FACTORS BEARING UPON SELECTION OF NURSING EDUCATION AS A PROFESSION

DISSertation

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

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The Ohio State University
1957

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ACKNOWLEDGMENTS

The writer expresses sincere appreciation for the guidance and encouragement of her adviser, Professor Earl W. Anderson, throughout the development and completion of the study. Special acknowledgment is given members of the writer's committee, Professor H. Gordon Hullfish, and Professor Herman J. Peters, for their valuable suggestions and criticisms.

The National League for Nursing has provided financial assistance and encouragement throughout the study. For this the writer is indebted. She expresses her appreciation to the nurses who cooperated in this study and to the members of the Ohio State Nurses' Association and the schools of nursing for their help and cooperation in contacting the respondents.
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CHAPTER I

INTRODUCTION

A current national and international problem facing the nursing profession is the task of maintaining and enlarging its contribution to the health and welfare of society. The critical deficiency in supply of nursing personnel for health services is a social problem of major proportions. It involves quantity, quality, and distribution.

The current problem is made more complex by an increased demand for well qualified teachers, supervisors, and administrators. It is on these individuals that the tremendous burden of educating students for nursing and maintaining nursing services falls. An adequate supply of well-qualified teachers, supervisors, and administrators is a first imperative, if we are to assure present and future student nurses the kinds of educational and professional experiences that will equip them, on the one hand to be effective nurses and help them, on the other hand, to appreciate the satisfactions to be derived from giving good nursing care.

A second imperative is to interest more nurses in continuing graduate nurse education in preparation for teaching in schools of nursing. Since a large number of professional nurses do not advance beyond the basic nursing program, it seems fair to assume the presence of factors which prevent or hinder them from doing so.
An investigation, designed to locate such factors, may possibly serve as a means, then, of determining how to meet the needs of the field and how to help those who desire to prepare themselves in specialized areas of nursing administration, nursing education, or supervision.

Statement of the Problem

The present investigation undertakes: (1) to determine dominant factors that influence selected groups of student nurses and graduate professional nurses to prepare to be teachers of nursing; and (2) to determine factors that make other student nurses and graduate professional nurses reluctant to prepare to be teachers of nursing. In the light of these findings, the ways in which these factors may be utilized to motivate more nurses to prepare to be teachers of nursing will be considered.

Limitations of the Problem

This study is primarily concerned with the opinions of students in basic professional nursing programs, general nursing programs, and master's degree programs; faculty members in schools of nursing; and registered professional nurses engaged in nursing but not directly engaged in the teaching of nursing. The investigation is limited to the state of Ohio. Since it was not possible to visit each participant, information for the study was obtained by questionnaire and selected interview follow-ups. These processes limited the amount and kind of information received from participants. Replies to the
questionnaire and information received during the interviews represent opinions of the respondents.

Definition of Terms

Four terms which are used should be defined.

By basic professional nursing programs is meant those programs which aim to prepare college women for the expanding opportunities in the field of health and welfare. All of the basic professional nursing programs prepare nurses for practice in hospitals and other fields. Selected programs also prepare nurses for beginning positions in public health nursing. The curricula provide for the development of the student nurses as effective professional nurse practitioners, as self-directing persons, and as responsible citizens. The programs also serve as sound bases for advanced studies in specialized fields of nursing service, nursing education, and nursing administration. There are some five-year programs but the trend seems to be toward four-year programs.

By general nursing programs is meant those programs designed to prepare nurses who are graduates of hospital diploma programs for increased responsibilities in nursing. The programs provide depth and breadth in general education as well as enrichment of professional nursing education. The programs are individually planned to meet the needs of the students. Evaluation of the standing of the institution from which the student received her basic nursing, the professional experiences the student has had as a graduate nurse, and the results of qualifying examinations in various areas of nursing, do modify the
length of the program, however. The programs are usually completed in six to eight academic quarters.

By Master's degree programs is meant those programs planned for qualified experienced graduate nurses who are interested in advanced study in a special field of nursing service, nursing education, or clinical specialities. These programs are designed to provide preparation for administration, teaching, or supervision. Opportunities are provided for the graduate student to develop further understandings of the knowledge of human behavior and of the scientific and cultural components of the changing social order, as well as to gain deeper insights into the implications of these for nursing. Experiences are planned to provide increased competence in a special field of nursing and beginning competencies in research. The programs are usually completed in four academic quarters.

By diploma programs is meant programs which aim to prepare post-high school students, in a hospital school of nursing, for practice in hospitals and other fields. The programs are usually completed in thirty-six months.

The Growing Recognition of Nursing as a Profession

The urgency of the critical deficiency in nursing services is the concern not only of members of the nursing profession but also of allied health professions. The local, state, and federal governments who share the responsibility for health, education, and social welfare of the people share, also, in the concern about this deficiency.
Members of the general public as consumers of available nursing services and nursing resources have an ever-growing personal awareness of how these shortages affect them. Educational institutions which provide opportunities and qualified personnel for occupational needs are showing increasing concern over the critical deficiency in nursing services and nursing education facilities.

Nursing service and nursing education, the dual concerns of the nursing profession, were the central emphasis of the nursing profession long before it rightly could be called a profession. In 1937, a Curriculum Guide for Schools of Nursing reviewed the courses of nursing from 1873 to 1933.¹ This sixty year period was divided into three periods of twenty years each.

The period between 1873 and 1893 was termed the "pioneering period." There was a close relationship between the new discoveries of sanitation and antiseptic surgery of this period and the establishment of hospital schools of nursing. New conceptions of cleanliness were formed and new skills in nursing were required.

The next period, from 1893 to 1913, was identified as the "boom period." As soon as the early training schools proved their value, the demand for training schools of nursing multiplied with such rapidity that the quality of education provided became subservient to the staffing of hospitals. The number of schools increased from approximately 50 to over 1,000.

The years between 1913 and 1933 became known as the "period of standard setting and stock-taking" and were marked by the development of the first professionally endorsed curriculum in 1917, and by its first revision in 1927. The Goldmark Report of 1923 and the final report of the Committee on Grading in 1934 pointed out weaknesses in nursing education and recommended specific improvements. In 1937, A Curriculum Guide for Schools of Nursing, published by the National League of Nursing Education, indicated clearly a new pattern for nursing education and emphasized the improvement of standards. In 1942, Essentials of a Good School of Nursing was published. It provided a statement of definitions and desirable standards.

World War II caused the nursing profession to transfer efforts from improving nursing and the education of nurses to attack the major problem of assuming emergency responsibilities, such as recruitment and the formation of the United States Cadet Corps. Following the war the nursing situation was still critical. Countless positions were available for qualified professional nurses in administrative, supervisory,

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2Josephine Goldmark, Nursing and Nursing Education in the United States (New York: The Macmillan Company, 1923).

3Committee on Grading of Nursing Schools, Nursing Schools Today and Tomorrow, Final Report (New York: National League of Nursing Education, 1934).


5Committee on Standards, Essentials of a Good School of Nursing (New York: National League of Nursing Education, 1942).
and teaching categories. The qualitative and quantitative demands were not being met.

In 1948 a study of nursing and nursing education was made by Esther Lucile Brown for the National Nursing Council. This study was financed by the Carnegie Corporation of New York. Nursing and nursing education were considered from the standpoint of what is best for society. A part of this study dealt with specialized preparation and experiences for faculties which would prepare them for instruction and administration. A further consideration in this study was a system of graduate nurse education.

A study, published in 1948 and titled A Program for the Nursing Profession, was made by The Committee on Functions. It attempted to outline strategic forces at work in nursing. Problems centering around the current shortage of nursing personnel was investigated.

A valuable compendium of information concerning current practices in schools offering basic nurse education was published in 1950. This analysis was titled, Nursing Schools at the Mid-Century. One aspect of this study was the academic preparation of faculty members in schools of nursing.


8Margaret West and Christy Hawkins, Nursing Schools at the Mid-Century (New York: National Committee for Improvement of Nursing Services, 1950).
In 1952 the Report of Work Conference on Graduate Nurse Education, held under the auspices of the Division of Nursing Education of the National League for Nursing, was published. The most significant outcome of the conference was the almost unanimous agreement as to a clear-cut distinction between the purposes of those programs leading to a baccalaureate degree for graduate nurses and the purposes of those leading to a Master's degree. It was agreed that the baccalaureate program should prepare the nurse for general nursing, the Master's program for specialization.

In 1953 a report for the Russell Sage Foundation, entitled Collegiate Education for Nursing was made by Margaret Bridgman. The fundamental principle expressed in this report is that society requires the establishment in higher education of an effective system of appropriate types of preparation for diversified nursing functions and the maintenance of standards that will assure competence.

Although repeated studies have pointed out the shortages of teachers of nursing and have stressed the need for teachers of nursing, the investigator has not found any studies that have attempted to determine what specific factors influence nurses toward or away from preparation for teaching of nursing.

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Organization of the Study

This chapter has presented the purpose, importance, and the limitation of the present investigation. In addition, terms used in the study were defined and the growing recognition of nursing as a profession traced. Chapter II presents related research in nursing education and teacher education. A detailed account of the methods and procedures followed in the study is presented in Chapter III.

Chapter IV gives a detailed description of the groups of participants who served as samples in this study. In Chapter V, values and the valuation process are presented as a possible means by which persons select positions in which to work, educational programs in which to continue their education, and nursing service areas in which to work.

Chapter VI deals with an analysis of the questionnaire data collected in this investigation. The findings are discussed under six broad headings: (1) tentative professional plans of student groups; (2) opinions concerning the influence of marital status on career choices; (3) opinions concerning persons who influenced career choices; (4) opinions concerning persons and factors that influenced nurses toward or away from preparation for teaching of nursing; (5) opinions concerning advanced graduate nurse education; and (6) opinions concerning ways in which nurses and the nursing profession can encourage more persons to prepare to be teachers of nursing. Chapter VII deals
with an analysis of interview data collected in this investigation.
The findings are discussed under the same broad headings as those used in Chapter VI. A summary of the purposes, general procedure, findings, conclusions, and recommendations is given in Chapter VIII.
CHAPTER II

RELATED RESEARCH

Nursing has not been definitely identified as a science, although efforts to do so are under way at the present time. Nursing draws heavily upon the social and natural sciences. The types of nursing research thus far have been related to the social climate of hospitals; activities of personnel in hospitals; evaluation of nursing care, including patient reaction to care; choice of nursing as a career; satisfactions of nursing as a career; and the public image of the nurse.¹ Most of the research in nursing has centered around nursing education. Limited studies have been done on nursing care and problems of practitioners in hospitals, homes, schools, and clinics.

Nursing organizations, universities, the United States Public Health Services, the Veterans' Administration, and the Armed Forces sponsor research in nursing. In 1956 Congress approved a three-year program of traineeships for graduate nurses and professional public health personnel. This was the first time that federal funds were earmarked specifically for nursing or nursing research.

A standing Committee on Research and Studies of the American Nurses' Association conducts research relating to the programs of the

Association. Periodic surveys of nurse resources, publications of "Facts About Nursing,"\(^2\) and the maintenance of the "Clearing House for the Studies in Nursing"\(^3\) are some of the major activities of this committee.

**Studies in Nursing Education**

Through the use of the questionnaire technique, Dotaline Allen\(^4\) made an analysis in the fall of 1954 of some of the opinions and plans of 566 nurses who completed a basic nurse education program in a state accredited school of nursing in Indiana. The questionnaires were completed while the nurses were in Indianapolis for two days to complete the National League of Nursing State Board Test Pool Examination.

Percentages were determined on the actual number of nurses who responded to the various items. The sample group was found to be generally from rural areas and small cities. The nurses were about twenty-one years of age and had not attended a college or university before entering nursing. Their first positions as graduate nurses were those of general staff nurses in hospitals. The group was slightly above the national mean of all candidates who wrote the above mentioned examination. Parents of one-third of the nurses had not attended high

\(^2\)"Facts About Nursing" is a compact reference book published annually. It is a compilation of current statistics about nurses, nursing, and related health personnel and facilities.

\(^3\)"Clearing House for the Studies in Nursing" is a cumulative reference book which is periodically revised to include a listing of nursing research projects.

school while parents of another third had. The annual income of the families was $5,000 or less.

Nurses were satisfied with their choice of nursing as a career, but disliked the schedule of work hours. With regard to help received in making future plans, the majority had received some information about graduate nurse education but they would have liked more. Parents had influenced nurses most in favor of advanced nurse education. They were followed by directors of nurses and instructors of nurses. One-third of the group felt that no one had influenced them in favor of graduate nurse education. Three-fourths of the group felt that no one had influenced them against graduate nurse education. The majority of the respondents felt that graduate nurse education makes one a more interesting and well-rounded person, and that a supervisor should have preparation in a particular clinical field as well as for supervisory functions. Approximately one-half believed that a Bachelor's degree automatically qualified a nurse for admission to a Master's program in all accredited graduate nurse education programs. Approximately 42 percent believed that eventually all programs to prepare nurses for positions as teachers or supervisors should be offered at the Master's level.

Over four-fifths of the participants believed that Bachelor's degree programs for graduate nurses should include some nursing and some non-nursing courses. They also believed that such programs should prepare one to be (1) a general staff nurse in a hospital, public health agency, or clinic; (2) a head nurse; (3) a leader of a nursing
team; or (4) a teacher or supervisor. They felt that such programs should also include experience in a hospital and in a public health agency, and should in addition require practice and courses in the clinical areas, if indicated.

From 90 to 97 per cent of the respondents believed that the Master's degree program for graduate nurses should: (1) enable one to become an expert in her field after more experience; (2) prepare one for a particular kind of position in nursing, such as teaching or administration; and (3) include experience in a speciality, such as practice teaching or practice supervision.

The greatest problem found in planning for graduate nurse education was lack of finances. Eighty per cent of those interested in graduate nurse education needed financial assistance. The majority needed from $1,000 to $2,000 for a two-year period of study.

Opinions concerning nursing positions and programs desired indicated that the majority preferred the position of staff nurse in a hospital. Next in popularity was doctor's office nurse or head nurse. Graduate nurse education programs desired were in general nursing, advanced clinical nursing, maternity nursing, pediatric nursing, psychiatric nursing, and surgical nursing. Fourteen per cent planned to become supervisors in hospitals, 12 per cent instructors of nurses, and 7 per cent public health nurses.

Several factors entered into the selection of graduate nurse education programs. The factors were: cost of living in the locality;
the university accredited by appropriate groups; graduate nurse education programs accredited by the National Nursing Accrediting Service; and reports and professional activities reflecting the qualifications of nurse faculty.

Dotaline Allen concluded that contentment, adequacy, and sense of fulfillment at this stage of experience may contribute toward the lack of interest in future education. Marriage, or contemplation of marriage, is a factor which prevents nurses from continuing their education at the graduate level. The preference for general staff nursing may be a factor which contributes toward lack of interest in nursing education at the Master's level. Nurses are more interested in graduate nurse education that prepares for positions which offer opportunity for patient care than for administration or teaching where they have less opportunity for direct patient care. The presence of faculty members in basic nursing programs who lack Master's degrees in nursing may be a factor in the lack of interest in nursing education, particularly at the Master's level.

The recommendations included: (1) appraisal of guidance programs in basic nurse education in regard to informational services about positions that require preparation on the Master's level; (2) in-service educational programs regarding trends and developments in areas of graduate nurse education for faculty members; (3) informational services for parents, boy friends, and husbands; and (4) advice on financial problems.
One aspect of the Allen study that may be questioned is the giving of the questionnaires to a group that had just spent two days in writing State Board Examinations. The tensions and physical fatigue undoubtedly present at that particular time may have affected the interests and opinions of the participants.

A study of nursing education in colleges and universities was made by Margaret Bridgman in 1953. This study was made in order to offer direction for future planning and developments for the extension of higher education to nursing. The survey was made by visits to a large number of institutions in the United States, and by consultation with administrators, educators, and nurses. Hospital diploma programs, baccalaureate programs, supplementary programs, and advanced programs of nursing were considered in this study. The recommendations were that: (1) nurse education programs in colleges and universities should be organized in accordance with the policies of the institutions; (2) a sound basic nursing program should lead to a Bachelor's degree; (3) sound general nursing programs should lead to a Bachelor's degree; (4) sound basic nurse education should be a prerequisite for specialization on the Master's level.

This author identified two specific handicaps that nursing has been struggling to overcome. They are the lack of educational and financial control of schools by the schools of nursing, and the lack of any effective system by which teachers may be adequately prepared. The style used in presenting the results of this study is superior in

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5Bridgman, loc. cit.
clarity, organization, and method of presentation. The conclusions are relevant, constructive, and justified by data.

A questionnaire study was made in Maryland in 1956 by a Special Committee of the Maryland League for Nursing. Ruth B. Freeman and Margaret Courtney were co-chairmen of this committee. The report of the study is entitled *A Plan for the Continuing Education of Nurses*. The purpose of the study was to determine the need for continuing education that would provide opportunities for deepened nursing skill for clinical, as well as classroom, instruction.

The first approach to this study was to send questionnaires to hospitals in Maryland and to the Maryland State Department of Health in order to secure information as to the preparation of employed nurses. These data were compared with standards of desirable preparation agreed upon by the committee and based upon a reconciliation of the decisions of the Maryland Nurses' Association and public health agencies.

Every hospital in Maryland received questionnaires and responses were received from thirty-six. These provided information about 2,545 hospital and school of nursing nurses. There were 3,794 questionnaires sent to members of the Maryland Nurses' Association and public health agencies. The 795 who returned the questionnaires were 21 per cent of those to whom they were sent.

Of the 2,545 hospital and school of nursing nurses included in the study, 58 per cent had preparation below the desired level. The

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most serious lack of preparation was found in the group of instructors and head nurses. Only 14 per cent of the instructors and 23 per cent of the head nurses had completed the suggested preparation. There were 1,777 nurses known to need continuing education, leading to a baccalaureate or higher degree. Of the 795 nurses who returned their questionnaires, 265 were interested in work toward a Bachelor's degree, 157 were interested in work toward a Master's degree and 12 were interested in work toward a doctoral degree. There were 231 interested in taking clinical work and 356 interested in taking short courses. The majority wanted to work on university credit basis. There seemed to be evidence to support the need for internship or residency training, state-wide planning, and scholarship aid, since 63 per cent stated that they were unable to study without full scholarship aid. It would be interesting and perhaps valuable to do a similar study in other states to identify the need for continuing education in other areas of the United States.

A study was made in 1951-1952 by Mildred Schwier, et al. entitled *Ten Thousand Nurse Faculty Members in Basic Professional Schools of Nursing.* The purpose of the study was to examine the educational qualifications of those nurses carrying administrative and instructional responsibilities in hospitals and of those carrying like responsibilities in collegiate pre-service programs. Qualifications of

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7,985 persons were examined. The findings indicated that of those persons carrying administrative and instructional responsibilities one-sixth had Master's degrees, one-half had baccalaureate degrees, and one-third had no academic degrees. Faculty members in collegiate schools of nursing tended to have more academic preparation than those in hospital-controlled schools of nursing. Six per cent of all persons whose qualifications were examined had no academic degrees.

The conclusion was that many of the problems of nursing education may be rooted in the fact there is a dearth of qualified faculty members for all types of educational programs in nursing. The method for collecting data was not discussed.

Margaret L. Shetland conducted a study to determine factors which influenced preparation for the field of public health. Nineteen nurses participated in the study. Sixteen of the nurses had a few months of work experience in public health nursing immediately preceding their university work under New York State's plan for recruitment. All except one nurse were graduates of hospital diploma programs.

The students were asked to respond to a questionnaire. They placed the letter "A" beside the nursing function which they believed their basic nursing preparation had equipped them to carry out. A "B" was placed beside the nursing function which they believed themselves to be inadequately prepared to carry out. An "X" was placed beside the nursing function which they felt they could perform at that time because of apprentice or other experience, not necessarily the result of their school of nursing education. The list consisted of six activities, classified under the heading of Nursing Care and Health Guidance;
eight activities, under Community Health Organization; and seven activities, under Educational Programs.

One third felt inadequate in direct nursing care, two-thirds felt inadequate in relation to case finding, and all felt inadequate in relation to program evaluation. Almost all felt inadequate in relation to studies, community planning, working with groups, and educational programs. One-half felt inadequate in their abilities in relation to teaching, despite the fact that they had no theory or methods of teaching. Margaret Shetland believed the apparent confidence was based on lack of understanding of what is involved. It was later determined that their confidence had little relationship to their competency, as suggested by the reports of apprentice experience or academic grades.

The group in this study was small. It would be interesting to use this same list of functions with other groups of nurses entering public health in a similar situation. Also, a comparison of the responses of groups in various sections of the country might give greater insight into the factors that influence preparation for the field of public health.

Ravitz made a study in Michigan in 1955 to ascertain some factors associated with occupational selection. This was a questionnaire type study in which the responses of 135 nursing students were compared with the responses of 138 education students. There were

9 Melvin Jerome Ravitz, "Factors Associated with the Selection of Nursing or Teaching as a Career" (unpublished Ph.D. dissertation, University of Michigan, 1955).
comparisons on occupational values and expectations of occupational satisfactions, on occupational attitudes of primary and peer groups, and on work-related personal experiences and impressions of these experiences as related to several cultural-demographic factors (e.g., occupation of father, religious background, race, size and type of home community). Eighty-seven freshmen and 83 sophomores from Wayne University and 17 freshmen and 56 sophomores representing nursing and education students from Michigan State University. Each thought the occupation they planned to enter would provide the greater occupational satisfaction.

