

While our sample of student nurses differed in terms of their commitment to the role of young woman, most of them had been brought up in families dominated by middle class values relating to the general behaviour expected of a young woman. To girls brought

up in such settings, certain experiences associated with the enactment of the nursing role were potentially 'shocking'. The influence of 'reality shock' on the development of a professional self-identity was explored in Chapter 5. A major finding in this context was that those students who had greater knowledge of the nurse-trainee role, prior to becoming a student nurse tended to adjust more quickly to the nursing situation, and to view themselves primarily as nurses in a greater variety of role relationships.

It is interesting to note that the most important source of prior knowledge of the nurse-trainee role was through personal contacts with members of the medical and nursing professions. The practical implications of this finding are wide-ranging. To take one example, some sociologists and professional recruitment campaigners take the view that experience in a hospital as a 'candy-striper' will expose a girl to the realities of nursing, and that if she subsequently decides to enter nursing she will be less likely to be disillusioned by the nature of the work.

One of the premises on which this argument rests is that candy-stripers do acquire knowledge of the nursing role. In this study, however, it was found that over 50% of 69 students who reported that they had previously

worked in a hospital as a volunteer, also reported that they knew very little about the realities of the situation to which they had to adjust during their training.

In the course of their nursing training, student nurses are gradually brought into more frequent contacts with instructors, doctors, and patients. Attention in Chapter 6 was focused on the relationships that student nurses have with their role others at a given point in time, and at different stages of their training.

A major finding in this context was that the self-identities of student nurses tended to reflect the identities which they felt a particular role other was communicating to them, and the extent to which such communicated public identities were considered as being appropriate.

More specifically, we found that student nurses, aware of the internes' lack of knowledge of nursing procedures and subject to the formal authority and instruction of nursing school instructors, are generally less inclined to accept the 'student' identity communicated to them by doctors. The disinclination to accept an identity communicated to them by doctors was more pronounced among third year students who relate to doctors as part of a medical team and whose own expertise in certain apsects of patient care is, compared to that of interns,

relatively well developed, Tables 1a to 4b.

It was further found that compared to first year students, a greater proportion of third year students tend to feel that they are regarded as playing the nurse's role by a greater variety of role others. The self-identities held by both groups of students tend to reflect the differences in their perceived public identities.

In an attempt to elaborate on the possible influence of role performance on self-identity, and guided by Brim's conceptualization of "differential role performance (ability)" we put forward the hypothesis that those students who were objectively assessed as performing their role well would be over-represented among those who viewed themselves as nurses in all relationships.

Our findings did not lend support to this hypothesis. We did, however, find that the degree of difficulty experienced by students in enacting their role, irrespective of objective assessment, did tend to be related to the generation of a nursing identity. Such a finding lends support to the phenomenalist view that the individual reacts to reality as he perceives it and not as it 'really is'. A conclusive report awaits further research.

Major Weaknesses of the Study

The major weakness of this study, in the view of the writer, is the lack of behavioral validation of questionaire responses. If the study were to be repeated, reliance on a questionaire would certainly be backed up by participant observation. It is one thing to ask a student nurse about her relationships with, say, patients and often quite another thing to observe the relationships in the situated activity system constituted by the hospital ward. It is on the basis of some form of participant observation that explanations for the discrepancy between 'communicated', 'perceived', and 'self' identities can be made.

A second major weakness derives from the fact that our findings relative to changes in self-identity as students move through their course of training, are based on the responses of two separate groups of students. The relative homogeneity of the nursing group is not an adequate basis for assuming that the responses of third year students will closely resemble the responses of present first year students in their final year of training. A more adequate basis for making statements about changes in a population through time is to follow that population as it moves from an initial to a final phase.

A third major weakness derives from the failure of the present researcher to make greater utilization of the opportunities provided to administer relevant parts of the questionaire to a group of controls. The meaningfulness of any discussion related to the experiences precursory to an individual's choice of a profession can only be increased when the social and psychologically predisposing experiences of pre-professionals are compared with those who do not enter the profession.