The two values the nursing students emphasized were being of service to people who need help and being physically active on the job. Education students emphasized the following values: expressing their own ideas and imagination; good working hours; and working with children.

Ravitz pointed out that work related experiences and the impressions of these experiences affected the values held by the group concerning their occupational choices. More students with a business class background, Jewish, and urban or large city background favor teaching as a career. Students from the skilled or semiskilled workers class, non-Jewish, and small town background favor nursing as a career.

This study indicates that occupational values, expectations of occupational satisfactions, occupational attitudes of primary and peer groups, work-related personal experience, and the impressions of these
experiences are all closely linked or grounded in demographic back­
grounds.

**Studies in Teacher Education**

Hartford\(^{10}\) conducted a two-year study at the University of Kentucky in 1948 to determine why students selected teaching. Two hundred and seven participated in the study. The responses concerning reasons for selecting teaching were as follows: teaching is important, 15 per cent; interest in and liking children, 13 per cent; teaching is interesting work, 12 per cent; teaching offers great personal satisfaction, 10 per cent; teaching keeps one learning and growing, 10 per cent; teacher's pay is adequate and improving, 10 per cent; teaching offers relative security, 9 per cent; and teaching is an opportunity to help others, 7 per cent.

Jantzen\(^{11}\) in 1947 investigated the problem of why young men and women chose to teach. Two groups of students in two colleges in California participated. A total of 248 candidates for teaching credentials and 45 members of a Phi Delta Kappan chapter indicated why they had chosen teaching as a profession. There was an agreement on the following factors which contributed to their choices: interest in children and young people; sumer for study, relaxation, or travel;


reasonable assurance of adequate income; and life-long opportunity to learn.

Orton\(^\text{12}\) conducted a somewhat similar study of why students want to teach in 1947 at the University of Utah. He selected twenty categories under which 591 reasons could be classified. The percentage of students naming each of the first ten were as follows: altruism, idealism, 72; personal growth and development, 52; security, 42; prestige of profession, 36; enjoy people and children, 31; salary, 31; influenced by others, 23; complements other interests, 22; good hours, 20; and attractive working conditions, twenty.

Helene Hartung\(^\text{13}\) conducted a questionnaire study in 1948 at Hunter College to determine whether students were planning to teach, and if so, at what grade level. Of the 5,142 students on campus, 46 percent planned to teach. Eleven percent preferred early childhood education, 35 percent elementary, and 34 percent secondary education. A second phase of this study was a questionnaire sent to 1,111 graduates who had followed a teacher education program. Seventy-six percent had taught and 15 percent were still interested in teaching. Ten percent of those who prepared to teach were lost to the profession.


\(^{13}\) Helene Hartung, "Are College Students Planning to Teach?" *School and Society*, IXX (October, 1949), pp. 213-16.
A study was made in 1956 by the California Teachers' Association, Southern Section. College students in beginning education courses were given a check list to select those factors which had motivated them to prepare for teaching. There were 1,374 participants in the study. The check list included information on three factors: (1) what persons influenced the individual to select teaching as a profession; (2) to what degree did specific types of experiences influence individuals to select teaching; and (3) how important were certain factors of the profession. The results indicated that teachers were the most influential. Experiences with children, occupations similar to teaching, and organized professional experiences influenced individuals to select teaching. Idealistic elements, such as opportunities to work with young people and professional growth, were mentioned as being more important than materialistic factors, such as salaries, security, and vacations. Reasons given for not entering teaching were salaries, lack of information, undue public pressures, parent and community responsibilities, and high teacher load.

At Northern Montana College, sixty-eight students were asked to list what they considered the most important reasons for entering the teaching profession. They were also asked what they considered as disadvantages of the teaching profession. The advantages listed were: opportunity to give service to the public; summer vacation; opportunity to work with children; college education; means of acquiring culture; desirable contacts and tenure laws; opportunity to be one's own boss; permanent employment; chance for advancement; and good salary.

Disadvantages of the teaching profession were: lack of summer income; lack of personal freedom; too much preparation required; lack of community appreciation of teacher's efforts; and low salaries. Hood, who conducted the study, concluded that there was a need to elevate the morale of the classroom teachers and a need to emphasize the more favorable aspects of teaching in appropriate publications.

Charters stressed the fact that the term "teacher shortage" is a misnomer. He agreed, however, that there was a shortage of man-years of teaching. A questionnaire follow-up study of 1,000 graduates was made. Charters estimated the potential services of this group to be equivalent to 2400 man-years. The responses indicated that 400 did not teach at all. One hundred and fifty taught one year, or 150 man-years. There were 144 who taught two years, or 288 man-years. The conclusions indicated that men are better professional risks than women, since men are obliged to support self and family. Some men are attracted to better paying non-teaching positions. One reason for the high attrition rate in the teaching profession is that many women leave the teaching profession for marriage. Young attractive girls are considered very poor professional risks in terms of man-years. Some women plan to combine marriage and the profession, women who are career-oriented are better risks than those who view marriage as an alternative.


Summary

Studies in nursing revealed a lack of interest in continuing graduate nurse education; identified the need for such programs; concluded that specialization belonged on the Master's level; and determined qualifications of faculty members in basic professional schools of nursing.

Studies in teacher education revealed that students select teaching because of interest in: teaching; young people; personal growth; and security.
CHAPTER III

METHODS AND PROCEDURES

Basic Tools

The two basic tools utilized in the collection of data for this study were the questionnaire and the interview. Monroe and Englehart referred to each of these as a means of securing unrecorded data in the possession of other persons.\(^1\) Koos indicated that the chief difference between the questionnaire and the interview was that interviews ordinarily were completed in person, whereas questionnaires were typically, although by no means always, answered without the investigator being present.\(^2\) Charters referred to the interview as the oral questionnaire.\(^3\)

The Questionnaire

Questionnaires are used extensively in large proportions of educational investigations; not only are they applied in many divisions and all levels of the field of education to ascertain practice, basic


data, and judgments, but they are also a valuable source of data procurable in no other way. Cannel and Kahn refer to data as being "inside the individual" and which he alone is capable of communicating.

Koos points out that questionnaires are most useful when limited to requests for factual material, either that which is in the possession of recipients or that which is easily accessible to them. Opinions may be sought when: (1) the problem is important; (2) the opinions of the participants are significant; (3) those participating are sufficiently interested and will give the questions thoughtful considerations.

This writer assumed that student nurses, faculty members in schools of nursing, and nurses actively engaged in nursing in areas other than teaching may be interested in the teaching of nursing and the current shortage of teachers of nursing. She also assumed that participants would express opinions about how more nurses could be encouraged to prepare to be teachers of nursing.

Design of the Questionnaire

The design of a questionnaire has two purposes. They are:

1. to translate the research objectives into specific questions, the answers to which will provide data necessary to test the hypotheses or

Ibid., p. 68.


Koos, op. cit., p. 16.
to explore the area set by the research objectives; (2) to assist the investigator in motivating the respondents to communicate the required information.

For this investigation the attempt was made to construct a questionnaire within the frame of reference of each participating group, in order to elicit responses which would accurately and completely reflect each respondent's position.

A sequence of questions pertained to the following: (1) professional background; (2) marital status; (3) professional experience; (4) professional influences; (5) opinions concerning teaching of nursing as a position; (6) personal relations with teachers of nursing; (7) opinions about past learning experiences provided by teachers and administrators of nursing; (8) opinions about advanced nursing programs; and (9) opinions about ways of correcting the shortage of teachers of nursing.

All questions were considered from the point of view of professional acceptibility. The concern was to avoid loaded questions, derogatory tones, to prevent early questions from conditioning later ones.

Questions were semi-structured. Participants could select from a series of pre-assigned answers and always had the opportunity to supply an individual choice under the category "other," if none of those listed seemed appropriate.
Reconstruction of the
Original Questionnaire

Samples of the questionnaire were sent to nursing educators and to educators in fields other than nursing for their perusal and suggestions. The questionnaire was revised in the light of their suggestions. Their suggestions revealed that it was desirable to make minor changes. Most of these changes were of such a nature as to facilitate the ease with which the form could be completed and the data analyzed. After making the necessary changes, the questionnaire was lithographed and prepared for the pilot study. The groups selected to participate in the pilot study were student nurses who would graduate after June, 1957 but before August, 1958. These students were selected because they came closer to the intended participants in Group I in professional experience, plans for the future, and understandings of the acute shortage of teachers of nursing. The students participating in the pilot study were enrolled in The School of Nursing at The Ohio State University, and at The College of Nursing and Health at The University of Cincinnati. The questionnaires were personally given to the participants but the students interpreted the questions themselves and were encouraged to indicate any area or specific question that lacked clarity. Recommendations for the improvement of the questionnaire were solicited from each participant. Space was provided for comments, criticisms, and suggestions for improvements.

The results of the pilot study were analyzed and the questionnaire was reconstructed. Minor changes were made and neutral choices were added to Questions IX, X, and XI.
The revised form was used as a basic pattern. It became identified as Form I. Form I was four pages in length. Forms II, III, and IV were adaptations of Form I to suit the professional status and experience of the participants of each group. Forms II, III, and IV were five pages in length.

**Forms of Questionnaires Used**

Form I-A was used with the student who participated in the pilot study.

Form I was used with senior student nurses enrolled in basic professional nursing programs and graduate nurses enrolled in general nursing programs.

Form II was used with graduate nurses enrolled in Master's degree programs.

Form III was used with faculty members in schools of nursing.

Form IV was used with graduate nurses actively engaged in nursing but not directly engaged in teaching of nursing.

**Common Objectives**

The common objectives in each of the five questionnaires used in the study were as follows:

1. To determine the effect of marital status on future career choices or in the selecting of a nursing service area in which to work.

2. To determine the individuals most instrumental in assisting student nurses and graduate nurses to make career choices or in selecting area of nursing service in which to work.
3. To determine what individuals encourage student and graduate nurses to prepare to be teachers of nursing.

4. To determine what individuals attempt to discourage individuals from preparing to be teachers of nursing.

5. To determine what factors influence persons to prepare to be teachers of nursing.

6. To determine what factors make nurses reluctant to prepare to be teachers of nursing.

7. To determine if personal relations with teachers of nursing have been satisfactory and cooperative.

8. To determine if guided learning experiences generally provided by teachers of nursing have been varied, satisfactory, and cooperatively planned, and if the needs of individuals were considered.

9. To determine if nursing policies or regulations which are formulated by faculty members and nursing administrators are considered specific, necessary, reasonable and democratic.

10. To determine what individuals believe advanced programs in nursing provided for them or what they expect the programs to provide both personally and professionally.

11. To determine how individuals obtain information about advanced programs in nursing.

12. To determine how nurses and the nursing profession can encourage more persons to prepare to be teachers of nursing.

Katz and Allport state that the validity of information obtained through a questionnaire depends upon the manner in which it meets the following tests: (1) what kind of information is sought; (2) how the questions are worded; and (3) how the results are to be interpreted.7

Responses to questions which require factual information differ in validity from responses to questions which require opinions or both. Checking type responses reduces to negligible proportions the amount of writing required but endangers the reliability of the responses by putting answers into the mouth of respondents. Specific questions are more effective than general questions. Responses are not likely to be universally reliable, therefore, findings are not to be regarded as finally evaluative.

The questionnaires used in this study were set up to meet these tests in the following manner: (1) the questions requested information within the abilities of the recipients; (2) ambiguity was guarded against by having the two groups who participated in the Pilot Study have comparable professional experiences but be geographically separated, and by revising the questionnaire in the light of their responses and suggestions; (3) a check of reliability of answers given in the questionnaire was made by comparing them with the answers given during the personal interview follow-up.

Disadvantages of Questionnaires

The questionnaire method of collecting data has obvious disadvantages. A thorough study of the case for and against the use of the questionnaire was made by the Research Council of the National Education Association. Some of the objections to the use of the questionnaire are: (1) respondents may not be random samples of those addressed; (2) answers may be modified, either consciously or unconsciously in an attempt to please the investigator; (3) carelessness in
answering may produce inaccuracy; (4) questionnaires are time consuming; (5) data requested are often available from other sources; (6) results, if any, make a limited contribution to educational advances; (7) data collected by questionnaires are frequently subjective.

Letter of Explanation

A letter of explanation accompanied each questionnaire. The letter explained the purpose and objectives of the research. It identified the researcher and the sponsor of the research. The letter explained how the individual could participate in the study and still remain anonymous and it also explained how the individual could participate further in the study. The signature of the participant was the affirmation that the participant would consent to an interview at a later time.

The Interview

According to Charters, as was noted earlier, the interview is an oral questionnaire. Koos points out that the interview is used to secure opinions, judgments, preferences, or the expressions of attitude of respondents along a certain line. The investigator personally talks with each respondent. Blankenship indicates that personal

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9Charters, op. cit., p. 131.

10Koos, op. cit., p. 51.
interviews are expensive and that there is danger of the results being biased.\footnote{\textit{Cannell and Kahn, Collection of Data by Interviewing}, Chapter 8, in Leon Festinger, Daniel Katz, \textit{Research Methods in the Behavioral Sciences} (New York: The Dryden Press, 1953), pp. 327-379.} The interviewer can bias the results by the manner in which he states the question, by tones of acceptance or rejection, or by the fact that he may be recognized as an authority on the question. The person being interviewed may bias the results by giving the answer which he believes will please the interviewer, or one which will not endanger his own ego.

Cannell and Kahn also intimate that the likelihood of bias occurs during interviews because the interviewee withholds or distorts information that is threatening in some manner to his ego. In addition, they feel that memory itself is influenced by a bias and thus persons interviewed are unable to provide accurate information.\footnote{\textit{Albert B. Blankenship, Consumer and Opinion Research} (New York: Harper and Brothers Publishers, 1943), p. 20.}

The reliability of answers given on questionnaires in this study seems to correspond to a high degree with the answers given by the same person during the interviews. Thus, the investigator believes the reliability of both the responses on the questionnaires and the responses given during the interviews may be considered satisfactory.

During each interview the purposes and objectives of the research were explained. The method by which the respondent was selected was discussed briefly. The sponsor of the research was
The confidential nature of the interview was discussed. The investigator believes that this motivated the participants to give accurate and complete information. It was assumed by the investigator, that individuals would communicate in the absence of specific barriers such as identification of information with the individual, identification of information with a school, or lack of respect for individual value judgments.

In order to secure more specific information, non-valuative statements were made such as, "I understand what you mean by your reply. Can you enlarge upon your answer or tell me a little more about how you feel about this question?" The particular question would then be repeated. This type of question provided the participants an opportunity to clarify their interpretation of the question and allowed them to clarify their responses. The investigator noted any particular grammatical expressions that indicated intensity of feeling in responses and also noted similarities or dissimilarities in the responses.

Monroe and Englehart indicate that both questionnaires and interviews involve subjective elements but when appropriate precautions are taken, the data obtained will usually be at least reasonably satisfactory.13

One additional tool, the post card, was used to secure additional responses. The true effect of this tool cannot be noted

13 Monroe and Englehart, op. cit., p. 37.
because the sample was large and it took several weeks to get the questionnaires mailed. Replies were sporadic. The post cards were mailed three weeks following the mailing dates of the questionnaires. Notes and letters accompanied ten of the questionnaires explaining why delays in answering had occurred. The investigator believes that this was an effective tool, but because many of the responses were unsigned it was impossible to determine the true extent of its usefulness.

The enclosed self-addressed stamped envelopes may also be considered as instrumental in increasing the number of replies. This again must be assumed. The size of the questionnaire required that the mailing envelope and the enclosed envelope have a total of twelve cents postage. Several replies mentioned this as an appeal to participate.

Summary

The questionnaire and the follow-up interview were the two major tools used in this study. The post card reminder was but an aid used to bring in delinquent responses. It must be reiterated that the questionnaire and interview complemented one another. The investigator believes that the data collected by these two methods are valuable.

The rough draft of the questionnaire as first developed was criticized by selected persons and then reconstructed in terms of their suggestions. After this, the questionnaire was administered personally to two pilot groups. Once again the questionnaire was revised and modified into four final forms to accommodate the individual groups
participating in the study. It was mailed to the participating groups, which are described in Chapter IV. Ninety follow-up interviews were used in an attempt to determine the validity of the questions, the reliability of the responses, and to secure additional information and opinions.

Data were tabulated and percentages determined on the basis of the number of responses given to specific questions. Detailed information concerning the analyses of data are described in Chapters VI and VII.
CHAPTER IV

DESCRIPTION OF THE SAMPLE

Basic Considerations

The two major purposes back of this study were: (1) to determine those factors which influence nurses to prepare to be teachers of nursing; and (2) to determine those factors which make nurses uninterested in preparing to be teachers of nursing. It was necessary, therefore, to select groups of student nurses and graduate nurses who would be willing to voice their opinions concerning why nurses elect to prepare themselves to be teachers of nursing, as well as why others decline to do so.

Since 1952 the trend in nursing education has been to prepare nurses for teaching of nurses on a Master's degree level. Thus, it seemed logical to use those persons currently engaged in advanced nursing programs as some of them had selected teaching of nursing as an area of specialization.

One of the basic qualifications necessary to enter a Master's degree program is graduation from an accredited basic nursing program. It seemed advisable, therefore, to select graduating senior nurses from accredited nursing programs for another study group. These nurses would be able to matriculate easily into a Master's degree program.
Another group of students who graduate with a parallel type of preparation to those in the basic professional nursing programs are the graduate nurse students enrolled in general nursing programs. It appeared desirable to combine these two groups, the senior students in basic professional nursing programs and graduate nurse students in general nursing programs. In addition to their parallel type of preparation, both groups share a close proximity to future career choices.

It was assumed by the investigator that faculty members in schools of nursing had at sometime selected teaching, administration, or supervision as areas of specialization in nursing. Such faculty members seemed to be a group that could contribute much to this study.

In view of the fact that one of the purposes of this study is to determine those factors which make nurses reluctant to prepare to be teachers of nursing, it seemed necessary to select nurses who by choice or circumstances had not selected teaching of nursing.

The investigator decided to group the probable participants into the following groups:

Group I includes senior student nurses in basic professional nursing programs and graduate nurse students in general nursing programs;

Group II includes graduate nurse students in Master's degree programs;

Group III includes faculty members in schools of nursing;

Group IV includes graduate nurses actively engaged in nursing but not directly connected with teaching of nursing.

The investigator limited the study to student nurses and graduate nurses in the state of Ohio in order to facilitate the interview
follow-ups. All of the graduate nurses participating in the study were currently licensed by the Ohio State Nurses' Association, either by examination or reciprocity.

The Pilot Study

The participants in the pilot study were selected because they came closest to the educational backgrounds, ages, and proximity to career choices of participants in Group I. The participants in the pilot study were eighteen junior students of The College of Nursing and Health of The University of Cincinnati and seventeen junior and senior students from The Ohio State University School of Nursing. These students will have qualified for graduation from their respective schools after June, 1957 and before August, 1958. The investigator believes that these students were instrumental in determining the effectiveness of the questionnaire and of determining the questions that were misleading and which lacked clarity.

Groups I and II

Five basic professional nursing programs in Ohio are fully accredited by the National League for Nursing, which is an organization working toward the enhancement of nursing services and the improvement of nursing education. It is concerned with the development and improvement of hospital, industrial, public health and other nursing services and with the development and improvement of basic and advanced nursing education programs. These schools are: (1) The
College of Nursing and Health of The University of Cincinnati; (2) The Ohio State University School of Nursing; (3) The Frances Payne Bolton School of Nursing of Western Reserve University; (4) The Department of Nursing of The College of Mount St. Joseph-on-the-Ohio; and (5) The Department of Nursing of St. John's College of Cleveland.

Letters were sent to the dean, director, or department head of each of the five institutions. Permission was requested to have selected groups of students participate in this study. The letters identified the investigator and the sponsor of the study, explained the objectives and the need for the study, and specified general groups which would be participating in the study. Senior students' names and mailing addresses were requested.

The College of Nursing and Health, The Ohio State University School of Nursing, and Frances Payne Bolton School of Nursing also have General Nursing Programs and Master's degree programs. Request for names and addresses of these students were also requested from these three institutions.

**Groups III and IV**

The investigator had an interview with Mrs. Julia Fishbaugh, Associate Executive Secretary of The Ohio State Nurses' Association to identify herself and the sponsor of the study. The purposes of the study were discussed. Means by which random samples could be selected for participants in Groups III and IV were considered.
The Ohio Nurses' Review is a periodical distributed ten months each year to members of the Ohio State Nurses' Association. Names and addresses of members are on file at the Ohio State Nurses' Association office. The address plates are filed according to districts and subdivided into sections. There are twenty-four districts in Ohio. The sections are established in line with the philosophy of the American Nurses' Association that the practitioners of each occupational group shall determine their own functions, standards, and qualifications for practice. Each section also develops and works for desirable employment standards and conditions. The sections are: general duty nurses; private duty nurses; educational administrators; public health nurses; industrial nurses; and special groups.

It seemed desirable to select Group III participants from the section of educational administrators, consultants, and teachers. The student groups were from districts 8 in Cincinnati, district 4 in Cleveland, and district 12 in Columbus. These cities because of their size would have greater numbers of faculty members than other cities of lesser size. To select faculty members from districts 8, 4, and 12 seemed preferable to other districts. Interviewing would be facilitated in the follow-ups if the participants were clustered in specific areas.