Contributions of This Study and Suggestions for Further Research

This study represents a contribution to the discipline in the sense that an attempt has been made to view the process of 'professional socialization' in terms which enable us to consider the role of extra-occupational impingements on the socialization process. This orientation is in marked contrast to most studies devoted to the socialization of adults into their occupational roles. In almost all but a very few studies[3] known to the writer, there has been "a tendency to overlook the extra-occupational facets of adult socialization that aspirants

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[3] H.S. Becker and B. Geer, Boys in White, Chicago: University of Chicago Press, 1961; op.cit. F. Davis and V. Olesen, 'Initiation into a Women's Profession: Identity Problems in the Status Transition of Coed to Student Nurse', Sociometry Vol.26,No.1, March, 1963; W. Waller, The Sociology of Teaching, New York: Wiley, 1932; B. Burchard, 'The Role of the Military Chaplain' in American Sociological Review, Vol.8, 1957.

are exposed to while simultaneously being socialized into their profession".[4]

In the second place the findings of this study can be made the basis for a longitudinal study. The major advantage of a panel study is that it enables the researcher to identify the rate and direction of changes in self-identity of particular individuals as they progress through their course of training. Ready comparisons can be made of the expressed self-identities of the same students at different periods of time, rather than having to rely on the 'faulty and systematically biased' memories of different students at different stages of training.

Thirdly, much of the research on occupational choice has considered it as a fortuitous affair, or has conceptualized it as being determined by personality characteristics. In this study occupational choice was investigated as a sociological phenomenon. The choice of nursing was seen primarily as part of a role sequence of femininity, although precipitating events upon which choice was made included, importantly, contacts with role models. Student nurses in seeing nursing as an occupational opportunity to maintain female role continuity were responding to the societal stereotype of nursing as a female occupation devoted to rendering kind and nurturant service to others. The finding that choice of nursing was to some extent based on socially defined characteristics can lead to studies designed to answer the following

[4] Op. cit. F. Davis, p.100.

questions - to what extent is occupational choice a function of role continuity? What are the value syndromes associated with different occupations? What part do influences other than that of professional role models render them effective? How do values influence the choice of less publicized occupations?

A generally accepted view of an occupation does not always correspond to the actual role performances required in the occupation. In some cases the stereotype may be largely fictional. The prescriptions, and problems which arise when the stereotypes diverge from actual role requirements provides further fruitful questions for empirical investigation.

The relation of occupational stereotypes to actual role requirements has been partially explored in studies of 'reality shock' which have concentrated on the anxiety and discomfort experienced by workers when they learn that the image of their occupation acquired through training fails to correspond to actual work demands which they have to face. The relationship of this disparity to the worker's commitment to the occupation needs to be more systematically investigated. Furthermore, it may be that anxiety is only one possible consequence of role discontinuity. Creative endeavour on the part of the worker might also result. The implications for continued efficient role performance of different modes of adjustment to experienced role discontinuity are worth investigating, in their own right.

Finally, we draw attention to the need to enlarge the sphere of 'occupational sociology' to include the effect of occupational role encumbency on the 'world view' of practitioners. The writings of L. Riesman[5] and the empirical studies of Wight-Baake,[6] Morse and Weiss[7] have led to increasing awareness of the significance of the role of occupational activity in the lives of individuals. Despite this fact, "actual studies of occupational - non-occupational relationships have been surprisingly few".[8] Waller's study of 'what teaching does to the teacher' comes to mind as one important contribution to this generally neglected area. Despite a number of studies of the "bureaucratic personality', the relations of the bureaucrat with role others in non-occupational contexts remains unexplored. Yet, if the evidence suggests that the work role is becoming increasingly more strategic in determining the general style of life of

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[5]L. Reisman, R. Denney and N. Glazer, The Lonely Crowd, New Haven: Yale University Press, 1950.

[6]E. Wight-Baake, Citizens Without Work: A Study of the Effects of Unemployment upon the Worker's Social Relations and Practices, New Haven: Yale University Press, 1940.

[7]N. C. Morse and R. S. Weiss, The Function and Meaning of Work and the Job, in American Sociological Review, Vol. 20, 1955, pp.191-236

[8]C. S. Lastrucci, The Status and Significance of Occupational Research, in American Sociological Review, Vol.11, 1956, pp. 78-84.

particular occupational groups, surely it is relevant for social scientists to ask with the poet -

What
Influence occupation
Has on human vision
Of the human fate:
Do all clerks for instance
Pigeon hole Creation
Brokers see Ding-an-Sich as Real
Estate?