District 8 includes Butler, Warren, Hamilton, and Clermont counties. District 12 includes Madison, Fayette, Franklin, Pickaway, and Fairfield counties. District 4 includes Lorain, Cuyahoga, Lake, and Geauga counties. This would include 13 of the 86 counties in Ohio or 15.11 per cent of the counties in the state.
At the termination of the interview with Mrs. Fishbaugh it was agreed that a total of 150 names be selected from EACT, the educational administrative consultant, and teachers section for Group III of the study. A list of 150 names would be selected from the other six sections which include public health nurses, industrial nurses, general duty nurses, private duty nurses, and special groups for Group IV of the study.

Situations and circumstances alter the best of plans. When the lists arrived the names were from districts 1, 3, 4, 5, 7, 8, 9, 10, 13, 17, and 18. This provided representation from 47 counties or 54 per cent of all the counties in Ohio. This, however, complicated the interview process later.

Final Lists

Administrators in the institutions contacted expressed willingness to participate in the study. A lack of secretarial assistance at Western Reserve University delayed the lists from that institution. Thus, because of early graduation and lack of time for interview follow-ups the senior student nurses from Frances Payne Bolton School of Nursing of Western Reserve University were not used in the study.

The lists were received sporadically and questionnaires, therefore, were mailed at the earliest possible times. Responses from early mailings, in consequence, were received before all of the questionnaires were distributed. Responses from general nursing students appeared to vary greatly from those of basic professional nursing
TABLE 1
Distribution of Questionnaires, Percentage of Returns, and Number of Participants Interviewed

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<th>Sources</th>
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<th>Returned</th>
<th>Number Interviewed</th>
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<td>Percentage of Group</td>
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<tr>
<td>Registered Professional Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>175</td>
<td>109</td>
<td>62</td>
</tr>
</tbody>
</table>
students. Increased numbers of questionnaires were mailed to general nursing students. Groups III and IV were enlarged to 175 by picking names and addresses from The Ohio Nurses' Review.

Representative Sample

Student enrollments in basic professional programs on January 1, 1955, by states and territories were published in Facts About Nursing\(^1\) in 1956, a statistical summary edited by the American Nurses' Association. Ohio had a total enrollment of 6,516 students enrolled in various types of programs. There were 5,416 in diploma programs, 40 in associate degree programs, 1,041 in baccalaureate programs and 49 in Master's degree programs. A comparison of the sample of this study with the above published figures shows that Group I participants represent 25 per cent of those students enrolled in baccalaureate programs in Ohio in 1955. Group II participants represent 118 per cent of those nurses enrolled in Master's degree programs in Ohio in 1955.

In 1954 there were 500 full-time instructors in Ohio. The sample of this study includes 175 faculty members in schools of nursing. This is 35 per cent of the total number of full-time faculty members in the 1954 statistical data. There are no available figures with which the participants of Group IV of this study may be compared.

The writer believes that the broad distribution of participants and numbers of participants provide for adequate representation for this study.

Summary

The pilot study was conducted at The College of Nursing and Health at The Ohio State University School of Nursing.

The list of participants for the pilot study group were obtained from The Ohio State University School of Nursing and The College of Nursing and Health of The University of Cincinnati.

Mailing lists for Groups I and II were obtained from The Ohio State University School of Nursing, The College of Nursing and Health of The University of Cincinnati, Frances Payne Bolton School of Nursing of Western Reserve University, The Department of Nursing of St. John's College of Cleveland, and The Department of Nursing of Mount St. Joseph-on-the-Ohio.

Representative lists for Groups III and IV were obtained through the assistance of The Ohio State Nurses' Association. Additional names for Groups III and IV were selected from The Ohio Nurses Review. The sample seems to be representative of the students and nurses in Ohio. The sample is believed to be adequate in size for a study of this nature.
CHAPTER V
VALUES AND THE VALUATION PROCESS

Questions of value at one time were thought to belong exclu­sively to philosophy, with questions of fact the substance of science. Hullfish pointed out that both philosophy and science deal with facts, but it is the manner of dealing with fact that is different. Science utilizes facts as instruments to establish proof and to predict further facts. Philosophy integrates its knowledge for the specific purpose of all knowledge. Thus philosophy handles fact not as fancies but as knowledge, in the interest of a constant, unified life.¹

Shortly after World War I scientific researchers attempted to determine if simple interests could be accepted as values. Interests, attitudes, and preferences of individuals were explored. Frandsen² summarizes the experimental literature and concludes that "something about a person is measured quite reliably by interest inventories, but . . . such inventories correlate negligibly with achievement, aptitudes, and possibly with curriculum satisfaction."


Values were referred to by Gardner Murphy as goal-objects. Man is outwardly and inwardly referring much of the time to those goal-objects which mean the most to him. As values grow, the self-portrait becomes closely identified with the values.3

Max Otto related self with interests. He regarded the self as a kind of storehouse depot where life collects experiences and redistributes it to life. Otto stated:

The self takes its rise from the development of independent interests (things, schemes, secrets or what not). It is the activity of appropriation, of adaption of one's own and the consequent feeling of proprietorship, which makes the genesis of self.4

Otto expressed the "togetherness" of interests and self in the following statement:

It is a fluctuating collection of desires, memories, aptitudes, hopes, and the like, which as a result of give-and-take relationships of an active organism and an active environment, have come to keep house together in the same body and are there felt to be members of one family.5

Otto believes, it seems clear, that selves are not born but are realized, made, created through contacts of life. The realization of self, of interests, and of values is an affair of doing. This self-realization is the consequence upon man's constant alertness to experience, its reshaping and remaking. Valuing occurs in situations where the course of valuing is an actual part of the course of events

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5Ibid.
and is designed to influence the results. Thus, with every social
discovery a new-opportunity is opened for the realization of a nobler
selfhood.

Boyd H. Bode stated that ideals and interests determine the
quality of an individual's life and that they are forces that move the
world. He explained that individuals form concepts and then use these
concepts as instruments with which to analyze situations so as to dis­
cover their possibilities. Concepts are converted into ideals for the
guidance of conduct. Ideals represent values or interests which
individuals seek to realize or maintain and with which they seek to
identify themselves. Thus, as man becomes appreciatively aware of an
object or action, he begins to value it.

R. K. White defines a value as a goal or standard of judgment
which in a given culture is ordinarily referred to as if it were self­
evidently desirable or undesirable.

Dewey points out, however, that to say that something is
enjoyed is to make a statement about a fact, something already in
existence; it is not to judge the value of that fact. To say that
graduate nurse education is desirable or undesirable is to say only


that the statement is correct or incorrect; that is the end of the matter. But to call an object, such as graduate nurse education, a value is to assert that it satisfies or fulfills certain conditions. The fact that something is desired only raises the question of its desirability; it does not settle it. For example, this difference may be noted when we consider the terms, "satisfying" and "satisfactory."

To say that guided-learning experiences provided by teachers of nursing are satisfying is to report something as an isolated finality. To assert that these experiences are satisfactory is to define them in their connections and interactions. The fact that they pleased poses a problem of judgment. How shall the satisfaction be rated? Is it a value or is it not? Is it something to be prized and cherished, to be enjoyed? To declare a learning-experience satisfactory is to assert that it meets specifiable conditions. "Value is the expression of the fulfillment of a special human desire and interest." It is, in effect, a judgment that the experience "will do." It involves a prediction; it contemplates a future in which the experience will continue to serve, in which it will do. It asserts a consequence the experience will actively institute; it will do. That it is satisfying is the content of a proposition of fact; that it is satisfactory is a judgment, and marks the only type of judgment that has to do with the direction of action.

When intelligent method is lacking, prejudice, the pressure of immediate circumstances, self-interest and class-interest, or

traditional customs, tend to take its place. Past experiences are tools, not finalities. Reflection upon experiences an individual has liked and has enjoyed is a necessity; this, however, tells him nothing about the value of these experiences, however, until enjoyments are themselves reflectively controlled, or until, as they are recalled, the individual forms the best judgment possible about what led him to this sort of experience and what has issued from the fact that he liked it.

Dewey's definitions clarify his point of view:

Valuing is the means of the valid determination of all valuations in all aspects of human and social life.

Because valuation in the sense of prizing and caring for occur only when it is necessary to bring something into existence which is lacking, or to conserve in existence something which is menaced by outside conditions, valuation involves desiring.\textsuperscript{10}

The process of valuing, then, has two distinct actions according to Dewey. Appraising is the comparing or weighing of possible alternatives. This is a personal activity. Man, by his self-imposed, rigorous, objective examination of all the choices in the light of available information gathered, may make intelligent choices. Prizing, the second part of the valuation process, takes place only after the act of appraisal has been completed. Thus, the study of value is the study of a process, not of things.

\textsuperscript{10}\textit{Ibid.}, p. 15.
Sidney Besvenick develops the term "valuing" as a process of reflection and integration in which the individual utilizes his perceptions of that which exists in a given situation, together with his prior referents in the field, for the purpose of determining the course of action which the individual believes will yield him the greatest satisfaction. Valuing in this definition, encompasses perceiving and experiencing. This appears to be compatible with Dewey's view. The true test of the valuation process, as described by Dewey, occurs when the individual tests his action in experience. When that which has been valued as good proves in experience to be good, the process by which the individual became increasingly aware of its quality of goodness is satisfactory.

The author accepts appraisal and prizing as dual components of the valuation process. In doing so, she makes certain general assumptions as follows:

1. The process of valuing is a basis for making future career choices or in selecting a specific area of nursing in which to work.

2. On a questionnaire type study, individuals are willing to identify factors which they feel are significant in helping them to make career choices.

3. Individuals will verbalize values and valuing during interview follow-up studies of a questionnaire on which they have earlier made specific choices.

4. Individuals make choices in the light of the immediate and future consequences that will follow from their actions.

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5. Plans for specific action follow the completion of the valuation process.

6. The considered judgment of each individual reflects the values he holds and, in turn, leads to a reconstruction of them as reflective action goes forward.

The Existing Situation

As a senior student nurse nears the termination of her student days in a basic nursing program, she may become aware that "something is the matter" or that there is "trouble" in the existing situation. One possibility is that the student is faced with a new status, that of becoming a graduate nurse.

Howard Thurman, speaking at the third biennial convention of the National League for Nursing held May 6-10, 1957, in Chicago, made the following statement:

In order to start a professional on his way, society makes certain concessions to the person, relieving him of normal responsibilities in the training stage so that his time, thought, and energy may be devoted specifically to the given end of the profession. However, society makes certain demands of a professional in return.

It is true that basic nursing programs endeavor to help the individual develop professionalism throughout the program. And, of course, after an individual obtains licensure, by successfully passing state board examination, society expects the individual to function in the capacity of a professional registered nurse.

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A diploma, a degree, the school pin which traditionally adorns a graduate nurse uniform, or a symbolic cap on one's head,—these do not cause one to stop being a student one day and on the next to start functioning as a graduate nurse.

Growth into this new status is individual and gradual. It is reasonable to assume that all graduating senior nurses are not equally emotionally prepared for this transition. It appears that some require more assistance than others in being weaned from the protective security of the school as they seek professional employment in some area of the profession. The writer believes this to be one factor which creates "trouble" in the period when the student nurse approaches graduation.

Other experiences which face the graduating senior nurses are the removal of parental financial assistance and the lessening of parental guidance. To be on one's own, so to speak, is a state to which most developing adults look forward with great anticipation. As the time approaches to fly solo, however, the take-off becomes complex, often confusing. Where to seek a job, whom to contact about a job, what specific area of nursing to choose which will provide personal and professional satisfactions, and how to adjust to working conditions are only a few of the possible uncertainties encountered by graduating senior nurses.

**Evidence of Valuing**

One facet of this study was particularly focused on career and future educational choices of senior student nurses in basic collegiate
nursing programs. An attempt was made to determine some of the factors which were influential, including individuals who were instrumental, in assisting student nurses to make present and future career choices.

The investigator found evidence from the choices of 261 participants in Group I which included 138 senior student nurses in basic nursing programs and 123 graduate nurse students enrolled in general nursing programs leading to a baccalaureate degree, that 322 choices were made. This indicates an average of 1.23 choices per person. The tendency toward more than one choice per person leads one to believe that the valuing process for some is not complete. This may be an indication of the process of choosing, a state of becoming increasingly aware of self, others and the social world in which they live.

Similar evidence was found in the choices of fifty-eight participants in Group II. This group included graduate nurse students then currently enrolled in advanced nursing programs which lead to a Master's degree. Despite the fact that these individuals revealed more specific plans—some were on educational leaves; some had their educations financed by hospitals that currently employed them—sixty-six tentative choices were made. This indicates an average of 1.13 choices per person.

This evidence appears to support the premises that the process of valuing is a basis for making future career choices and that plans for specific action follow the completion of the valuation process.

Marital status was one factor which appeared to play a dominant role in future career choices. Evidence of this influence is shown in
Chapters VI and VII in which the analyses of questionnaire and interview data are discussed.

The writer believes that the student nurse is involved in the process of valuing throughout her entire program but that the process is more in evidence during the senior year. Professional Adjustment II classes, in the senior year, broaden the student nurse's scope of the areas of possible employment and acquaint her with job analyses within the field of nursing. Short range goals tend to be replaced at this point by long range goals. Appraisals bring into view numerous possibilities from which to choose. Continued appraisals narrow the possibilities of choices as data introduce light through the lens of past experiences and the individual focuses more accurately in order to illuminate the desired possibilities that she seeks in a professional or educational choice. The decision or end-in-view is appraised or valued good or bad in the light of its serviceability in eliminating the "trouble" in the existing situation and in directing future activity. The ends reached, or the immediate career choices made, will be means to future ends or choices. By career choices is meant the selection of a particular position, such as Assistant Instructor in Nursing; the selection of an area in which to work, such as Pediatrics; the selection of a type of agency, either public, such as the City Department of Health, or private, such as The Visiting Nurse Association.

It seems evident to the writer that all nurses participating in this study, regardless of their student or professional status, did
use, or were in the act of using, this process. Examples were found in the study, however, which illustrate a failure to complete the process. The following are examples of this failure: (1) holding tentative marriage plans; (2) considering two positions but reaching no definite decision; (3) planning to enter the public health field if a position can be found near home; and (4) vaguely thinking about applying for fellowship aid, in order to make arrangements to enter an advanced program of study in nursing, without possessing or securing adequate information about fellowships and advanced programs.

When the appraisal has been completed and a choice has been made, the second phase of the valuing process, which is called prizing by Dewey, follows. The individual sees in the choice rewarding elements which give it a quality of value. She is able to appreciate how this choice will best serve her future needs. The questionnaire and interview parts of the study indicated that for many the valuation process had been completed, as evidenced by the following personal and professional choices: (1) had completed application for a specific position; (2) had an interview and was accepted for a position; (3) planned to be married in June and join her husband at an Army base; (4) intended to leave nursing permanently.

Some factors which influenced tentative professional plans were revealed during interviews. Those who selected general duty nursing specified interest in maintaining close patient contacts, the need for general nursing experiences, and the fact that general duty nursing is
more closely related to their student experiences. In other words, they compared general duty nursing with other possible alternatives and decided that general duty nursing would provide them with the above-mentioned experiences. When these individuals function as graduate nurses, they will be able to determine whether general duty nursing has provided them with close patient contact, skill in the practice of nursing, and satisfactory nursing relationships. This will be the test of their process of evaluation.

In a democratic environment each person may hold to his own values and is entitled to respect by all other men, provided, of course, he reciprocates the respect. Values are not final ends. Values undergo reconstruction as one increases his social relationships and his explorations into the concepts of others through discussion, literature, and observation. There are those, however, for whom the die is cast. They are caught holding the values of others unreflectively. Values, like habits, resist change unless the process of valuing has become an integral part of living.

Personal Influences

The writer believes that there are general factors which influence individuals in their perusal and selection of career choices. These factors have direct bearing upon the outcome of the valuation process in which the individual engages. These factors are: (1) economic status; (2) accidental circumstances; (3) identification with
a profession; (4) prestige; (5) motivation; (6) interests; (7) ability; (8) talent; and (9) attitudes of others.

All of the factors are relevant. Economic status, for instance, provides or denies individuals many opportunities necessary for career choices. This is illustrated when an individual decides to attend a community college rather than go to another institution 300 miles from home. Accidental circumstances, such as family responsibilities, health, and age, necessarily influence present and future career choices. Further, personal identification with a particular profession, which one admires or dislikes, appears to influence individuals toward or away from it when making choices. Customs, traditions, and professions, dominant in some families, frequently seem to weight the choices made by individuals.

It is clear that prestige, both social and within the limits of a specific profession, causes individuals to select, reject, or change career choices; equally, it is obvious that motivation, either external or internal, stimulates interested individuals to pursue one profession and shun another. In addition, interests, such as psychiatric nursing, working with students, and personal contacts with patients, determine not only the kinds of jobs to be pursued but also are predictive of possible job success.

Ability is a factor which cannot be ignored in this connection. Individuals may possess basic abilities not used in their present jobs but which could be developed and utilized in other positions. Individuals who are aware of their own strengths and weaknesses can
select a position more compatible with their abilities. Thus, the talents of individuals should be cultivated, and positions should be selected which will enhance the further expression of these particular faculties or gifts.

It should be noted, finally, that the attitudes of others contribute greatly to the selection or rejection of personal and professional choices. Choice, in short, is not a simple process; it is conditioned in many ways. Where the effort is made to help individuals become more effective in the valuing process these conditioning factors will be brought to light and viewed in their proper perspective.

Summary

The process of valuing is instrumental in making career choices. Participants in this study utilized the valuation process in selecting their present and in planning future careers. Personal factors affect the existing situation in which the valuation process takes place.
CHAPTER VI

ANALYSIS OF THE QUESTIONNAIRE DATA

In addition to the basic information with regard to professional background factors obtained from 561 nurses who participated in the investigation, information was requested concerning their opinions with regard to career choices, relationships with teachers of nursing, values expected from advanced programs in nursing, and ways of encouraging more nurses to prepare to be teachers of nursing.

The findings which pertained to this phase of the questionnaire fell under six broad headings: (1) tentative professional plans; (2) opinions concerning the influence of marital status on career choices; (3) opinions concerning persons who influenced career choices; (4) opinions concerning persons and factors that influence nurses toward or away from preparation for teaching of nursing; and (5) opinions concerning ways in which nurses and the nursing profession can encourage more nurses to prepare to be teachers of nursing.

In the tables that follow, these abbreviations are used for additional identification of group participants:

B.S. is used to identify basic nursing students and general nursing students in Group I.

M.S. is used to identify the graduate nurse students in Group II who are enrolled in Master's degree programs.
Fac. is used to clarify the point that participants of Group III are faculty members in schools of nursing.

R.N. is used to clarify the point that participants of Group IV are professional registered nurses actively engaged in nursing but not directly engaged in teaching of nursing.

In the tables that follow, percentages were based on the number of responses to each question. Numbers enclosed in brackets represent total responses.

**Tentative Professional Plans**

The nurses of Group I included senior student nurses currently enrolled in basic professional nursing programs and graduate nurse students currently enrolled in general nursing programs. Upon the completion of these programs both groups are expected to have a parallel type of basic nursing preparation. It is reasonable to assume that both groups were on the threshold of making future career choices and had selected or were in the process of selecting positions in keeping with their educational preparation and experiences.

The nurses of Group II were currently enrolled in Master's degree programs. Upon completion of their programs the students were expected to be prepared for advanced positions in nursing, nursing education, or nursing administration. It is reasonable to assume that this group had selected or were in the process of selecting nursing positions in keeping with their newly acquired preparation.
The participants of Groups III and IV were not requested to specify their tentative professional plans because they were currently functioning in specific teaching or nursing positions.

The tentative professional plans of the participants of Groups I and II are shown on Table 2.

It was expected that since participants of Group I are prepared to practice in hospitals and in beginning positions in public health their plans would be in these categories. The selections of Group I participants indicated this to be the case. Exceptions were those in which students designated tentative professional plans for positions beyond their background of preparation. Examples are: (1) fifteen nurses were considering positions as teachers of nursing; (2) four nurses were considering positions as clinical instructors; and (3) one nurse was planning to do research in cardiac nursing.

The fact cannot be overlooked that schools of nursing are interested in hiring nurses with Bachelor's degrees. Unfortunately, many nurses with Bachelor's degrees only are hired for positions above the level of their preparation.

Participants of Group II indicated by their responses that tentative professional plans were in keeping with their advanced level of preparation. One participant indicated that her choice lay in a foreign mission field but did not specify whether she planned to function as a staff nurse, educator, or administrator.
<table>
<thead>
<tr>
<th>Positions in Nursing or Educational Plans</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td></td>
<td>B.S.</td>
</tr>
<tr>
<td>Instructon in baccalaureate program</td>
<td>20</td>
</tr>
<tr>
<td>General duty nurse</td>
<td>20</td>
</tr>
<tr>
<td>Nursing service administrator</td>
<td>18</td>
</tr>
<tr>
<td>Public health nurse</td>
<td>18</td>
</tr>
<tr>
<td>Instructor in diploma program</td>
<td>14</td>
</tr>
<tr>
<td>Advanced program in nursing</td>
<td>14</td>
</tr>
<tr>
<td>Nursing education administrator</td>
<td>12</td>
</tr>
<tr>
<td>Institutional nurse</td>
<td>9</td>
</tr>
<tr>
<td>Clinical specialist in diploma program</td>
<td>8</td>
</tr>
<tr>
<td>Head nurse or assistant head nurse</td>
<td>7</td>
</tr>
<tr>
<td>Clinical specialist in baccalaureate program</td>
<td>6</td>
</tr>
<tr>
<td>Teacher of nursing</td>
<td>5</td>
</tr>
<tr>
<td>Public health administrator</td>
<td>3</td>
</tr>
<tr>
<td>Counselor</td>
<td>3</td>
</tr>
<tr>
<td>Private duty nurse</td>
<td>2</td>
</tr>
<tr>
<td>Office nurse</td>
<td>2</td>
</tr>
<tr>
<td>Industrial nurse</td>
<td>2</td>
</tr>
<tr>
<td>Assistant instructor program</td>
<td>2</td>
</tr>
<tr>
<td>Teacher and administrator in non-professional nurse program</td>
<td>2</td>
</tr>
<tr>
<td>Instructor for patients in Veteran's Administration</td>
<td>2</td>
</tr>
<tr>
<td>Nursing service supervisor</td>
<td>2</td>
</tr>
<tr>
<td>Foreign mission field nurse</td>
<td>2</td>
</tr>
<tr>
<td>Armed forces nurse</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric nurse</td>
<td>1</td>
</tr>
<tr>
<td>Operating room nurses</td>
<td>1</td>
</tr>
<tr>
<td>Clinical instructor</td>
<td>1</td>
</tr>
<tr>
<td>Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>School nurse</td>
<td>1</td>
</tr>
<tr>
<td>Assistant clinical instructor</td>
<td>1</td>
</tr>
<tr>
<td>Nurse educator (not specified)</td>
<td>1</td>
</tr>
<tr>
<td>Air line hostess</td>
<td>1</td>
</tr>
<tr>
<td>Red Cross nurse</td>
<td>1</td>
</tr>
<tr>
<td>Pediatric nurse</td>
<td>1</td>
</tr>
<tr>
<td>Doctor's surgical nurse</td>
<td>1</td>
</tr>
<tr>
<td>Veteran's Administration nurse</td>
<td>1</td>
</tr>
<tr>
<td>Mental hygienist</td>
<td>1</td>
</tr>
<tr>
<td>Premature nursing nurse</td>
<td>1</td>
</tr>
<tr>
<td>Missionary nurse</td>
<td>1</td>
</tr>
<tr>
<td>Cardiac nursing researcher</td>
<td>1</td>
</tr>
<tr>
<td>Nursery school nurse</td>
<td>1</td>
</tr>
<tr>
<td>Public health—foreign service</td>
<td>1</td>
</tr>
<tr>
<td>Assistant director of nursery</td>
<td>1</td>
</tr>
<tr>
<td>Nursing home staff nurse</td>
<td>1</td>
</tr>
<tr>
<td>Vocational other than nursing</td>
<td>1</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong></td>
</tr>
</tbody>
</table>
Opinions Concerning the Effect of Marital Status on Career Choices

The participants of all groups were asked to specify their marital status and to state whether they considered their marital status as an influencing factor in making future career choices.

The extent to which current marital status of the participants of Groups I, II, III, and IV was thought to influence their career choices is shown in Table 3.

### TABLE 3

Opinions of Participants of Groups I, II, III, and IV Concerning the Influence of Marital Status on Future Career Choices and the Selection of Nursing Service Areas in Which To Work

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.S.</td>
<td>M.S.</td>
<td>Fac.</td>
<td>R.N.</td>
</tr>
<tr>
<td></td>
<td>(261)</td>
<td>(58)</td>
<td>(133)</td>
<td>(119)</td>
</tr>
<tr>
<td>Single</td>
<td>56</td>
<td>35</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Married</td>
<td>13</td>
<td>17</td>
<td>68</td>
<td>71</td>
</tr>
<tr>
<td>Divorced</td>
<td>43</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Widowed</td>
<td>100</td>
<td>100</td>
<td>40</td>
<td>60</td>
</tr>
</tbody>
</table>

Eighty-four per cent of the 261 participants of Group I were single, 12 per cent were married, 3 per cent were divorced, and 1 per cent were widowed. A majority of the basic professional nursing students in this group indicated that they planned to marry within three months. Fifty-six per cent of those who were single believed
that their marital status did influence their career choices while 41 per cent believed it was not an influencing factor. Tentative professional plans made by engaged and married participants of Group I were influenced by marital status. Evidence obtained during interviews, and discussed in Chapter VII, supports the fact that marital status was an influencing factor for participants of Group I.

Of the 58 participants in Group II there were 83 per cent who were single and none of these participants indicated current plans for marriage. Ten per cent of this group were married, 3 per cent were divorced, and another 3 per cent were widowed. Sixty-five per cent of the participants who were single did not consider their marital status as a factor which influenced their future career choices while 35 per cent specified that it was an influencing factor. Eighty-three per cent of those who were married specified that marital status was an influencing factor. Responses indicated that places of employment rather than specific positions of employment were influenced by marital status.

Of the 133 participants of Group III 61 per cent were single and only one of these participants specified current plans for marriage. Thirty-two per cent were married, 5 per cent were divorced, and 1 per cent were widowed. Fifty-nine per cent of those who were single did not consider their marital status as an influencing factor in making future career choices while 41 per cent considered it to be an influencing factor.
There were 119 participants in Group IV of whom 56 per cent were married, 35 per cent were single, 6 per cent were divorced, 2 per cent were widowed, and 1 per cent were separated. Fifty-nine per cent of those who were single stated that marital status had not influenced their future career choices while 41 per cent specified that it was an influencing factor. Seventy-one per cent of those who were married believed that it was an influencing factor as compared to the 29 per cent who believed that it was not an influencing factor.

The numbers of nurses in all groups who were divorced, widowed, or separated were minimal. There was almost unanimous agreement among these participants that marital status was not for them an influencing factor.

The extent to which the current marital status of Groups III and IV influenced their present career choices is shown in Table 4.

Thirty per cent of the single participants of Group III specified that marital status influenced their present career, while 41 per cent of them had stated that it influenced their future career choices. Fifty-five per cent of the single participants of Group IV indicated that marital status influenced their present career choices, while 41 per cent of these participants had indicated it influenced their future career choices.

Fifty-six per cent of the married participants in Group III specified that marital status influenced their present career choices, while 68 per cent had indicated that it influenced their future career choices. Fifty-six per cent of the married participants in Group IV
stated that marital status influenced their present career choices, while 71 per cent of them had stated that it influenced their future career choices.

**TABLE 4**

Opinions of Participants of Groups III and IV Concerning the Influence of Marital Status on Present Career Choices and the Selection of Nursing Service Areas in Which to Work

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Percentage of Responses</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Fac. (133) R.N. (119)</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>30</td>
<td>70</td>
<td>55</td>
</tr>
<tr>
<td>Married</td>
<td>46</td>
<td>54</td>
<td>56</td>
</tr>
<tr>
<td>Divorced</td>
<td>100</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Widowed</td>
<td>33</td>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>

Divorced participants in Groups III and IV did not consider their marital status as a factor which influenced either their present or future career choices.

A minimal number of widowed participants in Group III considered their marital status as a factor which influenced both their present and future career choices.
Opinions Concerning Persons Who Influence Career Choices

Persons Who Influence Career Choices

The participants in all groups were asked to identify persons who were instrumental in assisting them to make future career choices or to select areas of nursing in which to work. Whether or not there were persons instrumental in helping the participants to make these choices is shown in Table 5.

TABLE 5

Individuals Most Instrumental in Assisting Participants of Groups I, II, III, and IV to Make Future Career Choices or to Select Areas of Nursing Service in Which to Work

<table>
<thead>
<tr>
<th>Individuals Assisting Participants to Make Career Choices</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td></td>
<td>B.S. (274)</td>
</tr>
<tr>
<td>No one</td>
<td>34</td>
</tr>
<tr>
<td>Family</td>
<td>18</td>
</tr>
<tr>
<td>Faculty member in school of nursing</td>
<td>18</td>
</tr>
<tr>
<td>Friends</td>
<td>11</td>
</tr>
<tr>
<td>Supervisors</td>
<td>5</td>
</tr>
<tr>
<td>Faculty members outside school of nursing</td>
<td>3</td>
</tr>
<tr>
<td>Head nurses</td>
<td>2</td>
</tr>
<tr>
<td>Counselors</td>
<td>2</td>
</tr>
<tr>
<td>Classmates</td>
<td>3</td>
</tr>
<tr>
<td>Fiancé</td>
<td>1</td>
</tr>
<tr>
<td>Field instructor in public health</td>
<td>-1</td>
</tr>
<tr>
<td>Clergyman</td>
<td>-1</td>
</tr>
<tr>
<td>Doctor</td>
<td>-1</td>
</tr>
<tr>
<td>Children (her own)</td>
<td>-1</td>
</tr>
<tr>
<td>Director of nursing</td>
<td>-1</td>
</tr>
<tr>
<td>Hospital administrator</td>
<td>1</td>
</tr>
</tbody>
</table>
TABLE 5—Continued

<table>
<thead>
<tr>
<th>Individuals Assisting Participants to Make Career Choices</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td></td>
<td>B.S. (274)</td>
</tr>
<tr>
<td>Red Cross official</td>
<td>-1</td>
</tr>
<tr>
<td>Director of Visiting Nurse Association</td>
<td>-1</td>
</tr>
<tr>
<td>School board of education</td>
<td>-1</td>
</tr>
<tr>
<td>High school teacher</td>
<td></td>
</tr>
<tr>
<td>Anesthetist</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>97+</td>
</tr>
</tbody>
</table>

Approximately one-third of the participants of Groups I, II, and IV noted that no one influenced their future career choice. One-fifth of Group III responded in like manner. This may be highly indicative of success in the problem solving processes in which they had participated. It may indicate the development of self-directive competencies and the use of the valuation process, or a lack of concern for obtaining help in making career choices.

Parental influences appear to play a relatively dominant role for participants of Groups I and IV but operate to a slightly lesser degree for participants of Groups II and III.

The influence of faculty members in schools of nursing is stressed by participants of Groups I, II, and III. The responses of the participants of Group IV specified a lesser amount of influence of faculty members. It must be pointed out, however, that the
participants of Group IV would have fewer contacts with faculty mem-
bers than would the participants of the other three groups. It is
 logical to assume that close teacher-student contacts facilitate
opportunities for informational services, guidance, and counseling
concerning career choices. Self-identification of students with
instructors, supervisors, head nurses, and clinical instructors can
not be disregarded. Not only are these persons mentioned as being
instrumental in helping them to make career choices but positions
similar to those which they hold have been included as choices in the
tentative plans previously discussed in this chapter.

Participants of Groups I, II, and IV indicated by their
responses that peer groups influenced the career choices of from 8 to
11 per cent of the respondents, while participants of Group III
reported that these persons only influenced them in 11 per cent of the
cases. It is impossible to determine from the responses whether some
of those listed under the category, "friend," were outside the nursing
field and whether they were male or female.

In order to determine whether the greater influences are
exerted from within or outside the health field the percentage totals
of those directly connected with the health field were compared with
those outside. It was assumed that "friends" were outside the health
field. Groups I and IV totals indicated that outside influences were
more dominant, while totals of percentages of Groups II and III
indicated that the greater influences came from within. The fact
that persons within the health field, as well as persons outside, are
influential must be acknowledged. It appears that the influences of the two distinct groups seem to parallel each other.

The fact that counselors ranked relatively low may imply that either nurses do not utilize counseling services, or that services are not available. Counseling and placement services through the Ohio State Nurses' Association have been in existence since 1955. The annual report issued by the Ohio State Nurses' Association indicated that increasing numbers of nurses are using these services.

**Persons Influencing Participants Toward or Away from Preparation for Teaching of Nursing**

Since the major concern of this study is to identify factors which influence nurses toward or away from preparation for teaching of nursing, it seemed logical to identify persons who influence nurses in one direction or the other. Participants of all groups were asked to determine who these persons were.

**Persons Who Influence Nurses Toward Preparation for Teaching of Nursing**

The percentage of responses of participants in all groups are shown in Table 6.

One notable evidence in the responses of all groups is that a range of 25 to 50 per cent stated that no one encouraged them to prepare themselves to be teachers of nursing. Approximately 25 per cent of the faculty members in Group III noted that no one had encouraged them to prepare to be teachers of nursing.
### TABLE 6

Individuals Who Encouraged Participants of Groups I, II, III, and IV to Prepare to Be Teachers of Nursing

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>46</td>
<td>31</td>
<td>23</td>
<td>49</td>
</tr>
<tr>
<td>Faculty members in schools of nursing</td>
<td>31</td>
<td>36</td>
<td>39</td>
<td>23</td>
</tr>
<tr>
<td>Family</td>
<td>10</td>
<td>23</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Friends</td>
<td>5</td>
<td>2</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Faculty members outside school of nursing</td>
<td>4</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Counselors in schools of nursing</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Counselors outside schools of nursing</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Colleagues in nursing</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisors</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directors of nursing</td>
<td>-1</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Head nurse</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Friends outside of nursing</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classmate</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School board of education</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Cross personnel</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious superior</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of public health</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband</td>
<td></td>
<td></td>
<td></td>
<td>-1</td>
</tr>
<tr>
<td>Chief nurse in army</td>
<td></td>
<td></td>
<td></td>
<td>-1</td>
</tr>
</tbody>
</table>

Total 99+ 101 97+ 97+

Approximately one-third of the responses of Groups I, II, and III stated that faculty members in schools of nursing had encouraged them to prepare to be teachers of nursing. Fewer participants in Group IV
credited faculty members with this activity, yet this category ranks second only to the number one category of "no one."

Families were credited by all groups as ranking next to faculty members in offering encouragement to participants to pursue preparation for teaching of nursing. It is interesting to note that participants of Groups II and III noted family influences as well as influences of faculty members rather strongly. These persons are either in advanced nursing positions or are preparing for advanced nursing positions. The responses seemed to indicate that families and faculty members are perhaps the two most dominant groups who influence nurses to prepare to be teachers of nursing. It is not surprising to the writer that individuals in the health field advocated preparation for teaching by these participants. Despite the fact that Group IV participants were strongly encouraged to prepare for teaching they selected positions in nursing outside the field of teaching.

Influences Away from Preparation for Teaching

The percentage of responses of individuals who discouraged participants from preparation for teaching of nursing are shown in Table 7.

The fact that over 80 per cent of the responses in each group indicated that no one discouraged them from preparation for teaching is in itself significant. Families offered the greatest amount of discouragement and friends ranked second. The totals of all other categories are from 7 to 18 per cent in all groups. It is possible
TABLE 7

Individuals Who Discouraged Participants of Groups I, II, III, and IV Against Preparation for Teaching of Nursing

<table>
<thead>
<tr>
<th>Persons Who Discouraged Participants</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td></td>
<td>B.S. (246)</td>
</tr>
<tr>
<td>No one</td>
<td>93</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
</tr>
<tr>
<td>Friend</td>
<td>2</td>
</tr>
<tr>
<td>Counselors in schools of nursing</td>
<td>-1</td>
</tr>
<tr>
<td>Faculty members in schools of nursing</td>
<td>-1</td>
</tr>
<tr>
<td>Boy friend</td>
<td>-1</td>
</tr>
<tr>
<td>Faculty members outside school of nursing</td>
<td>2</td>
</tr>
<tr>
<td>Doctor</td>
<td>2</td>
</tr>
<tr>
<td>Head nurse</td>
<td>2</td>
</tr>
<tr>
<td>Supervisor</td>
<td>2</td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
</tr>
<tr>
<td>Husband</td>
<td></td>
</tr>
</tbody>
</table>

Total  99*  101  98*  100

that other factors rather than persons discourage nurses from preparing to be teachers of nursing.

Factors Which Influence Nurses Toward Preparation for Nursing

One of the basic assumptions of this study was that there are identifiable factors which influence nurses toward preparation for nursing. All groups were asked to check the factors they considered to be significant in influencing nurses toward this selection. They
were encouraged to supply factors beyond those listed on the question­naire. These responses were classified in this study as either altru­istic or materialistic. Only a relatively small number of responses failed to yield to this classification.

The percentages of responses of the participants in each group are shown in Table 8.

### Table 8

Factors Which Participants of Groups I, II, III, and IV Indicated to Be Influences Toward the Selection of Teaching of Nursing as an Area of Specialization

<table>
<thead>
<tr>
<th>Factors</th>
<th>Characteristics</th>
<th>Group I (B.S. 113)</th>
<th>Group II (M.S. 305)</th>
<th>Group III (Fac. 653)</th>
<th>Group IV (R.N. 140)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in teaching</td>
<td>A</td>
<td>17</td>
<td>11</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Interest in students</td>
<td>A</td>
<td>16</td>
<td>11</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Satisfactions received</td>
<td>A</td>
<td>15</td>
<td>11</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Regular working hours</td>
<td>M</td>
<td>12</td>
<td>13</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Opportunities for growth</td>
<td>A</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Interest in subject</td>
<td>M</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Professional prestige</td>
<td>M</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Salary</td>
<td>M</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Avoidance of undesirable tasks</td>
<td>M</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Personnel policies</td>
<td>M</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Opportunities for research</td>
<td>A</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Lack of interest in bedside nursing</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Lack of initiative</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Personality</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Good interpersonal relationships</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Marital status</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Example by faculty</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Encouragement</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
</tbody>
</table>
TABLE 8—Continued

<table>
<thead>
<tr>
<th>Factors</th>
<th>Characteristics</th>
<th>Group I B.S. (113)</th>
<th>Group II M.S. (305)</th>
<th>Group III Fac. (653)</th>
<th>Group IV R.N. (140)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching curriculum</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>easier than administration curriculum</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Contact with teachers</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Feelings of security in ability to pursue further academic goals</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Satisfactions in producing good nurses</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Interdiscipline educational opportunities</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Need for good patient care</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Teacher prior to nursing</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Bored with staff nursing</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Within physical capacity</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Desire to better one's self</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Today's urgent need for teachers</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Individual factors</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Changing nursing trends</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Desire to be a part of improving nursing care</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Personal traits</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>101+</td>
<td>100+</td>
<td>94+</td>
<td>98+</td>
<td></td>
</tr>
</tbody>
</table>

a "A" is the writer's abbreviated sign for altruistic factors.
b "M" is the writer's abbreviated sign for materialistic factors.
c "O" is the writer's abbreviated sign for unclassified.

Note:

The factors classified as altruistic or materialistic are subjective interpretations; therefore, other individuals may properly disagree with these judgments.
These responses indicate that there is adequate evidence to support the fact that each respondent selected more than one factor, thus indicating that several factors rather than one particular factor operated in the selection or valuation process. Those factors which appeared to the investigator to possess more altruistic elements were given an "A" status and those which appeared to possess more materialistic elements were given an "M" status. An insignificant number of isolated factors among the responses of the four groups which did not yield to this classification were given an "O" status. The comparison of the percentage totals of status "A" with the percentage totals of status "M" indicates that approximately 70 per cent are altruistic factors while 30 per cent are materialistic factors. It appeared that those factors which are altruistic in nature had much greater influence than those which are materialistic in influencing nurses toward preparation for teaching of nursing. Interest in teaching, interest in students, and satisfactions received from providing personal and professional growth are the dominant factors which influence nurses toward preparation for teaching.

Factors Which Influence Nurses to Decline to Prepare to Be Teachers of Nursing

An additional facet of this study was to identify factors which influence nurses away from the selection of the teaching of nursing as an area of specialization. Members of each participating group were asked to indicate factors which they believed affected this selection.

The responses of the participants in all groups are shown in Table 9.
TABLE 9
Factors Which Participants of Groups I, II, III, and IV Indicated to Be Influences Against the Selection of Teaching of Nursing as an Area of Specialization

<table>
<thead>
<tr>
<th>Factors</th>
<th>Characteristics</th>
<th>Group I (711)</th>
<th>Group II (211)</th>
<th>Group III (435)</th>
<th>Group IV (273)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in preparation</td>
<td>M²</td>
<td>27</td>
<td>22</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Money for preparation</td>
<td>M</td>
<td>22</td>
<td>22</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Limited amount of patient contact</td>
<td>A²</td>
<td>21</td>
<td>17</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Preparation outside of working hours</td>
<td>M</td>
<td>12</td>
<td>15</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Salary</td>
<td>M</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Professional responsibilities</td>
<td>A</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Committee responsibilities</td>
<td>A</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Lack of confidence in one's abilities</td>
<td>O</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>&quot;Poor&quot; teachers in basic nursing programs</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Marital status</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Lack of interest in teaching</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Dissatisfactions with educational system</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Desire to nurse</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Autocratic leadership and administration</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Lack of recruitment</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Unfavorable experiences in basic program</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Amount of preparation required</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Interest in nursing</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Lack of status in diploma schools</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Interest in marriage</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Reluctance to take risk beyond present securities</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Factors</td>
<td>Characteristics</td>
<td>Group I</td>
<td>Group II</td>
<td>Group III</td>
<td>Group IV</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------</td>
<td>---------</td>
<td>----------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B.S. (711)</td>
<td>M.S. (211)</td>
<td>Fac. (435)</td>
<td>R.N. (273)</td>
</tr>
<tr>
<td>Family responsibilities</td>
<td>0</td>
<td>-1</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of contact with</td>
<td>0</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>members of the health team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uns suited personalities</td>
<td>0</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition of personal</td>
<td>0</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for staff nurses</td>
<td>0</td>
<td></td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>97+</td>
<td>96+</td>
<td>95+</td>
<td>97+</td>
</tr>
</tbody>
</table>

a "A" is the writer's abbreviated sign for altruistic factors.
b "M" is the writer's abbreviated sign for materialistic factors.
c "O" is the writer's abbreviated sign for unclassified.