W. H. Auden

Appendix A

Q. 34 Do you look upon contacts with patients -	N.	%
-primarily as an opportunity to increase your medical knowledge	22	14.3
-primarily as an opportunity to help patients (1st and 3rd year students)	131	85.7
Total :	153*	100.0

* excludes 7 students who failed to respond to this question

Q. 35 In your view, do instructors define hospital work done by student nurses primarily as -	N	%
-providing personalized care for patients	46	30.2
-the learning of specific nursing skills and various hospital routines	106	69.8
Total :	152*	100.0

* excludes 8 students who failed to respond to this question

Appendix B

Previous Voluntary Work in a Hospital Related to Amount Known About Nurse-Trainee Role

		Amount Known					
		Great Deal %	Fair Amount %	Only a Little %	Almost Nothing %	Vol. Work Total N	%
Voluntary Work	Yes	10.0	60.0	30.0	-	30	100
	No	7.0	41.1	34.9	16.3	129	100
Total:	N	13	71	54	21	159	
	%	8.2%	44.6%	35.0%	13.2%	100%	

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McMASTER UNIVERSITY
DEPT. OF SOCIOLOGY

QUESTIONNAIRE

CONFIDENTIAL

This questionnaire constitutes part of a study designed to acquire data relating to certain aspects of nursing education and training. We want to obtain information relating to your present attitudes and feelings and we recognize that the wording of the questionnaire does not in some instances enable you to express more subtle feelings and attitudes.

In completing the questionnaire the following points should be kept in mind:

1) your personal identity will not be revealed and your answers will be treated as strictly confidential,
2) the questionnaire does not in any sense constitute a test; we simply want you to express your feelings, opinions, and experiences,
3) before answering a question please read the directions carefully.

(Beside answer spaces you will notice certain numbers and sometimes letters. Please ignore these as they are designed simply for coding purposes.)

Thank you for your co-operation.

9. Into which of the following wage-groups would the chief wage earner in your family fall? (check one)

Earning less than $3,000 per year (1)_____
Earning between $3,000 and $7,000 per year (2)_____
Earning more than $7,000 per year (3)_____

10. What is your present job classification? (check one)

Student nurse 1st year (1)_____
Student nurse 3rd year (2)_____

11. In which ward are you presently working? Ward Number _____

12. What is the name of the Instructor with whom you are most in contact? Instructor's name _____

THE FOLLOWING QUESTIONS RELATE TO YOUR EXPERIENCES AND ATTITUDES BEFORE YOU ACTUALLY JOINED NURSING SCHOOL.

13. Before you actually enrolled at the school of nursing, which two of the following did you feel you would like best about being a nurse? (Check Two, putting 1. for best like, 2. for next-best like).

- The fact that nurses are in short supply and can always get a job anywhere. (1)_____
- The fact that nursing is a profession whose members, together with doctors, constitute a crucial part of a "health team". (2)_____
- A profession which enables one, to pursue daily, a Christian way of life. (3)_____
- The adventure, excitement and glamour associated with hospital nursing. (4)_____
- The fact that nursing provides a way of helping people. (5)_____
- The opportunity to acquire and apply medical knowledge and associated technical skills. (6)_____
- The fact that in nursing one learns skills useful in marriage and motherhood. (7)_____
- The opportunity to improve one's social position while doing work one enjoys. (8)_____

14. At what age did you definitely decide to become a nurse? (check one)

Before the age of 11 (1)_____
Between ages of 11 and 16 (2)_____
After the age of 16 (3)_____

15 (a) Before finally deciding to become a nurse did you ever seriously consider entering any other profession or occupation? (check one)

Yes (1)_____
No (2)_____

(b) If "yes" please specify the alternatives you considered.