From the responses there seems to be adequate evidence to support the fact that each respondent selected more than one factor, thus indicating that several factors rather than one particular factor operated in the rejection or valuation process. Those factors which appeared to the investigator to possess more altruistic elements were given an "A" status and those which appeared to possess more materialistic elements were given an "M" status. It is reasonable to assume that some factors are more readily identified than others. This study aimed to identify the factors rather than to determine the intensity of these factors. An insignificant number of isolated factors among
the responses of the four groups which did not yield to this classification were given an "O" status. The comparison of the percentage totals of status "A" with the percentage totals of status "M" indicates that approximately 70 per cent are materialistic and 30 per cent are altruistic factors. It appeared that those factors which are materialistic in nature had much greater influence than those which are altruistic in influencing nurses away from preparation for teaching. Time in preparation, money spent for preparation, and limited amount of patient contact are the most dominant factors which make nurses decline to prepare to be teachers of nursing.

Other Factors Which May Be Influential

Relationships With Teachers of Nursing

Since some nurses mention teachers of nursing as persons who influence them toward or away from preparation for teaching of nursing, it seemed logical to investigate whether these relationships are generally more favorable than unfavorable. Members of each group of participants were asked to specify what their relationships with teachers of nursing had been. The writer is aware that the student groups will be referring to student-teacher relationships and that the teacher group may be referring to teacher-teacher relationships; nor can it be overlooked that teachers may also refer to their own past student-teacher relationships.

The personal relationships were classified in the analysis by giving a positive value to those attributes which were considered
satisfactory. A negative value was given to those attributes which were considered unsatisfactory. A positive-negative value was given to those attributes which could not be considered either dominantly satisfactory or unsatisfactory.

The responses of the participants in all groups are given in Table 10.

**TABLE 10**

Personal Relationships With Teachers of Nursing as Indicated by Participants of Groups I, II, III, and IV

<table>
<thead>
<tr>
<th>Personal Relationships</th>
<th>Value</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually satisfactory</td>
<td>a</td>
<td>55</td>
<td>47</td>
<td>49</td>
<td>52</td>
</tr>
<tr>
<td>Usually cooperative</td>
<td>+</td>
<td>29</td>
<td>31</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>Neither distinctly satisfactory nor</td>
<td>b</td>
<td>8</td>
<td>13</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>unsatisfactory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulating</td>
<td>+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither distinctly cooperative nor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uncooperative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>c</td>
<td>1</td>
<td>1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Pleasant</td>
<td>+</td>
<td>-1</td>
<td>1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Friendly</td>
<td>+</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>-</td>
<td>-1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exceptionally good</td>
<td>+</td>
<td>-1</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficial</td>
<td>+</td>
<td>-1</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indifferent</td>
<td>+</td>
<td>-1</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief</td>
<td>d</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both satisfactory and unsatisfactory</td>
<td></td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncooperative</td>
<td></td>
<td>-1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoyable</td>
<td>+</td>
<td></td>
<td>1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Autocratic</td>
<td>+</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interesting and helpful</td>
<td>+</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democratic and progressive</td>
<td>+</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 10—Continued

<table>
<thead>
<tr>
<th>Personal Relationships</th>
<th>Value</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B.S. (366)</td>
</tr>
<tr>
<td>Wholesome</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Inspiring</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Competitive</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Reasonable</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Conflicting</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Uninteresting</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Constructive</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Rather poor</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>95+</td>
</tr>
</tbody>
</table>

a "+" is the writer's abbreviated sign for positive value.

b "+ -" is the writer's abbreviated sign for positive-negative value.

c "-" is the writer's abbreviated sign for negative value.

d "+ -" is the writer's abbreviated sign for unclassified.

The responses indicated that 78 to 89 per cent of the participants in each group considered their personal relationships with teachers of nursing as satisfactory and cooperative. This may account for the large number of responses which indicated that faculty members in schools of nursing were influential in assisting them to make career choices and to encourage them to prepare to be teachers of nursing.

Qualities of Guided Learning Experiences

Since a major function of teachers of nursing is to guide the learning experiences of students in order to facilitate professional
growth, each group was asked to check specific qualities of guided learning experiences provided for them by teachers of nursing.

The qualities of guided learning experiences were given a positive value if they were considered satisfactory; a positive-negative value if they were neither dominantly satisfactory nor unsatisfactory; and a negative value if they were considered unsatisfactory.

The responses of the participants are shown in Table II.

**TABLE II**

Qualities of Guided Learning Experiences Provided by Teachers of Nursing as Indicated by Participants of Groups I, II, III, and IV

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Values</th>
<th>Group I B.S. (559)</th>
<th>Group II M.S. (133)</th>
<th>Group III Fac. (306)</th>
<th>Group IV R.N. (197)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varied</td>
<td>a</td>
<td>26</td>
<td>19</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Usually cooperatively planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual needs considered</td>
<td></td>
<td>21</td>
<td>26</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Individual needs neither distinctly considered nor neglected</td>
<td>b</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Neither distinctly varied nor unvaried</td>
<td></td>
<td>8</td>
<td>5</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Neither distinctly cooperatively nor uncooperatively planned</td>
<td></td>
<td>5</td>
<td>9</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Individual needs seldom considered</td>
<td>c</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Seldom as varied as they should be</td>
<td></td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Seldom cooperatively planned for growth</td>
<td></td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Some too guided, others neglected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### TABLE 11—Continued

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Values</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B.S. (559)</td>
<td>M.S. (133)</td>
<td>Fac. (308)</td>
<td>R.N. (197)</td>
</tr>
<tr>
<td>Scant, poor, lacking satisfaction</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher dominated</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too accelerated</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group participation placed above individual needs</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service centered</td>
<td>-</td>
<td>-1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Poorly planned</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually good</td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Untraveled&quot; on graduate level</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good on graduate level but poor on basic level</td>
<td>0d</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on teachers' objectives</td>
<td>0</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent on self and interests</td>
<td>0</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>-</td>
<td>-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98+</strong></td>
<td><strong>98+</strong></td>
<td><strong>98+</strong></td>
<td><strong>99</strong></td>
<td></td>
</tr>
</tbody>
</table>

a "+" is the writer's abbreviated sign for positive value.

b "+--" is the writer's abbreviated sign for positive-negative value.

c "-" is the writer's abbreviated sign for negative value.

d "0" is the writer's abbreviated sign for unclassified responses.

The comparison of the percentage totals of positive value responses, positive-negative value responses, and negative responses of the four groups indicated that 65 per cent believed that they had had satisfactory guided learning experiences. There were 26 per cent
of the responses which could not identify these experiences as either dominantly satisfactory or unsatisfactory, while 9 per cent stated that they definitely believed their experiences to have been unsatisfactory. The most dominant qualities of guided learning experiences specified as being of value were varied and cooperatively planned.

School of Nursing Policies

Policies and regulations of schools of nursing are written statements prescribed for conduct according to a standard intended to govern by rule or system the student groups concerned. Diversities in these policies are dependent upon those who assist in their formulation. In some instances the powers of formulation may be delegated to selected administrators and teachers on the faculty. Other schools may include student representatives who assist in structuring the policies which govern the student bodies. The writer believes that students who have no voice in policy making procedures express emotions toward or against those faculty members who share this responsibility and that this factor may indirectly affect their attitudes toward teachers of nursing and toward the selection of teaching as a profession. Group III participants were asked to express their opinions about policies which they helped to formulate. The characteristics of such policies were given a positive value if they were satisfactory, a negative value if they were unsatisfactory, and "0" if they could not be classified.

The opinions of the participants in all groups are shown in Table 12.
Opinions of the Participants of Groups I, II, III, and IV Concerning the School of Nursing Policies to Which They Had Conformed or Had Helped to Formulate

<table>
<thead>
<tr>
<th>Policy Characteristics</th>
<th>Group I (B.S. 540)</th>
<th>Group II (M.S. 106)</th>
<th>Group III (Fac. 354)</th>
<th>Group IV (R.N. 247)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable</td>
<td>+</td>
<td>31</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>Necessary</td>
<td>+</td>
<td>26</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>Democratic</td>
<td>+</td>
<td>17</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Specific</td>
<td>+</td>
<td>13</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Undemocratic</td>
<td>-</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Vague</td>
<td>-</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Unnecessary</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>Unreasonable</td>
<td>-</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Improving</td>
<td>0</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent</td>
<td>-</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Childish</td>
<td>-</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Unfair</td>
<td>-</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Influenced by admin-</td>
<td>0</td>
<td></td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>-istrative changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not conducive to growth</td>
<td>0</td>
<td></td>
<td></td>
<td>-1</td>
</tr>
</tbody>
</table>

Total 97+ 100+ 97+ 98+

Note:

- "a" is the writer's abbreviated sign for satisfactory characteristics.
- "b" is the writer's abbreviated sign for unsatisfactory characteristics.
- "c" is the writer's abbreviated sign for unclassified responses.

The comparison was made of the percentage totals and it was determined that approximately 90 per cent indicated satisfactory opinions concerning the school of nursing policies which the participants had helped to formulate or with which they had had to conform. It was assumed from the responses that, in general, policies of schools of nursing are specific, reasonable, necessary, and democratically conceived.
Opinions Concerning Advanced Programs in Nursing

Advanced programs in nursing are those programs of study in areas of specialization for selected nurses prepared in baccalaureate or general nursing programs. Ideally the programs are located in universities that are rich in medical and community resources. Upon completion of the programs the nurses are candidates for advanced responsibilities as consultants, teachers, supervisors, administrators, research workers, and specialists in various nursing service areas. Specialization for teaching occurs on the Master's level. Selected programs are placing preparation for consultants and nursing researchers on the doctoral level.

The investigator was interested to learn the opinions of the groups studied regarding the experiences they anticipated from advanced programs in nursing. Of especial interest was what those who had a Master's degree anticipated from a doctoral program.

The experiences considered to encompass continued personal and professional growth were given a positive valence. Experiences considered to be of a negative nature, or which failed to indicate anticipation of continued growth, were classified as negative. The insignificant number of responses which do not yield to this classification are marked "0."
Experiences Anticipated

The responses of the participants in all groups are shown in Table 13.

Group I participants were completing qualifications for baccalaureate degrees when they participated in this study. Thus, it is logical to assume that their answers were given in view of the experiences that they anticipated having in a Master's degree program for nurses.

It was interesting to note that approximately 2 per cent could see no apparent personal and professional values to be gained from advanced nursing programs. Earlier in this chapter the tentative professional plans of Group I participants were examined. Fourteen per cent of the responses indicated interest in advanced nursing programs. Over 97 per cent of the responses indicated that the majority of individuals anticipated that necessary, broadening experiences could be obtained from advanced nursing programs.

Group II participants are currently enrolled in Master's degree programs so it is assumed that they would consider not only what their current programs might offer but those experiences which they might anticipate from a doctoral program. Eighty-three per cent of the responses indicated that they anticipated experiences which would provide continued personal and professional growth. The tentative professional plans of Group II participants as described earlier in this chapter showed that none of the responses suggested immediate or near future plans to enter into doctoral programs.
### TABLE 13

Experiences That the Participants of Groups I, II, III, and IV Anticipated from Advanced Programs in Nursing

<table>
<thead>
<tr>
<th>Experiences</th>
<th>Values</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B.S.</td>
<td>M.S.</td>
<td>Fac.</td>
<td>R.N.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(627)</td>
<td>(123)</td>
<td>(321)</td>
<td>(231)</td>
</tr>
<tr>
<td>Necessary experiences</td>
<td></td>
<td>34</td>
<td>32</td>
<td>31</td>
<td>35</td>
</tr>
<tr>
<td>Broadening professional experiences</td>
<td></td>
<td>32</td>
<td>29</td>
<td>35</td>
<td>32</td>
</tr>
<tr>
<td>Broadening personal experiences</td>
<td></td>
<td>31</td>
<td>22</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Limited personal experiences</td>
<td></td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>1</td>
</tr>
<tr>
<td>Unnecessary experiences</td>
<td></td>
<td>-1</td>
<td>5</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Limited professional experiences</td>
<td></td>
<td>-1</td>
<td>2</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Concentration at higher level of interest</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpful experiences for advanced positions</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in salary</td>
<td></td>
<td>0</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate preparation for advanced responsibilities</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulating experiences</td>
<td></td>
<td>+</td>
<td>-1</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Preparation to cope with teaching problems</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research opportunities</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of personal achievement</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to become a better instructor</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation for present position</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A better understanding of student needs</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>View of employment potential</td>
<td></td>
<td>+</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>98+</td>
<td>100+</td>
<td>96+</td>
<td>98+</td>
</tr>
</tbody>
</table>

*a* "*" is the writer's abbreviated sign for satisfactory experiences.

*b* "-_" is the writer's abbreviated sign for unsatisfactory experiences.

*c* "00" is the writer's abbreviated sign for unclassified responses.
Group III participants are faculty members in schools of nursing. The background preparation of the participants showed many diversities. Fifty-six had had preparation on the Bachelor's level; 40 had had preparation on the Master's level; and 30 had earned no academic degrees. Two had had post graduate work beyond their basic nursing programs but this preparation was not on a collegiate level.

Over 96 per cent of the responses indicated that the majority of participants anticipated favorable experiences in advanced nursing programs. Since this is not a student group, the participants were not asked to indicate their tentative professional plans. The responses of Group IV participants showed that 97 per cent anticipated favorable personal and professional experiences from advanced nursing programs. It is quite likely that the majority of participants answered this question as if it referred to general nursing programs leading to a baccalaureate degree. Interviews with Group IV participants indicated this supposition to be true.

Opinions of Ways in Which Nurses Secure Information About Advanced Programs in Nursing

The question of how nurses get most of their information about advanced programs in nursing would, it was thought, shed some light on preparation for teaching. Do nurses gain this information as a result of their own efforts or is it more accidental than planned? Each group was asked to indicate how they secured most of their information.

Responses of the participants of all groups are shown in Table 14.
TABLE 14

Methods by Which Participants of Groups I, II, III, and IV Secured Information Concerning Advanced Nursing Programs

<table>
<thead>
<tr>
<th>Methods</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.S. (538)</td>
<td>M.S. (141)</td>
<td>Fac. (367)</td>
<td>R.N. (211)</td>
</tr>
<tr>
<td>Formal classes</td>
<td>20</td>
<td>4</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Talking with teachers of nursing</td>
<td>19</td>
<td>22</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Informal discussions with students in advanced nursing programs</td>
<td>17</td>
<td>22</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Scanning catalogues</td>
<td>13</td>
<td>22</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Writing to schools</td>
<td>12</td>
<td>13</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Hearsay</td>
<td>9</td>
<td>9</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Counselors</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Being enrolled in advanced nursing program</td>
<td>2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Professional acquaintances</td>
<td>-1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Committee member</td>
<td>-1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Materials published by the National League for Nursing</td>
<td>-1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Nursing publications</td>
<td>3</td>
<td>1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Personal experience</td>
<td>2</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Professional acquaintances</td>
<td>-1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Nursing organizations and conventions</td>
<td>1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Conferences</td>
<td>-1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Never inquired</td>
<td>-1</td>
<td></td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Total</td>
<td>98+</td>
<td>100</td>
<td>96+</td>
<td>96+</td>
</tr>
</tbody>
</table>

The results indicate that there are no dominant ways in which basic professional and general nursing students secure information about advanced nursing programs. The small number who mentioned the services of a counselor as the means by which they secured information
may be an indication of inadequate numbers of counselors, inadequately informed counselors, or the failure of students to use counselors as resource people. The fact must not be overlooked that the curriculum for basic professional nurses includes a course, Professional Adjustments II, which discussed advanced programs in nursing as part of the course content.

The graduate nurse students, participants of Group II, seemed to have taken more initiative in acquiring for themselves information concerning advanced nursing programs.

The responses of Group III participants indicated that information was secured through professional participation and individual efforts. Four per cent of the responses indicated that they secured information about advanced nursing programs from hearsay. This appears to be a relatively high percentage considering that these participants are faculty members in schools of nursing. There is, of course, the possibility that these same persons who checked this method may have used other means to validate their information.

Group IV participants indicated by their responses that information was secured through individual initiative but of a more informal nature. Fewer responses indicated direct contacts for the purpose of securing information. It appears that those persons who are further removed from the teaching situations have less interest in the programs that prepare teachers of nursing.
Ways to Encourage Nurses to Prepare to Be Teachers of Nursing

Each participant in the study was asked to give her opinions as to the ways by which nurses and the nursing profession could encourage more nurses to prepare to be teachers of nursing. There were 766 responses. The opinions varied within the individual groups.

The opinions of all of the participants are shown in Table 15.

TABLE 15
Opinions of the Participants of Groups I, II, III, and IV Concerning Ways by Which Nurses and the Nursing Profession Can Encourage Nurses to Prepare to Be Teachers of Nursing

<table>
<thead>
<tr>
<th>Opinions</th>
<th>Percentage of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td>More information about teaching</td>
<td>15</td>
</tr>
<tr>
<td>Improve counseling and guidance services</td>
<td>13</td>
</tr>
<tr>
<td>More information about programs</td>
<td>13</td>
</tr>
<tr>
<td>Improve quality of teachers in all nursing programs</td>
<td>13</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>12</td>
</tr>
<tr>
<td>Improve teachers’ salaries</td>
<td>6</td>
</tr>
<tr>
<td>Provide teaching experience in basic nursing programs</td>
<td>5</td>
</tr>
<tr>
<td>Improve nursing classes and programs</td>
<td>5</td>
</tr>
<tr>
<td>Have specialization on baccalaureate level</td>
<td>4</td>
</tr>
<tr>
<td>Improve student-teacher rapport</td>
<td>3</td>
</tr>
<tr>
<td>Stress need for teachers</td>
<td>2</td>
</tr>
<tr>
<td>Increase number of Master’s programs</td>
<td>2</td>
</tr>
<tr>
<td>Stop &quot;plugging it&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Opinions</td>
<td>Group I</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Improve assistant instructor programs</td>
<td>-1</td>
</tr>
<tr>
<td>Increase teachers' prestige</td>
<td>-1</td>
</tr>
<tr>
<td>Make teaching compatible with marriage</td>
<td>-1</td>
</tr>
<tr>
<td>Increase amount of patient contacts</td>
<td>-1</td>
</tr>
<tr>
<td>Provide democratic environment</td>
<td>-1</td>
</tr>
<tr>
<td>Provide leadership</td>
<td>-1</td>
</tr>
<tr>
<td>Increase participation in nursing organizations</td>
<td>-1</td>
</tr>
<tr>
<td>Stress desire to teach rather than fringe benefits</td>
<td>-1</td>
</tr>
<tr>
<td>Have more younger, married instructors</td>
<td>-1</td>
</tr>
<tr>
<td>Clarify role of advanced education for nurses</td>
<td>-1</td>
</tr>
<tr>
<td>Increase job satisfactions</td>
<td>-1</td>
</tr>
<tr>
<td>Improve personnel policies</td>
<td>-1</td>
</tr>
<tr>
<td>Increase recruitment programs</td>
<td>-1</td>
</tr>
<tr>
<td>Elevate professional standards</td>
<td>-1</td>
</tr>
<tr>
<td>Abolish diploma programs and have only fully-accredited baccalaureate programs</td>
<td>-1</td>
</tr>
<tr>
<td>Improve administration in schools of nursing</td>
<td>-1</td>
</tr>
<tr>
<td>Provide stimulating experiences</td>
<td>-1</td>
</tr>
<tr>
<td>Provide educational leaves</td>
<td>-1</td>
</tr>
<tr>
<td>Establish promotional systems</td>
<td>-1</td>
</tr>
<tr>
<td>Improve recruitment for baccalaureate programs</td>
<td>-1</td>
</tr>
<tr>
<td>Eliminate non-nursing &quot;chores&quot;</td>
<td>-1</td>
</tr>
<tr>
<td>Demonstrate interest in young faculty members</td>
<td>-1</td>
</tr>
<tr>
<td>Provide time for writing and research</td>
<td>-1</td>
</tr>
<tr>
<td>Stress importance of long range goals</td>
<td>-1</td>
</tr>
<tr>
<td>Improve basic programs to facilitate matriculation</td>
<td>-1</td>
</tr>
<tr>
<td>Enhance values in practice of nursing</td>
<td>-1</td>
</tr>
</tbody>
</table>
The responses of Group I participants indicated that, although this student group has had information about teaching of nursing as an area of specialization and about advanced nursing programs, there was still an expressed need for more information. It was pointed out earlier in this chapter that limited numbers of participants utilized the services of counselors. The opinions expressed indicated that there was a need for more guidance and counseling. The responses inferred that if the quality of teachers in basic nursing programs were improved there would be more interest in this phase of nursing. Participants stated that if more teachers were young and married there would be more nurses who would consider combining marriage and preparation for teaching. The students stated that they did not consider teaching because it was one area of nursing crowded with
unmarried, older, and "dedicated" nurses who lacked social interests. The majority of this group had tentative marriage plans and looked upon teaching as an area that would infringe upon their personal free time. One per cent of the students felt that the need for nurses was over-stressed, while 2 per cent emphasized that the need for teachers should receive more emphasis. Less than 1 per cent of the students indicated by their responses that they believed teaching would limit the patient contacts which they valued.