_____

_____

(c) So far as you can recall, which of the following reasons was most important in influencing your rejection of them? (Check one)

- I did not have the necessary qualifications (1)_____
- My parents could not afford to pay for the training required (2)_____
- I decided that I really wanted to be a nurse after all (3)_____
- Other reasons (Specify) (4)_____

16. Before you actually enrolled at the school of nursing, did you ever work in a hospital on a volunteer basis? (check one)
Yes (1)_____
No (2)_____

17. So far as you can recall have you ever been seriously ill? (check one)
Yes (1)_____
No (2)_____

18. So far as you can personally recall, has any member of your immediate family ever been afflicted with serious or chronic illness? (check one)
Yes (1)_____
No (2)_____

19. Have you ever experienced the death of a member of your immediate family? (check one)
Yes (1)_____
No (2)_____

20. So far as you can recall, was your decision to enter nursing in any way influenced by death or illness in your family? (check one)
an important influence (1)_____
an unimportant influence (2)_____
does not apply (3)_____

21. (a) Do you have any relatives or close friends who are members of the health professions? (check one)
Yes (1)_____
No (2)_____

(b) If "yes", what is their relationship to you? (Check as many as apply in each case, and please state the number in each of the following categories.)

	Number of Doctors	Number of Nurses
Father	(1)_____	(1)_____
Mother	(2)_____	(2)_____
Brothers	(3)_____	(3)_____
Sisters	(4)_____	(4)_____
Uncles	(5)_____	(5)_____
Aunts	(6)_____	(6)_____
Cousins	(7)_____	(7)_____
Close Friends	(8)_____	(8)_____

Other health specialties (specify).

22. From the following categories of persons, which one was most important in influencing your decision to become a nurse? (Check one)

Parents (1)_____
Relatives (2)_____
Close friends who are doctors or nurses (3)_____
Other (specify) (4)_____

23. Since you made the decision to enter nursing from which of the following have you received the most consistent encouragement? (check one)

Parents (1)_____
Relatives (2)_____
Close friends who are doctors or nurses (3)_____
Other (specify) (4)_____

24. Of the following, which was the most important in influencing your decision to become a nurse? (check one)

- doctors and nurses you knew personally (1)_____
- doctors and nurses that you knew of, but had not met personally (2)_____
- fictional doctors and nurses as depicted in novels, films and television plays you had read or seen (3)_____
- nursing recruitment posters and advertisements (4)_____
- particular events in my life, e.g. being ill (specify) (5)_____

25. Before you actually became a nurse how much did you know about the work of nurses in a hospital? (check one)

a great deal (1)_____
a fair amount (2)_____
only a little (3)_____
almost nothing (4)_____

26. Of the following, which was most important in helping you form an impression of what your first year in nursing school would be like? (check one)

Parents (1)_____
Relatives (2)_____
Close friends who are doctors or nurses (3)_____
Other (books, films, etc. - specify) (4)_____
Previous working experience in hospital (5)_____

27. Once you had made up your mind to become a nurse did you ever have any serious doubts that you had made the right decision? (check one)

Yes, serious doubts (1)_____
Yes, slight doubts (2)_____
No doubts at all (3)_____

THE FOLLOWING QUESTIONS RELATE TO YOUR EXPERIENCES SINCE YOUR ENROLLMENT AT NURSING SCHOOL.

28. In terms of your experiences so far, and in comparison with other members of your class, would you say you were- (check one)

-more satisfied with your choice of profession (1)_____
-less satisfied with your choice of profession (2)_____
-equally satisfied with your choice of profession (3)_____

29. In terms of your experiences so far, with which of the following have you experienced the most satisfying relationships? (Answer for each, putting 1. for most satisfying, 2. for second most and so on.)

Classmates (1)_____
Doctors (2)_____
Patients (3)_____
Instructors (4)_____

30. (a) At this point in time, if you could start your professional education over again, would you still choose nursing? (check one)

Yes (1)_____
No (2)_____
Do not know (3)_____

(b) If you were a parent, would you want your daughter to become a nurse? (check one)

Yes (1)_____
No (2)_____
Undecided (3)_____

31. (a) So far as you can tell at this time, do you intend to have a full-time nursing position five years after graduation? (check one)

Yes (1)_____
No (2)_____
Do not know (3)_____

(b) If your answer is "no" for which of the following reasons are you most likely to leave? (check one)

- to take a job with higher pay and most prestige (1)_____
- to get married ---------- (2)_____
- dissatisfaction with nursing conditions ------- (3)_____
- other reasons (specify) _____ (4)_____