The responses indicated that if the quality of teachers was improved in all programs of nursing this would provide better experience for students. Under these circumstances the students would be more apt to identify themselves with teachers of nursing, thus increasing the number who would prepare for teaching positions. Finances are of especial concern to this student group. Repeated responses indicated that later, when finances were available, they would be in more of a position to consider advanced programs in nursing. Their immediate concern was marriage and they planned their futures in terms of this goal. This group identified specific satisfactions received from teaching experiences. Several specified that their interest in teaching stemmed from these experiences. The participants suggested that more teaching experiences would be aids to interest nurses in teaching, particularly in clinical areas. Five per cent specified that teaching younger students in the clinical units had been valuable experiences but expressed the need for more experience in teaching groups so that they could function at a higher level particularly in public health.
Group I participants were informed about specialization on the Master's level yet 4 per cent recommended specialization on the Bachelor's level.

The responses indicated that Group II participants believed that financial assistance would aid more nurses to prepare for teaching. A number of these participants were themselves recipients of scholarships, federal aids, and fellowship grants. These participants, many of whom have held teaching positions in the past, indicated that teaching salaries are less than what is considered desirable. They specified that salaries more in keeping with the individual's academic preparation and experience would possibly be a factor which would encourage more nurses to spend the time and money in preparation for such a position. The responses indicated that if nursing classes and nursing programs were improved generally more nurses would desire to prepare for teaching and share these experiences with other student groups. Group II participants believed that the amount of information about teaching and about advanced programs in nursing is inadequate at this time.

The responses of Group III participants, faculty members in schools of nursing who have first-hand information concerning teachers' salaries, indicated that financial assistance would permit more nurses to prepare to be teachers of nursing. They specified by their responses that increasing salaries may be an incentive for more nurses to prepare for teaching positions. Their responses showed that they believed that the improvement of the quality of instruction in all
nursing programs would in itself motivate nurses to seek preparation and positions in teaching. In addition to suggesting that more information about teaching and about advanced nursing programs be made available, they specified that if students in nursing were provided with stimulating experiences by their teachers this would do much to interest them in teaching. These participants suggested improving counseling and guidance services but did not specify if this might be accomplished by professional guidance workers or if this would be a responsibility of faculty members in schools of nursing. The need for these services was clearly specified.

The responses of Group IV participants indicated that they believed increased numbers of nurses could be encouraged to prepare to be teachers of nursing if counseling and guidance services were improved. These participants specified that they believed individual potentials for teaching should be recognized, cultivated, and directed toward preparation for teaching. This particular group of participants had no direct contact with students or teaching and yet they indicated that improving the quality of instructors in all nursing programs would motivate nurses to pursue teaching as an area of specialization. The participants recognized the need for financial assistance in preparation for teaching and for an increase in salaries as a reward for time and money spent in preparation. The participants stated that if students were provided with opportunities to teach patients and auxiliary workers during their basic nursing program the
satisfactions received from these experiences would motivate some nurses to seek teaching as a career.

Summary

The analysis of the questionnaire data indicated that marital status was identified as a factor which influenced career choices. Single participants considered their status less of an influencing factor than those who were married or who had current plans for marriage. The tentative professional plans of student groups participating in this study appeared in general to be in keeping with their preparation and experiences. Group I participants favored general duty nursing, public health nursing, and institutional nursing. Group II participants favored positions as instructors in baccalaureate and diploma programs. Persons who were most instrumental in assisting participants to make future career choices were family members, faculty members in schools of nursing, and friends.

Time spent in preparation, money necessary for preparation, limited amount of patient contact, and preparation outside of working hours were specified as the most dominant factors which influence nurses away from preparation for teaching of nursing. Interest in teaching, interest in students, satisfactions received from teaching, regular working hours, opportunities for growth, and interest in subject material were credited as being the most dominant factors which influence nurses to prepare to be teachers of nursing. Very few participants were discouraged from preparing to be teachers of nursing.
but family members and friends were collectively credited by 6 per cent of the participants with attempting to discourage them from this preparation.

Personal relationships with teachers of nursing were generally considered to be good. The relationships were specified as being usually satisfactory and cooperative. The qualities of guided learning experiences were classified as being varied, cooperatively planned, and individual needs were usually considered. School of nursing policies were in general considered to be specific, reasonable, necessary, and democratically conceived. The participants anticipated that advanced programs in nursing would provide necessary experiences, broadening professional and personal experiences. Information concerning advanced programs in nursing were obtained from formal classes, talking with teachers of nursing, informal discussions with students in advanced nursing programs, scanning catalogues, and writing to schools.

Nurses and the nursing profession, it would appear, could encourage nursing graduates to prepare to be teachers of nursing by providing information about teaching and nursing programs, improving guidance and counseling services, improving the quality of teachers in all nursing programs, providing financial assistance, and improving salaries of teachers of nursing.
CHAPTER VII

ANALYSIS OF INTERVIEW DATA

The purposes of the ninety follow-ups were to determine the reliability and validity of the data secured by the questionnaires and to secure additional information to clarify further the responses given.

The data secured from the interviews fell under six broad headings: (1) tentative professional plans; (2) opinions concerning the influence of marital status on career choices; (3) opinions concerning persons and factors which influence career choices; (4) opinions concerning persons and factors which influence nurses toward or away from preparation for teaching of nursing; (5) opinions concerning advanced graduate nurse education; and (6) opinions concerning ways in which nurses and the nursing profession can encourage more nurses to prepare to be teachers of nursing.

Tentative Professional Plans

The tentative professional plans stated on the questionnaires were confirmed during the interviews. It does not seem necessary to present these data a second time but rather to point out reasons given for making choices. Those who selected general duty nursing specified interests in maintaining close patient contacts, the need for more experience, and the fact that general duty nursing is more closely
related to their student experiences. Those who selected operating room nursing, private duty nursing, public health nursing, office nursing, and assistant head nurse positions did so because they considered these more compatible with marriage plans. Those who were considering advanced nursing programs in the future were doubtful about their plans for financial reasons. One who specified an interest in industrial nursing did so because this was one area of nursing in which she had never functioned and it had the appeal of the unknown plus an attractive salary. One nurse planned to teach in a diploma program not because she felt qualified but because the school at which she would be employed was encouraging her to take the position. In general the tentative professional plans were in keeping with the preparation and experience of the nurses.

Among the Group II participants interviewed there were three areas of specialization selected in tentative plans. They were teaching, administration, and clinical specialization. Those who selected to be clinical specialists specified that they enjoyed working with students and maintaining close patient contacts. Those who selected nursing education administration had had previous experience in this field and felt their greatest personal satisfactions lay in this area. Those who specified teaching as a choice had unanimously indicated that they enjoyed working with students. Half of the nurses who had indicated plans to teach, chose diploma programs because they were better acquainted with these programs and stated that they would feel "more at home" in them. Those who selected baccalaureate programs in
which to teach had either received their basic preparation in baccalaureate programs or had functioned as assistant instructors in baccalaureate programs.

Opinions Concerning the Influence of Marital Status on Career Choices

The Group I participants had varied opinions concerning the effect of marital status on their future career plans. Sixteen single nurses who had no immediate plans for marriage stated that their single status gave them freedom to select areas in nursing in which to work. Seven nurses stated that they selected general duty nursing but doubted if they would continue as staff nurses if they married because of having to rotate work shifts. Three specified that the fact they were single would permit them to enter advanced nursing programs later, though they doubted that they would complete these tentative plans if they married. Two persons selected assistant head-nurse positions and believed that these plans would be unaltered by marriage. One selected industrial nursing but doubted if she would continue as an industrial nurse should she marry because of the necessity to rotate work shifts. One selected to work in Florida and believed this would be improbable if she married. One selected a nursing position in which she would travel; if she should marry, she would consider other positions in nursing. One decided to enter an assistant instructor program and believed that this plan would not be affected by marriage plans.

Fifteen of the participants who were married or who had plans for an early marriage specified that they believed their present
marital status or approaching status affected their career choices.
The plans were: public health nursing, three; private duty nursing, two; psychiatric nursing, two; head nursing, two; seven-to-three day shift nursing, two; army nursing, one; office nursing, one; operating room nursing, one; assistant instructor nursing, one. These selections were made because they seemed more compatible with marriage and homemaking than other nursing positions.

Two nurses stated that they were interested in assistant instructor programs but because they anticipated marriage within a year they were disqualified for the program. One nurse specified that she had been interested in an assistant instructor program but marriage and pregnancy changed her plans. One general nursing student stated specifically that she would not be in her present program if she were married or had tentative plans for marriage. One young nurse who was widowed stated that she decided to enter a general nursing program only after she was widowed.

Group II participants had varying opinions concerning the influence of marital status. Six nurses believed that their marital status had no effect on their future career choices. Two single nurses were doubtful that their status affected their plans. Two nurses stated that their career choices were influenced by their marital status. One widowed nurse stated that marital status was only one of several factors that influenced her future career plans. One married nurse, who worked full-time and went to school part-time on a scholarship, was considering terminating her educational plans because
it complicated her homemaking efforts. One married nurse stated that her marital status affects where and when she will go to school.

Group III participants held diverse views on this subject. Ten single faculty members believed that their marital status had no effect on their present choices. Two of these ten specified that if they were married they would want positions that consumed less of their personal time. One of the ten specified that it would affect where she would teach. One specified that teaching would be secondary to homemaking responsibilities. One married faculty member stated that her teaching position was compatible with marriage. One widowed participant stated that her marital status did not affect her immediate future plans. One faculty member who was engaged to marry, selected teaching first because she enjoyed it and secondly because teaching was compatible with marriage. One faculty member specified that if she married she would abandon plans to prepare on a doctoral level for advanced positions in nursing.

Group IV participants seemed to have strong opinions concerning the influence of marital status on career choices but were more specifically concerned about hours of work and areas of nursing in which to work. Office nursing, school nursing, industrial nursing, and private duty nursing were each mentioned as being compatible with marriage. The 11:00 a.m. to 7:00 p.m. shift was for two nurses ideally suited to caring for their families. Two nurses mentioned that age, rather than marital status, prevented them from working full-time. One widowed participant specified that her marital status made it
imperative that she nurse. Three of the participants were single. One specified that she worked only on the day shift because of health and family reasons. One was doing general duty but planned to terminate her nursing career when married. One felt that because she was single she was free to do the type of nursing she desired, though she was sure her approaching marriage would alter this freedom. One nurse stated that as a married woman with children, the only position which she believed compensated her adequately to provide for a babysitter was with the Veterans’ Administration.

Opinions Concerning Persons and Factors That Influence Career Choices

Group I participants stated that although families influenced their career choices these influences were more supportive than directive. The influence of fiancés was in the direction of assisting participants to select areas of nursing that would be more compatible with marriage. Influences by faculty members in schools of nursing were by example, counseling, and by providing informational services.

Marital status, finances, and areas of interest were mentioned as factors influencing choices. Individual choices were made in keeping with personal interests.

Group II participants stated that their own personal interests were the greatest influences. Those who credited the influences to faculty members in schools of nursing stated that these influences occurred through counseling, information services, and encouragement. Family influences were more supportive than directive.
The Group III participants who specified that faculty members in schools of nursing had been influences indicated that these persons were influences by example, through guidance, and individual encouragement. Two participants who had been teachers prior to entering nursing specified that employers considered their background experiences and encouraged them in teaching positions. Friends who had themselves been satisfied with continuing educational programs were responsible for influencing two participants to enter continuing educational programs. One participant stated that she believed luck rather than planning had influenced her to go into nursing and teaching.

Group IV participants who indicated that anyone influenced them credited their families, faculty members in schools of nursing, and nursing service administrators with these influences.

Opinions Concerning Persons Who Influence Nurses Toward or Away from Preparation for Teaching of Nursing

Persons Influencing Participants Toward Teaching of Nursing

The participants of Group I specified that faculty members stressed the need for teachers, had conferences and counseling sessions with the individuals, and by being good teachers themselves were influences toward teaching of nursing. Families supported interest. In several instances the participants had never considered teaching and had never been encouraged by any one person to consider teaching as an area of specialization.
The participants of Group II cited faculty members in schools of nursing and families as those who influenced them toward preparation for teaching. Professional contacts, informational services, and personal encouragement were the means by which this activity took place. Families offered suggestions and provided supportive guidance and financial assistance.

In almost every instance the participants of Group III were influenced to prepare for teaching by faculty members in schools of nursing. Recognition of potential abilities, guidance toward advanced preparation and encouragement toward the area of teaching antedated the advanced preparation of these participants. Family influences were minimal.

The Group IV participants, with four exceptions, indicated that no one had ever encouraged them to prepare for teaching. The four exceptions were encouraged by faculty members in schools of nursing but the participants themselves lacked interest.

Persons Who Discouraged Participants Away from Preparation for Teaching

The participants of Group I specified almost unanimously that no one attempted to discourage them from preparing to be a teacher of nursing. One nurse stated that a classmate pointed out to her that there is a "kind of stigma" connected with teachers of nursing and that most of them are unmarried. This comment was not clarified further by the participant but she explained that she really was not interested in teaching.
The participants of Group II stated that they were not discouraged from preparation for teaching. One nurse stated that her family was convinced that the salary to be gained does not warrant the time and money spent in preparation.

The participants of Group III generally were not discouraged from preparation for teaching of nursing. The parents of one nurse, although they were both educators, lacked enthusiasm when she prepared for teaching, but did not attempt to discourage her. One faculty member who is considering a doctoral program is not being actively discouraged, but her friends and colleagues hesitate to show any enthusiasm or offer encouragement.

With one exception the Group IV participants were not discouraged from preparing for teaching of nursing. One nurse stated that head nurses and supervisors in informal discussions about time and money for preparation had discouraged her.

Factors Which Influence Nurses to Prepare to Be Teachers of Nursing

Participants of Group I felt that interest in teaching was the most dominant factor. Next in frequency of responses were the desire to work with students, satisfactory experiences in teaching patients and younger students, satisfactory working hours, and lack of interest or skill in bedside care of patients.

Participants of Group II believed that interest in teaching was the most important factor. Next in importance were interest in
students, improved working hours, increased salaries, and interest in subject material.

Participants of Group III participants stressed interest and desire to work with students as the most important factors. In descending order of frequency were the following: interest in teaching, interest in prestige, interest in providing opportunities for continued growth of students, interest in wanting to improve the quality of nursing care for patients, the desire for increased responsibilities, and the desire to have a position which permits more control over one's personal life and is relatively free of frustrations found in other areas of nursing.

Group IV participants stressed the following factors: interest in teaching, interest in working with students, and desire to pursue advanced preparation in nursing.

Factors Which Influence Nurses Against Preparation for Teaching of Nursing

Group I participants stressed the lack of patient contact and cost of preparation were the two major factors which made nurses decline to prepare to be teachers of nursing. Other factors mentioned were marriage plans and professional responsibilities outside of working hours.

Group II participants emphasized that lack of funds is a vital factor. Low beginning salaries, and lack of patient contact were additional factors noted which make nurses decline to prepare to be teachers of nursing.
Group III participants stated that teaching positions require preparation beyond the eight-hour work day and many nurses do not want to utilize their personal free time for teaching responsibilities. Time, money, family responsibilities and lack of long range goals were given as additional factors which make nurses decline to prepare to be teachers of nursing.

Group IV participants stressed that nurses enter nursing to nurse and not to teach. Teaching would limit their patient contact. Time, money, salaries, and lack of interest were cited as additional factors.

Other Factors Which Influence Preparation for Teaching

There were several specific factors which were investigated in the questionnaire aspect of the study and which were investigated further during the interviews.

Personal Relationships With Teachers of Nursing

Group I participants stated almost unanimously that relationships with teachers of nursing were satisfactory and cooperative. Four stated that their relationships were "neutral." One specified that she considered teachers of nursing as being supercritical.

Group II participants indicated that it was a rare exception when relationships with teachers of nursing were anything but satisfactory and cooperative.
Group III participants stated that their relationships with teachers of nursing were satisfactory and cooperative. One expressed them as being stimulating.

Group IV participants indicated that their relationships with teachers of nursing had been satisfactory and cooperative.

**Qualities of Guided Learning Experiences**

The participants of Group I generally considered their learning experiences as varied and cooperatively planned. Several stated there was much room for improvement, in that their clinical experiences were not all of equal value, and that some were service centered and not always educationally sound.

The Group II participants specified that their Master's programs were more individually planned than their basic nursing programs. Two stated that their experiences in basic programs were not cooperatively planned. There was a high degree of satisfaction expressed concerning the Master's programs.

The Group III participants who had Master's degrees all stated that their advanced nursing experiences were more varied, more cooperatively planned, and more nearly geared to individual needs than their basic program experiences had been.

Group IV participants all specified that they had good basic programs to provide them with skills to provide good bedside care. None of them felt that they had had experiences which were cooperatively planned, and specified that individual needs were neglected.
Characteristics of School of Nursing Policies

Group I participants had varying opinions about the school of nursing policies to which they had conformed. Approximately half of the responses indicated that they were necessary, reasonable, and democratic while another half indicated that they were unnecessary, unreasonable, and undemocratic.

Group II participants had limited experiences with school of nursing policies in their present programs. They considered their previous experiences with policies as basic nursing students to be generally undemocratic but generally reasonable.

Group III participants expressed opinions about school of nursing policies which they had helped to formulate. More than half of the responses indicated that they were democratic, reasonable, and necessary. Others indicated that they were inconsistent and undemocratic.

Group IV participants, many of whom have long been separated from school of nursing policies, voiced the following opinions: fair, not too strict, and satisfactory.

Opinions Concerning Advanced Programs in Nursing

Opinions Concerning Anticipated Experiences

Among the Group I participants 40 per cent believed that advanced programs in nursing would provide broadening personal and professional experiences. They also stated that experiences necessary
for advanced positions in nursing, nursing education or nursing administration would be provided. One-third of those interviewed specified that they were not personally interested in advanced nursing programs.

Group II participants were enrolled in advanced nursing programs at the time of the study. With two exceptions, those interviewed were enthusiastic and well pleased with their programs. They felt the content of the courses to be stimulating and challenging. Each participant expressed the fact that the programs required much personal but rewarding effort. Several expressed the opinion that the enthusiasm and illustrations of good teaching had been most valuable. One student expressed the belief that increased numbers of better prepared faculty members would permit more broadening professional experiences. Several courses were being taught by the same faculty members and the student felt that if additional faculty members were available the students would profit from varied views, varied approaches to nursing problems, and varied student-teacher relationships. One student believed that her undergraduate work had not been properly evaluated and that she had had to repeat courses on the Master's level that she had had on the Bachelor's level. Several mentioned that their programs consumed so much time and effort that they had badly neglected their social life. One student specified that when her friends became aware of how limited her social activities were, they lost interest in pursuing a Master's program themselves.
Group III participants unanimously believed that the advanced nursing programs would provide broadening professional experiences. One-half of the interviewees believed that these programs would also provide broadening personal experiences. One participant who had not completed an advanced nursing program strongly stated that specialization on the Bachelor's level was as good as specialization on the Master's level. Two participants who had completed a Master's program stated that they were not interested in a doctoral program. Two of the participants had made specific plans to enter Master's programs in the fall of 1957. Two participants specified that advanced nursing programs were necessary if the quality of nursing care is to be improved.

Group IV participants generally lacked concern about advanced educational programs. Only one participant had been in an advanced educational program. Poor health had forced her to terminate her program. She believed that the programs are necessary to prepare nurses for advanced positions in nursing. Another participant believed advanced preparation is a necessity if a nurse wants to "get ahead." Ten individuals stated specifically that they were not interested. One nurse stated that she liked the type of nursing in which she was engaged at the present and was not interested in any further preparation at this time.
Opinions of Ways in Which Nurses Secure Information About Advanced Programs in Nursing

Group I participants had secured the greater part of their information concerning advanced nursing programs from Professional Adjustment II classes. Several had scanned catalogues, and had informal discussions with teachers of nursing and students enrolled in advanced nursing programs.

Group II participants had in the past secured information from Professional Adjustment II classes but had utilized discussions with teachers of nursing and had scanned catalogues as additional means of gaining current information.

Group III participants had gained most of their information by actively participating in professional nursing organizations, conventions, and informal discussions with nursing colleagues. This group utilized the professional literature as a means of keeping currently informed about advanced programs in nursing.

Group IV participants had secured information from formal classes, from scanning catalogues and from talking with teachers of nursing. Nine participants admitted that they were not currently informed about the programs because they were not personally interested. One participant had taken extension work and felt she was better informed at the present time than she had been prior to her course.
Ways to Encourage Nurses to Prepare to Be Teachers of Nursing

Group I participants stated that if increased numbers of scholarships, fellowships, and federal traineeships were available, and, if this fact were given more publicity, then more nurses would prepare for teaching of nursing. They believed that much more information about teaching, its responsibilities and satisfactions, would motivate nurses toward this area of specialization. Half of those interviewed specified that more teaching experiences during the senior year of nursing would help nurses to realize the satisfactions from teaching and would help nurses decide if this would be an area of nursing for which they would like to prepare. Although most of the interviewees specified that they had general information about advanced nursing programs, many expressed the desire for more details. One-third of those who were interviewed indicated a need for guidance services to be expanded. Two participants indicated that if there were more young, married, vivacious, and well-rounded instructors in basic nursing programs, students would be more apt to identify themselves with teachers of nursing.

Group II participants did not seem to favor any one specific way of encouraging nurses to prepare to be teachers of nursing. Providing financial assistance was one factor which several participants stressed. Several believed that informational services about how to get scholarships and aids would be beneficial. Others believed that publicity should be given to the need for teachers. Details about what
teachers of nursing do would enlighten many and perhaps be a means of attracting nurses to this area of specialization. Several suggested increasing the scope of specialties so that more persons could prepare in specific nursing specialties rather than a broad area such as medical nursing. Several believed that by improving the assistant instructor programs more persons would be able to discover the satisfactions to be received from teaching.

Group III participants believed that improved guidance services would be a valuable means of assisting those with potentialities to be directed toward teaching as an area of specialization. Financial assistance and educational leaves were other suggested means. There seemed to be a general opinion that by enhancing the values in the practice of nursing nurses would then be more attracted to the teaching of nursing. The need for leadership and the establishment of assistant instructor programs were viewed as additional means of attracting capable and interested nurses to the teaching of nursing.

Group IV participants had limited opinions concerning this question. Several believed that the answer lay in improved guidance services while others believed that financial assistance and salary increases would be the best ways of attracting nurses to preparation for teaching of nursing. Several stated that if basic nursing programs had interesting, enthusiastic, well-qualified teachers, this in itself would motivate nurses toward teaching.
Summary

The tentative professional plans of the student groups are generally in keeping with their preparation and background experiences. Marital status was identified as a factor which influences present and future career choices. Persons outside the health field, as well as persons within the health field, consciously or unconsciously, influence career choices. Faculty members in schools of nursing are probably the most influential group within the profession, particularly in influencing nurses toward preparation for teaching. There are limited numbers of persons who discourage nurses from preparation for teaching. Interest in teaching and the desire to work with student nurses and the desire for advanced preparation in nursing are the factors which influence nurses to prepare to be teachers of nursing.

Time and money for preparation and lack of patient contact are the dominant factors which make nurses reluctant to prepare to be teachers of nursing. Personal relationships with teachers of nursing were generally good. Guided learning experiences were varied, cooperatively planned, and individual needs were usually considered. School of nursing policies are generally considered reasonable. There are differences of opinion concerning whether all policies and regulations are democratically conceived or necessary.

Advanced nursing programs were considered to provide broadening personal and professional experiences that are necessary for advanced positions in nursing. Student groups secure their information concerning advanced nursing programs from formal classes, informal discussions
and catalogues. Faculty groups secure their information from participating in professional organizations and from published professional literature. Financial assistance, guidance services, increased information about teaching and about Master's programs, senior teaching experiences, leadership, stimulating nursing experiences, and assistant instructor programs were considered as ways in which nurses could be encouraged to pursue teaching of nursing.
CHAPTER VIII

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The nursing profession is faced with the problem of maintaining and enlarging its contribution to the health and welfare of society. This problem involves quantity, quality, and distribution of nursing personnel for health services.

Statement of the Problem

An adequate supply of well-qualified teachers, supervisors and administrators is needed in order to assure present and future student nurses the kinds of educational and professional experiences that will equip them to be professional in their activity, and help them to appreciate the satisfactions to be derived from giving good nursing care to people. There is a specific need, therefore, to interest more nurses in continuing graduate nurse education. Since such a large percentage of professional nurses do not study beyond their basic nursing programs, there must be factors which prevent or hinder them from doing so.

The writer found but two reports of studies in which the investigator undertook to locate the interests of nurses in graduate nurse education. No research has been done to determine the factors which influence nurses to prepare or to decline to prepare to be teachers of nursing. Hence this investigation is focused on these
factors. Efforts were made to determine dominant factors which influence selected groups of student nurses and graduate professional nurses to prepare to be teachers of nursing and to determine factors which make other student nurses and graduate professional nurses decline to prepare to be teachers of nursing. The writer made use of the findings to consider in what ways these factors may be utilized to motivate more nurses to prepare to be teachers of nursing.

**General Procedures**

A search was made of the literature regarding graduate nurse education and teacher education. On the basis of this research, the problem was outlined. It was thought that the questionnaire and interview methods would be effective means of gathering data since the respondents were dispersed throughout the state. It was believed that some nurses would be willing to complete the questionnaire and to consent to an interview follow-up. The questionnaire method enabled the respondent to remain anonymous if she so desired. It was thought that anonymity would encourage frankness and honesty in answering the questionnaire. The respondent's signature was the respondent's consent to participate further in the study by having an interview at a later date.

From dissertations, periodicals, conference reports, and survey studies the writer became acquainted with problems being studied in nursing education. There were no studies which identified specific factors, either persons or incidents, which influenced nurses to select or reject teaching as an area of specialization. Common objectives
were developed and a questionnaire was structured. The questionnaire was sent to nursing educators and educators outside the field of nursing for their perusal and for suggestions about how it could be improved. The questionnaire was reconstructed in light of their criticisms and helpful suggestions. The reconstructed questionnaire was tested in a pilot study of thirty-five junior and senior student nurses currently enrolled in collegiate basic professional programs in Ohio. The pilot study indicated that it was desirable to make a few minor changes.

Since there was available no list of senior student nurses enrolled in fully-accredited basic professional nursing programs in Ohio, the individual schools were contacted and the list of Group I participants (basic professional nursing students and general nursing students) was developed. Schools of nursing in Ohio which offer Master's degree programs supplied the names of participants for Group II (students in Master's degree programs) of this study. The Ohio State Nurses' Association furnished lists of nurses who were faculty members in schools of nursing in Ohio and also the list of names of nurses currently engaged in nursing but in areas of nursing outside the field of teaching. These lists were useful in developing a mailing list for Groups III and IV respectively. These latter lists were enlarged by picking names and addresses from the Ohio Nurses' Review which is a periodical published by The Ohio State Nurses' Association.

The schools which cooperated in this study were The Ohio State University School of Nursing, The College of Nursing and Health of the
University of Cincinnati, Frances Payne Bolton School of Nursing of Western Reserve University, The Department of Nursing of the College of Mount St. Joseph on-the-Ohio, and The Department of Nursing of St. John's College of Cleveland.

A mailing list of 766 was compiled and questionnaires were mailed. The 561 questionnaires returned constituted 73 per cent response. Ninety interviews were conducted with 16 per cent of the respondents.

The Findings

Marital Status as an Influencing Factor

Marital status was identified as a factor which influenced present and future career choices. The single participants in all groups indicated by their responses that from 44 to 65 per cent of them believed that their single status was not an influencing factor in making future career choices. Those who were currently anticipating marriage in the near future, however, believed that marital status definitely affected their career choices and the selection of nursing service areas in which they planned to work. The married participants indicated by their responses that from 68 to 87 per cent believed their marital status influenced the future career choices or nursing service area in which they worked or planned to work, and indicated that marital status also influenced the hours which they could or would work. Married participants who were faculty members and graduate
nurses actively engaged in nursing indicated by their responses that from 46 to 56 per cent of them believed that their marital status influenced their present career choices. From 30 to 55 per cent of the single participants in these groups considered their single status a factor which influenced their present career choices while from 45 to 70 per cent indicated that their single status was not an influencing factor.

Tentative Professional Plans

There was a wide diversity in tentative professional plans among both student groups. Tentative professional plans most frequently selected by basic nursing and general nursing students were general duty nursing and public health nursing. Next in frequency were plans to enter advanced nursing programs. In general most of the basic nursing and general nursing students made tentative professional plans in keeping with their educational preparation and experience. The plans most frequently selected by graduate nurse students in Master's degree programs were instructor in a baccalaureate program, nursing service administrator, and instructor in diploma program. All the nurses in Master's degree programs selected positions in keeping with their educational preparation and experience.

Persons Who Influenced Career Choices

From 20 to 34 per cent of all of the participants indicated by their responses that no one influenced their future career choices. Students in Master's degree programs and faculty members in schools of
nursing credited faculty members in schools of nursing and family members as sharing equally in assisting them to make future career choices. Graduate nurses actively engaged in nursing indicated that family members were three times as dominant in influencing career choices as were faculty members in schools of nursing. Peer groups influenced approximately 10 per cent of the students in basic nursing, general nursing, and Master's degree programs. Less than 5 per cent of the faculty members credited their peers as influencing persons while approximately 15 per cent of the graduate nurses actively engaged in nursing indicated their peers as influencing persons.

Persons Influencing Participants Toward Preparation for Teaching of Nursing

Basic and general nursing students and graduate nurses actively engaged in nursing indicated by their responses that from 46 to 49 per cent of them were not encouraged by anyone to prepare for teaching of nursing. Thirty-one per cent of the participants of Group III, who were currently functioning as faculty members in schools of nursing, had received no encouragement to prepare for teaching. Faculty members were ranked second by participants as those who encouraged participants toward preparation for teaching of nursing.

Persons Influencing Participants Away from Preparation for Teaching of Nursing

From 82 to 93 per cent of the participants in all groups indicated that no one had discouraged them from preparation for teaching of nursing. Families discouraged from 4 to 8 per cent of the participants
from this preparation. Peer groups discouraged from less than 1 to 2 per cent of the participants. The students in Master's degree programs and graduate nurses actively engaged in nursing specified that from 8 to 10 per cent had been discouraged from preparation for teaching of nursing by persons in the health field.

Factors Which Influence Nurses to Prepare for Teaching of Nursing

Those factors which influenced nurses to prepare to be teachers of nursing were varied. Altruistic factors such as interest in teaching, interest in students, and satisfactions received from assisting individuals to grow personally and professionally totaled from 1.2 to 1.8 per cent of the responses of all groups as being the most dominant factors which influence nurses to prepare to be teachers of nursing. Materialistic factors such as regular working hours, professional prestige, salary, avoidance of undesirable tasks, and personal policies totaled from 28 to 39 per cent of the responses. It must be concluded that altruistic factors rather than materialistic factors influence nurses to prepare to be teachers of nursing.

Factors Which Influence Nurses Away from Preparation for Teaching of Nursing

Those factors which influence nurses away from preparation for teaching were also varied. Materialistic factors such as time in preparation, money for preparation, preparation outside of working hours, and salary totaled from 62 to 70 per cent of the factors which influence nurses away from preparation for teaching. Altruistic
factors such as limited amount of patient contact and professional responsibilities totaled from 23 to 31 per cent of the factors which influence nurses away from preparation for teaching of nursing. It must be concluded that materialistic factors rather than altruistic factors influence nurses away from preparation for teaching of nursing.

**Personal Relationships with Teachers of Nursing**

Personal relationships with teachers of nursing were considered by from 78 to 89 per cent of the participants to have been satisfactory, and cooperatively planned. From 5 to 10 per cent valued their relationships with teachers of nursing as having been neither distinctly satisfactory nor unsatisfactory and neither distinctly cooperative nor uncooperative.

**Guided-learning Experiences**

From 55 to 72 per cent of the participants considered their guided-learning experiences provided for them by teachers of nursing as having been varied, cooperatively planned, and based on individual needs. From 8 to 13 per cent believed that their individual needs were neither distinctly considered nor neglected. In general the guided-learning experiences were considered satisfactory but responses indicated that for many there was much yet to be desired.

**School of Nursing Policies**

From 86 to 92 per cent of the responses indicated that the most dominant characteristics ascribed to school of nursing policies which
participants either conformed to or assisted in formulating were ranked as reasonable, necessary, democratic, and specific by participants. From 6 to 10 per cent of the responses indicated that the policies were characteristically undemocratic, vague, unnecessary, and unreasonable.

Experiences Anticipated from Advanced Programs in Nursing

A total of from 83 to 97 per cent of the responses indicated that experiences anticipated from advanced programs in nursing were necessary experiences, broadening professional experiences, and broadening personal experiences. From 2 to 11 per cent anticipated limited personal and professional experiences.

Methods of Securing Information About Advanced Programs in Nursing

Students in basic, general, and Master's degree programs secured from 70 to 73 per cent of their information about advanced programs in nursing through formal classes, direct contacts, informal discussions with teachers of nursing and resource materials. Eighty-four per cent of the faculty members utilized their professional contacts, resource materials, and professional organizations to secure information. Nurses actively engaged in nursing secured 81 per cent of their information from professional contacts and resource materials.

Ways to Encourage Nurses to Prepare to Be Teachers of Nursing

Opinions of ways by which nurses and the nursing profession could encourage more nurses to prepare to be teachers of nursing were
varied. Suggestions were to provide: financial assistance; guidance and counseling services; increased information about teaching; increased information about advanced programs in nursing; leadership; stimulating experiences in basic nursing programs; educational leaves for faculty members; job satisfactions; and improvement of nursing programs at all levels.

**Conclusions**

Based on specific findings in the investigation the following major conclusions may be drawn.

1. Marital status is a most specific factor of influence upon student nurses and graduate professional nurses as they make career choices or select nursing service areas in which to work. From 35 to 56 per cent of the single participants and from 68 to 87 per cent of the married participants considered their marital status to be an influencing factor.

2. Faculty members, family members, and peer groups exercise the most influence upon student nurses and graduate professional nurses as they consider plans to prepare to be teachers of nursing. From 43 to 55 per cent of the responses specified that these individuals encouraged them to prepare to be teachers of nursing.

3. Interest in teaching, interest in students, satisfactions received from teaching and opportunities for continued professional growth motivate nurses toward preparation for teaching of nursing. From 42 to 48 per cent of the responses indicated that these were influential factors.
1. Time and money required for preparation, inadequate salaries, and the amount of preparation outside of working hours divert nurses' interests away from preparation for teaching. From 62 to 70 per cent of the responses indicated that these factors influenced nurses away from preparation for teaching.

5. Teachers of nursing establish satisfactory and cooperative relationships with students, other faculty members, and graduate professional nurses. From 78 to 89 per cent of the responses specified this to be a fact.

6. Learning experiences provided by teachers of nursing are considered to be varied, cooperatively planned, and based on individual needs. From 55 to 72 per cent of the responses specified that these were dominant characteristics of their learning experiences.

7. School of nursing policies are considered to be specific, necessary, reasonable, and democratic. From 86 to 92 per cent of the responses ascribed these attributes to the school of nursing policies to which they either conformed to or assisted in formulating.

8. Nurses anticipate broadening personal and professional experiences from advanced programs in nursing. From 83 to 97 per cent of the responses indicated that these experiences were anticipated from advanced programs in nursing.

9. Counseling and guidance services are being used by a limited number of nurses as informational resources.
10. The qualities of teachers of nursing and learning experiences provided motivate nurses toward or away from preparation for teaching of nursing.

11. Informational services about teaching and advanced programs in nursing stimulate interest in preparation for teaching.

12. Individual and group teaching experiences in the senior year of basic professional nursing programs provide opportunities for students to discover satisfactions received from teaching and increase nursing abilities.

13. Stressing the need for teachers of nursing influences nurses to prepare to be teachers of nursing.

14. Nurses select positions, areas of nursing service, and educational plans which they consider satisfactory to their personal and professional needs.

15. Undergraduate and graduate nurse students secure most of their information about advanced programs in nursing from formal classes and direct contacts with teachers of nursing and advanced nursing students. From 70 to 73 per cent of the responses indicated this to be a fact.

16. Graduate nurses secure most of their information about advanced nursing programs through professional contacts and available resource materials. Eighty-one per cent of the responses indicated this to be a fact.

17. Faculty members secure information about advanced nursing programs through professional contacts, resource materials, and through
participation in professional organizations. Eighty-four per cent of the responses indicated that these resources were used.

Recommendations for Nursing

1. Informational services about advanced programs in nursing should be extended not only to faculty members but also to family members, and peer groups, since they exercise influence upon student nurses and graduate professional nurses. Information can be furnished by use of radio and television announcements; career day activities in high schools and colleges; newspapers and magazine articles; visitations to schools of nursing; panel discussions at district, state, and national nursing conventions; discussions in hospital staff meetings; and conferences with state guidance supervisors.

2. Individual and group teaching experiences in the senior year of basic professional nursing programs should be included in the curriculum to provide opportunities for students to discover the satisfactions received from teaching.

3. Schools of nursing should improve and extend counseling and guidance services to assist undergraduate and graduate nurse students to discover their resources and their limitations as a means of aiding them to select educational programs or nursing positions in which to work.

4. Schools of nursing should keep guidance personnel currently informed about the aims of the various types of nursing programs, the
qualifications for entrance, the availability of programs, and source of additional information.

5. The quality of teachers in nursing education programs should be improved to provide stimulating examples for student and graduate nurses, to increase interest in advanced nursing programs, and to improve nursing care. This may be accomplished by supporting and assisting new faculty members in their positions; providing educational leaves for faculty members; providing in-service educational programs; encouraging and providing for research and writing; encouraging participation in local, state, and national nursing organizations; rotating leadership positions; providing democratic environments in which to work; eliminating non-nursing and non-teaching "chores"; encouraging action research; and providing for inter-institutional visitations by faculty members.

6. Schools of nursing should explore with fresh incentives the methods of improving basic professional nursing programs to provide a strong base for continued nurse education and to facilitate matriculation into Master's degree programs. Suggested means are to include student representatives in curriculum studies; to provide for action research; to create a spirit of experimentation; and to provide consultation services from state and national organizations.

7. Schools of nursing should exert efforts to improve the prestige of faculty members so that it is equal to that of other faculty members in the institution with comparable preparation and experience. This may possibly be accomplished by providing
intra-institutional committee participation and opportunities for research and writing.

8. Schools of nursing should encourage undergraduate and graduate nurses to evaluate their professional plans in terms of long range rather than short range goals. This may possibly be accomplished by discussions in the senior professional adjustment classes; programs in sectional nurses meetings; student teacher conferences.

9. Schools of nursing should provide for faculty job satisfactions. Suggested means are limiting teaching loads; eliminating non-nursing and non-teaching functions; providing secretarial services for faculty members; providing a democratic environment in which to work; limiting the number of committees on which a member is to participate; providing for the same working hours as faculty members in other colleges of the university; improving salaries; and encouraging freedom for experimentation.

10. Schools of nursing should assist teachers to accept guidance roles. Suggested means are providing for consultations and workshop experiences with guidance leaders; continuing evaluation of existing guidance activities; and recognizing limitations of non-professional guidance personnel.

11. Hospitals should provide tuition grants to qualified employees who are interested in advanced nursing programs.

12. Schools of nursing should continue efforts to improve and expand Master's degree programs to meet the needs and interests of graduate nurses. Suggested means are surveying the interests of
graduate student nurses and providing follow-up surveys of graduates from advanced nursing programs to determine how well their programs have prepared them for their first employment following graduation.

13. Assistant-instructor programs should be improved to provide guided-learning experiences for nurses expressing interest in teaching. These programs should provide opportunities for young graduates to explore teaching as an area of specialization, to discover satisfactions to be derived from teaching, and to receive guidance toward continuing nurse education programs.

14. Schools of nursing should employ married faculty members on a full- or part-time basis. Information secured during interviews indicated that some students tend to identify themselves with teachers of nursing. It was their opinions that the employment of more married faculty members would possibly indicate that teaching of nursing can be compatible with marriage.

Recommendations for Further Research

1. It is recommended that this study be repeated in other states, thus involving a large number of student nurses and graduate nurse students, to ascertain whether or not the findings bearing on the factors which influence nurses toward or away from preparation for teaching are universal.

2. It is recommended that a series of studies be made with one group of nurses at various levels of their professional development in an attempt to determine how they make tentative professional plans, and to study the factors which affect these plans.
3. It is recommended that a similar study be made of male nurses to determine the factors which influence their career choices.

4. It is recommended that a survey type study be made to determine how much and what kinds of guidance and counseling services are available to nurses at varying levels of preparation.
APPENDIX

Letter of Explanation and Sample Questionnaires
Dear

I am a graduate student in the Department of Education at The Ohio State University. In partial fulfillment for the doctoral degree, I am undertaking a questionnaire and interview-type study in order to determine the following:

1. Those factors which motivate some nurses to prepare to be teachers of nursing; and
2. Those factors which make other nurses reluctant to prepare to be teachers of nursing.

The importance of these questions is based on the following considerations:

1. Faculties of nursing schools, in terms of size of staff and academic preparation of the teachers, determine to a great extent whether present and future students will be assured the kind of education necessary to equip them for professional careers; and
2. Nursing schools, in order to attract and hold increasing numbers of students from the pool of college-age youth of our nation, must increase the quantity and quality of the nursing school faculties.

This study is limited to selected senior students, graduate students, faculty members, and graduate registered nurses.

I hope that you will be willing to participate in this study and will complete the enclosed questionnaire and return it to me in the envelope which is provided. None of the answers will be identified in any way with you. The questionnaires are anonymous and need not be signed.

A limited number of the participants will be selected for brief follow-up interviews at their own convenience and only with their signed permission.

Thank you for your interest and helpful participation.

Sincerely,

Helen E. Dorsch, R. N.
PILOT QUESTIONNAIRE

Form I-A

Check answer or answers which accurately and completely reflect your position.