32. In your view, which of the following statements best describes a "model nurse"? (check one)
- a model nurse is one who is patient, kind and gentle and one whose primary concern is to help patients in the process of recovering their health (1)_____
- a model nurse is one who carries out with efficiency and skill the various technical duties associated with restoring those who are ill to health (2)_____

33. In terms of your experiences so far, do you feel that it is more important for a nurse to- (check one)
- develop skill in carrying out the technical duties associated with nursing ---------- (1)_____
- develop skill in establishing therapeutic relationships with patients ---------- (2)_____
- always attempt to maintain a professional manner (3)_____

34. Do you look upon contacts with patients- (check one)

-primarily as an opportunity to increase your medical knowledge (1)_____

-primarily as an opportunity to help patients (2)_____

35. In your view, do instructors define hospital work done by student nurses primarily as - (check one)

-providing personalized care for patients (1)_____

-the learning of specific nursing skills and various hospital routines (2)_____

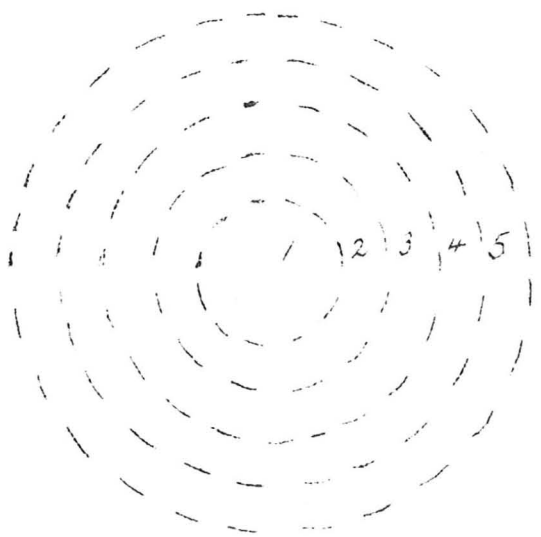
36. Compared to other students in your class, how much difficulty would you say you had in obtaining the co-operation of patients? (check one)

a great deal of difficulty (1)_____
a fair amount of difficulty (2)_____
only a little difficulty (3)_____
no difficulty (4)_____

37. Compared to other students in your class, how much difficulty would you say you had in successfully completing faculty course requirements, academic and otherwise? (check one)

a great deal of difficulty (1)_____
a fair amount of difficulty (2)_____
only a little difficulty (3)_____
no difficulty (4)_____

38. Suppose the circle represented the various extra-curricular activities that go on in your school. How far from the centre of things are you? (Place a check where you think you are.)



39. Of the items listed below, which two best describe most of your classmates here at nursing school? (Check two, put 1. best description, 2. second best description).

studious (1)_____
mad about clothes (2)_____
primarily interested in nursing (3)_____
primarily interested in men (4)_____
concerned with being happily married (5)_____

40. (a) Since you enrolled at nursing school, have any of your classmates "dropped out" of the School? (check one)

Yes (1)_____
No (2)_____

(b) If "yes", so far as you can recall, during which month, roughly, did your classmate leave the school?

Month _____ Year in Course _____

(c) To your knowledge, what was the reason for her departure?

_____

_____

41. If you were free to introduce changes into the design of nurses' uniforms, would you (check one)

- make them more comfortable to the wearer (1)_____
- make them more feminime and attractive (2)_____
- make them serve to identify more clearly, the diploma nurse as a nurse, and not some other category such as practical nurse. (3)_____

42. If you could be remembered here at nursing school for one of the three things listed below, which one would you want it to be? (check one)

dedicated nursing student (1)_____

voted the girl most medical students would like to date (2)_____

most popular girl with classmates (3)_____

43. Which of the following occupations do you consider to be most disturbing to a woman's sense of femininity? (Answer for each, putting 1. for most disturbing, 2. for next most and so on.)

Fashion model	(1)_____
Aeroplane Pilot	(2)_____
Nurse	(3)_____
Secretary	(4)_____
School Teacher	(5)_____

44. Do you feel that compared with women in other professions, nursing- (check one)

- places more emphasis on femininity as a desirable quality in its members (1)_____

- places less emphasis on femininity as a desirable quality in its members (2)_____

45. From the following list of adjectives, select three which you feel best represent the sort of person that a patient expects a good nurse ought to be. Do the same thing for Instructors, Doctors, and Classmates. In the spaces provided below, print appropriate letter.

Gentle	(a)	Efficient	(g)
Technically skilled	(b)	Sentimental	(h)
Observant	(c)	Patient	(i)
Feminine	(d)	Emotional	(j)
Disciplined	(e)	Dependable	(k)
Kind	(f)	Calm	(l)

Patients expect a good nurse to be ---------- (1)_____
(2)_____
(3)_____

Doctors expect a good nurse to be ---------- (1)_____
(2)_____
(3)_____

Instructors expect a good nurse to be ---------- (1)_____
(2)_____
(3)_____

Classmates expect a good nurse to be ---------- (1)_____
(2)_____
(3)_____

46. From the same list of adjectives, select three which you feel best describe the sort of person that people generally expect a young woman ought to be? (Print appropriate letters)

Gentle	(a)	Efficient	(g)
Technically skilled	(b)	Sentimental	(h)
Observant	(c)	Patient	(i)
Feminine	(d)	Emotional	(j)
Disciplined	(e)	Dependable	(k)
Kind	(f)	Calm	(l)

People generally expect a young woman ought to be (1)_____
(2)_____
(3)_____

47. In terms of your experience so far, do you:

(a) feel that doctors regard you primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

(b) feel that instructors tend to regard you primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

(c) feel that your patients tend to regard you primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

(d) feel that your classmates tend to regard you primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

48. (a) In relationships with doctors do you think of yourself primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

(b) In relationships with instructors do you think of yourself primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

48. (cont'd)

(c) In relationships with patients do you think of yourself primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

(d) In relationships with classmates do you think of yourself primarily as (check one)

a young woman (1)_____
a student (2)_____
a nurse (3)_____

49. From the following list of adjectives choose three which you feel best describe you as a person? (Print appropriate letters)

Gentle	(a)	Efficient	(g)
Technically skilled	(b)	Sentimental	(h)
Observant	(c)	Patient	(i)
Feminine	(d)	Emotional	(j)
Disciplined	(e)	Dependable	(k)
Kind	(f)	Calm	(l)

Three adjectives which best describe me as a person:

(1)_____
(2)_____
(3)_____

50. If you could choose to marry a person from one of the following professions, or occupations, which one would you choose? (check one)

Lawyer (1)_____
Doctor (2)_____
Clergyman (3)_____
University Professor (4)_____
Business Executive (5)_____

51. What does "acting in a professional manner" mean to you? (Complete your answer in a sentence or two)

_____

_____

_____

_____

_____

51. At this stage of your training, which of the following statements best describes how you feel about nursing? (Check Two, putting 1. best describes, 2. for next best).

- The fact that nurses are in short supply and can always get a job anywhere. (1)____
- The fact that nursing is a profession whose members, together with doctors, constitute a crucial part of a "health team". (2)____
- A profession which enables one, to pursue daily, a Christian way of life. (3)____
- The adventure, excitement and glamour associated with hospital nursing. (4)____
- The fact that nursing provides a way of helping people. (5)____
- The opportunity to acquire and apply medical knowledge and associated technical skills. (6)____
- The fact that in nursing one learns skills useful in marriage and motherhood. (7)____
- The opportunity to improve one's social position while doing work one enjoys. (8)____

52. If you were free to choose the patients you wished to be (a) assigned to care for, which two of the following would you choose? (Check two, putting 1. for first choice and 2. for second choice)

- patients who accept the nurse's authority and willingly comply with her instructions. (1)____
- patients who show their appreciation of nurses' ministrations. (2)____
- patients who present "routine" problems. (3)____
- patients who present a challenge to the nurse's knowledge of medical and interpersonal skills. (4)____
- patients who think they know more than you do and try to teach you your job. (5)____
- patients who are continually complaining and demanding attention. (6)____
- patients who are "down and out". (7)____
- well educated patients. (8)____

(b) Which two of the above types of patient would you least prefer to be assigned to care for? Specify appropriate numbers in spaces provided. ---- ( )

---- ( )