I. Type of program in which you are enrolled:

___ 1. Four year basic nursing program
___ 2. General nursing program

II. Marital status:

___ 1. Single
___ 2. Married
___ 3. Separated
___ 4. Divorced
___ 5. Widowed

Does your marital status influence your future career choice or the selection of nursing service area of work:

___ 1. Yes
___ 2. No

III. Tentative professional plans following graduation:

___ 1. General duty nursing
___ 2. Private duty nursing
___ 3. Beginning position in public health nursing
___ 4. Industrial nursing
___ 5. Armed forces nursing
___ 6. Office nursing
___ 7. Institutional nursing
___ 8. Enter advanced nursing education program
___ 9. Enter preparation for vocation other than nursing
___ 10. Head nurse or assistant head nurse
___ 11. Leave nursing altogether
___ 12. None
___ 13. Other (specify) ________________________________________

IV. Individual whom you consider to have been most instrumental in assisting you in making future career choice or selecting an area of nursing service in which to work:

___ 1. Family
___ 2. Friend
___ 3. Classmate
___ 4. Counselor

(Continued on Page 2)
Pilot Questionnaire

V. Individual who encouraged you to pursue preparation for teaching of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) _________________________________

VI. Individual who attempted to discourage you from preparing to be a teacher of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) _________________________________

VII. Factors which you feel influence nurses to prepare to be teachers of nursing:

1. Interest in students
2. Interest in specific subject material
3. Interest in teaching
4. Satisfactions received from assisting individuals to develop personally and professionally
5. Salary
6. Professional prestige
7. Opportunities to participate in research
8. Opportunities for continued professional growth
9. Regular working hours
10. Vacation and other personnel policies
11. Avoidance of some of the less desirable tasks associated with general nursing
12. Other (specify) _________________________________
Pilot Questionnaire  Page 3

VIII. Factors which you feel make nurses reluctant to prepare to be teachers of nursing:

1. Amount of money spent in preparation
2. Amount of time spent in preparation
3. Professional responsibilities that accompany position
4. Amount of preparation for classes outside of working hours
5. Committee responsibilities
6. Salary
7. Limited amount of patient contact
8. Other (specify) ________________________________

IX. My personal relations with teachers of nursing have been:

1. Very pleasant and cordial
2. Very distant and impersonal
3. Somewhat unsatisfactory

X. Guided learning experiences provided for me by teachers of nursing were:

1. About as varied as they should be
2. Too varied to learn any one aspect of nursing
3. Not varied enough to broaden my experience

XI. The school of nursing policies to which I, as a student nurse, have to conform, seem:

1. Unnecessary in many respects
2. Rather vague but not unreasonable
3. Reasonable and agreeable to me

XII. Advanced programs in nursing would probably provide me with:

1. Very broadening personal and professional experiences
2. Vague and unnecessary personal and professional experiences
3. Experiences of only limited personal and professional satisfaction

XIII. Most of my information concerning advanced programs in nursing, I have received from:

1. Scanning catalogues
2. Formal classes
3. Talking with teachers of nursing
4. Informal discussions with students enrolled in advanced nursing programs
5. Counselors
6. Writing directly to the schools for information
7. Hearsay
8. Other (specify) __________________________

Criticisms and comments concerning the form and content of the questionnaire: ______________________________________
_____________________________________________________________________
_____________________________________________________________________

Suggestions for the improvement and revision of the questionnaire:
_____________________________________________________________________
_____________________________________________________________________

Signed ___________________________
Form I

Direction: Check or state answer or answers which accurately and completely reflect your position or opinion.

I. Type of program in which you are enrolled:

   ___ 1. Four year basic nursing program
   ___ 2. General nursing program
   ___ 3. Other (specify) _____________________________

II. Marital status:

   ___ 1. Single
   ___ 2. Married
   ___ 3. Separated
   ___ 4. Divorced
   ___ 5. Widowed

Does your marital status influence your future career choice or the selection of nursing service area of work:

   ___ 1. Yes
   ___ 2. No

III. Tentative professional plans following graduation:

   ___ 1. General duty nursing
   ___ 2. Private duty nursing
   ___ 3. Beginning position in public health nursing
   ___ 4. Industrial nursing
   ___ 5. Armed forces nursing
   ___ 6. Office nursing
   ___ 7. Institutional nursing
   ___ 8. Enter advanced program for graduate nurses
   ___ 9. Enter preparation for vocation other than nursing
   ___ 10. Head nurse or assistant head nurse
   ___ 11. Leave nursing altogether
   ___ 12. None
   ___ 13. Other (specify) ___________________________

IV. Individual whom you consider to have been most instrumental in assisting you in making future career choice or selecting an area of nursing service in which to work:

   ___ 1. Family
   ___ 2. Friend

(Continued on Page 2)
V. Individual who encouraged you to pursue preparation for teaching of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) ____________________________________

VI. Individual who attempted to discourage you from preparing to be a teacher of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) ____________________________________

VII. Factors which you feel influence nurses to prepare to be teachers of nursing:

1. Interest in students
2. Interest in specific subject material
3. Interest in teaching
4. Satisfactions received from assisting individuals to develop personally and professionally
5. Salary
6. Professional prestige
7. Opportunities to participate in research
8. Opportunities for continued professional growth
9. Regular working hours
10. Vacation and other personnel policies
11. Avoidance of some of the less desirable tasks associated with general nursing
12. Other (specify) ____________________________________
VIII. Factors which you feel make nurses reluctant to prepare to be teachers of nursing:

1. Amount of money spent in preparation
2. Amount of time spent in preparation
3. Professional responsibilities that accompany position
4. Amount of preparation for classes outside of working hours
5. Committee responsibilities
6. Salary
7. Limited amount of patient contact
8. Other (specify) ____________________________

IX. My personal relations with teachers of nursing in general have been:

1. Usually satisfactory
2. Neither distinctly satisfactory nor unsatisfactory
3. Unsatisfactory
4. Usually cooperative
5. Neither distinctly cooperative nor uncooperative
6. Uncooperative
7. Other (specify) ____________________________

X. Guided learning experiences provided for me by teachers of nursing generally were:

1. Usually as varied as they should be
2. Neither distinctly satisfactory nor unsatisfactory
3. Seldom as varied as they should be
4. Usually cooperatively planned for continued growth
5. Neither distinctly cooperative nor uncooperative
6. Seldom cooperatively planned for continued growth
7. Individual needs were usually considered
8. Individual needs neither distinctly considered nor neglected
9. Individual needs were seldom considered
10. Other (specify) ____________________________

XI. The school of nursing policies or regulations to which I, as a student, have to conform, seem in general to be:

1. Necessary
2. Unnecessary
3. Reasonable
4. Unreasonable

(Continued on Page 4)
5. Democratic
6. Undemocratic
7. Specific
8. Vague
9. Other (specify) ____________________________________

XII. Advanced programs in nursing would probably provide me with:
1. Broadening personal experiences
2. Limited personal experiences
3. Broadening professional experiences
4. Limited professional experiences
5. Necessary experiences for advanced positions in nursing, nursing education or nursing administration
6. Unnecessary experiences for advanced positions in nursing, nursing education or nursing administration
7. Other (specify) ____________________________________

XIII. Most of my information concerning advanced programs in nursing, I have received from:
1. Scanning catalogues
2. Formal classes
3. Talking with teachers of nursing
4. Informal discussions with students enrolled in advanced nursing programs
5. Counselors
6. Writing directly to the schools for information
7. Hearsay
8. Other (specify) ____________________________________

XIV. (Complete the following question.) In your opinion, how may nurses and the nursing profession encourage more persons to prepare to be teachers of nursing:

__________________________________________

Any comments you care to add concerning the questionnaire or the content examined in the questionnaire are indeed welcome.

__________________________________________

I understand that a limited number of individuals participating in this study will be selected for follow-up interviews. In order to assist further in determining those factors which encourage some nurses to prepare to be teachers of nursing:
My signature is my consent to be considered as one who would be willing to have a personal interview at a future time. I understand that it will be brief and will be arranged at my convenience.

Signature ______________________
Address ______________________
Phone Number ___________________
TEACHING OF NURSING QUESTIONNAIRE

Form II

Directions: Check or state answer or answers which accurately and completely reflect your position or opinion.

I. Type of program in which you received your basic professional nursing education:

___ 1. Diploma program
___ 2. Associate degree program
___ 3. Baccalaureate degree program
___ 4. Other (specify) ______________________________________

Current student status and type of program in which you are enrolled:

___ 1. Part-time student in ________________________________
___ 2. Full-time student in ________________________________

Area of specialization:

___ 1. Administration in nursing education
___ 2. Administration in nursing service
___ 3. Teaching
___ 4. Clinical specialties
___ 5. Public health
___ 6. Other (specify) ______________________________________

Means by which you are financing your education:

___ 1. Part-time employment
___ 2. Full-time employment
___ 3. Scholarship or fellowship assistance
___ 4. Personal funds
___ 5. Other

II. Marital status:

___ 1. Single
___ 2. Married
___ 3. Separated
___ 4. Divorced
___ 5. Widowed

Does your marital status influence your future career choice or the selection of nursing service area of work:

___ 1. Yes
___ 2. No

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III. Tentative professional plans following graduation:

1. Clinical specialist in diploma program
2. Clinical specialist in baccalaureate program
3. Instructor in diploma program
4. Instructor in baccalaureate program
5. Nursing service administrator
6. Nursing education administrator
7. Public health staff nurse
8. Public health administrator
9. Other (specify) ________________________________

IV. Individual whom you consider to have been most instrumental in assisting you in making a future career choice or selecting an area of nursing service in which to work:

1. Family
2. Friend
3. Classmate
4. Counselor
5. Head nurse
6. Supervisor
7. Faculty member in school of nursing
8. Faculty member outside school of nursing
9. No one
10. Other (specify) __________________________________

V. Individual who encouraged you to pursue preparation for teaching of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) ________________________________

VI. Individual who attempted to discourage you from preparing to be a teacher of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) ________________________________
VII. Factors which you feel influence nurses to prepare to be teachers of nursing:

1. Interest in students
2. Interest in specific subject material
3. Interest in teaching
4. Satisfactions received from assisting individuals to develop personally and professionally
5. Salary
6. Professional prestige
7. Opportunities to participate in research
8. Opportunities for continued professional growth
9. Regular working hours
10. Vacation and other personnel policies
11. Avoidance of some of the less desirable tasks associated with general nursing
12. Other (specify) ________________________________________________

VIII. Factors which you feel make nurses reluctant to prepare to be teachers of nursing:

1. Amount of money spent in preparation
2. Amount of time spent in preparation
3. Professional responsibilities that accompany position
4. Amount of preparation for classes outside of working hours
5. Committee responsibilities
6. Salary
7. Limited amount of patient contact
8. Other (specify) ________________________________________________

IX. My personal relations with teachers of nursing in general have been:

1. Usually satisfactory
2. Neither distinctly satisfactory nor unsatisfactory
3. Unsatisfactory
4. Usually cooperative
5. Neither distinctly cooperative nor uncooperative
6. Uncooperative
7. Other (specify) ________________________________________________

X. Guided learning experiences provided for me by teachers of nursing generally were:

1. Usually as varied as they should be
2. Neither distinctly varied nor unvaried

(Additional choices on Page 4)
Form II Questionnaire

III. The school of nursing policies or regulations to which I, as a student, have to conform, seem in general to be:

1. Necessary
2. Unnecessary
3. Reasonable
4. Unreasonable
5. Democratic
6. Undemocratic
7. Specific
8. Vague
9. Other (specify)

XII. The advanced program in nursing, in which I am enrolled, is providing me with:

Section A —
1. Broadening personal experiences
2. Limited personal experiences
3. Broadening professional experiences
4. Limited professional experiences
5. Necessary experiences for advanced positions in nursing, nursing education or nursing administration
6. Unnecessary experiences for advanced positions in nursing, nursing education or nursing administration
7. Other (specify)
XIII. Most of my information concerning advanced programs in nursing, other than the one in which I am enrolled, I have received from:

   1. Scanning catalogues
   2. Formal class
   3. Talking with teachers of nursing
   4. Informal discussions with students enrolled in other advanced nursing programs
   5. Counselors
   6. Writing directly to the schools for information
   7. Hearsay
   8. Other (specify) _________________________________

XIV. (Complete the following question.) In your opinion, how may nurses and the nursing profession encourage more persons to prepare to be teachers of nursing? ________________________________

Any comments you care to add concerning the questionnaire or the content examined in the questionnaire are indeed welcome.

_________________________________________________________________

I understand that a limited number of individuals participating in this study will be selected for follow-up interviews. In order to assist further in determining those factors which encourage some nurses to prepare to be teachers of nursing and also those factors which make others reluctant to prepare to be teachers of nursing:

My signature is my consent to be considered as one who would be willing to have a personal interview at a future time. I understand that it will be brief and will be arranged at my convenience.

Signature _______________________

Address _______________________

Phone Number ___________________
TEACHING OF NURSING QUESTIONNAIRE

Form III

Directions: Check or state answer or answers which accurately and completely reflect your position or opinion.

I. Type of program in which you received your basic professional nursing education:

___ 1. Diploma program
___ 2. Associate degree program
___ 3. Baccalaureate degree program
___ 4. Other (specify) ___________________________________

Last academic degree earned: Name of institution:

________________________________________from _____________________________

Year the degree was granted: ______  
Area of specialization: _____________  
Title of present position: ____________

Is your time divided between educational activities in the school of nursing and nursing activities?

___ 1. Yes  
___ 2. No

II. Marital status:

___ 1. Single  
___ 2. Married  
___ 3. Separated  
___ 4. Widowed  
___ 5. Divorced

Did your marital status influence your present career choice?

___ 1. Yes  
___ 2. No

Does your marital status influence your future career choice?

___ 1. Yes  
___ 2. No

III. Faculty appointments you have held:

___ 1. Assistant Instructor
___ 2. Instructor

(Additional titles on Page 2)
3. Clinical Specialist
4. Assistant Nursing Service Director
5. Nursing Service Director
6. Head of Nursing Service Clinical Area
7. Head of Program
8. Assistant Director or Dean of School of Nursing
9. Director or Dean of a Diploma School of Nursing
10. Director or Dean of a Collegiate School of Nursing
11. Other (specify) ____________________________

IV. Individual whom you consider to have been most instrumental in assisting you in making a future career choice or selecting an area of nursing service in which to work:

1. Family
2. Friend
3. Classmate
4. Counselor
5. Head nurse
6. Supervisor
7. Faculty member in school of nursing
8. Faculty member outside school of nursing
9. No one
10. Other (specify) ____________________________

V. Individual who encouraged you to pursue preparation for teaching of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) ____________________________

VI. Individual who attempted to discourage you from preparing to be a teacher of nursing:

1. Family
2. Counselor in school of nursing
3. Counselor outside school of nursing
4. Faculty member in school of nursing
5. Faculty member outside school of nursing
6. No one
7. Other (specify) ____________________________
VII. Factors which you feel influence nurses to prepare to be teachers of nursing:

1. Interest in students
2. Interest in specific subject material
3. Interest in teaching
4. Satisfactions received from assisting individuals to develop personally and professionally
5. Salary
6. Professional prestige
7. Opportunities to participate in research
8. Opportunities for continued professional growth
9. Regular working hours
10. Vacation and other personnel policies
11. Avoidance of some of the less desirable tasks associated with general nursing
12. Other (specify) _______________________________

VIII. Factors which you feel make nurses reluctant to prepare to be teachers of nursing:

1. Amount of money spent in preparation
2. Amount of time spent in preparation
3. Professional responsibilities that accompany position
4. Amount of preparation for classes outside of working hours
5. Committee responsibilities
6. Salary
7. Limited amount of patient contact
8. Other (specify) _______________________________

IX. My personal relations with teachers of nursing in general have been:

1. Usually satisfactory
2. Neither distinctly satisfactory nor unsatisfactory
3. Unsatisfactory
4. Usually cooperative
5. Neither distinctly cooperative nor uncooperative
6. Uncooperative
7. Other (specify) _______________________________

X. Guided learning experiences provided for me by teachers of nursing generally were:

1. Usually as varied as they should be
2. Neither distinctly varied nor unvaried

(Additional choices on Page 4)
Form III Questionnaire

3. Seldom as varied as they should be
4. Usually cooperatively planned for continued growth
5. Neither distinctly cooperatively planned nor uncooper­atively planned
6. Seldom cooperatively planned for continued growth
7. Individual needs were usually considered
8. Neither distinctly considered nor neglected
9. Individual needs were seldom considered
10. Other (specify) ____________________________________

XI. The school of nursing policies or regulations which I, as a faculty member, have assisted in formulating are:

1. Necessary
2. Unnecessary
3. Reasonable
4. Unreasonable
5. Democratic
6. Undemocratic
7. Specific
8. Vague
9. Other (specify) ____________________________________

XII. Advanced programs in nursing would probably provide me with:

Section A —

1. Broadening personal experiences
2. Limited personal experiences
3. Broadening professional experiences
4. Limited professional experiences
5. Necessary experiences for advanced positions in nurs­ing, nursing education or nursing administration
6. Unnecessary experiences for advanced positions in nurs­ing, nursing education or nursing administration
7. Other (specify) ____________________________________

Section B —

1. Is an approximate number of persons that I have influ­enced to enter advanced programs in nursing.
2. Is the approximate number of persons that I have influ­enced to enter preparation for teaching of nursing.
3. Is the approximate number of persons that I have dis­couraged from entering advanced programs in nursing.
4. Is the approximate number of persons that I have dis­couraged from preparing to be teachers of nursing.
XIII. Most of my information concerning advanced programs in nursing, I have received from:

___ 1. Scanning catalogues
___ 2. Formal classes
___ 3. Talking with teachers of nursing
___ 4. Informal discussions with students enrolled in advanced nursing programs
___ 5. Counselors
___ 6. Writing directly to the schools for information
___ 7. Hearsay
___ 8. Other (specify) ______________________________________

XIV. (Complete the following question.) In your opinion, how may nurses and the nursing profession encourage more persons to prepare to be teachers of nursing? ______________________________________

Any comments you care to add concerning the questionnaire or the content examined in the questionnaire are indeed welcome. ______________________________________

I understand that a limited number of individuals participating in this study will be selected for follow-up interviews. In order to assist further in determining those factors which encourage some nurses to prepare to be teachers of nursing and also those factors which make others reluctant to prepare to be teachers of nursing:

My signature is my consent to be considered as one who would be willing to have a personal interview at a future time. I understand that it will be brief and will be arranged at my convenience.

Signature ______________________
Address _______________________
Phone Number ___________________
TEACHING OF NURSING QUESTIONNAIRE

Form IV

Directions: Check or state answer or answers which accurately and completely reflect your position or opinion.

I. Type of program in which you received your basic professional nursing:

   1. Diploma program
   2. Associate degree program
   3. Baccalaureate degree program
   4. Other (specify) ____________________________________

   Last academic degree earned: __________________________
   Name of institution: ___________________________

   Area of specialization: ________________________________

   Title of present position: ______________________________

II. Marital status:

   1. Single
   2. Married
   3. Separated
   4. Divorced
   5. Widowed

   Does your marital status influence your future career choice or the selection of nursing service area of work:

   1. Yes
   2. No

   Did your marital status influence your present career choice:

   1. Yes
   2. No

III. Positions you have held since graduation from your basic nursing program:

   1. General duty nursing
   2. Private duty nursing
   3. Beginning position in public health nursing
   4. Industrial nursing
   5. Armed forces nursing

   (Additional choices on Page 2)
6. Office nursing

7. Institutional nursing

8. None

9. Other (specify)

Which provided the greatest personal satisfaction:

IV. Individual whom you consider to have been most instrumental in assisting you in making a future career choice or selecting an area of nursing service in which to work:

1. Family

2. Friend

3. Classmate

4. Counselor

5. Head nurse

6. Supervisor

7. Faculty member in school of nursing

8. Faculty member outside school of nursing

9. No one

10. Other (specify)

V. Individual who encouraged you to pursue preparation for teaching of nursing:

1. Family

2. Counselor in school of nursing

3. Counselor outside school of nursing

4. Faculty member in school of nursing

5. Faculty member outside school of nursing

6. No one

7. Other (specify)

VI. Individual who attempted to discourage you from preparing to be a teacher of nursing:

1. Family

2. Counselor in school of nursing

3. Counselor outside school of nursing

4. Faculty member in school of nursing

5. Faculty member outside school of nursing

6. No one

7. Other (specify)
VII. Factors which you feel influence nurses to prepare to be teachers of nursing:

1. Interest in students
2. Interest in specific subject material
3. Interest in teaching
4. Satisfactions received from assisting individuals to develop personally and professionally
5. Salary
6. Professional prestige
7. Opportunities to participate in research
8. Opportunities for continued professional growth
9. Regular working hours
10. Vacation and other personnel policies
11. Avoidance of some of the less desirable tasks associated with general nursing
12. Other (specify) ________________________________

VIII. Factors which you feel make nurses reluctant to prepare to be teachers of nursing:

1. Amount of money spent in preparation
2. Amount of time spent in preparation
3. Professional responsibilities that accompany position
4. Amount of preparation for classes outside of working hours
5. Committee responsibilities
6. Salary
7. Limited amount of patient contact
8. Other (specify) ________________________________

IX. My personal relations with teachers of nursing in general have been:

1. Usually satisfactory
2. Neither distinctly satisfactory nor unsatisfactory
3. Unsatisfactory
4. Usually cooperative
5. Neither distinctly cooperative nor uncooperative
6. Uncooperative
7. Other (specify) ________________________________

X. Guided learning experiences provided for me by teachers of nursing generally were:

1. Usually as varied as they should be
2. Neither distinctly varied nor unvaried

(Additional choices on Page 4)
Form IV Questionnaire

3. Seldom as varied as they should be
4. Usually cooperatively planned for continued growth
5. Neither distinctly cooperatively planned nor uncooperatively planned
6. Seldom cooperatively planned for continued growth
7. Individual needs were usually considered
8. Individual needs were neither distinctly considered nor neglected
9. Individual needs were seldom considered
10. Other (specify)

XI. The school of nursing policies or regulations which I as a student had to conform, seemed in general to be:

1. Necessary
2. Unnecessary
3. Reasonable
4. Unreasonable
5. Democratic
6. Undemocratic
7. Specific
8. Vague
9. Other (specify)

XII. Advanced programs in nursing would probably provide me with:

Section A —

1. Broadening personal experiences
2. Limited personal experiences
3. Broadening professional experiences
4. Limited professional experiences
5. Necessary experiences for advanced positions in nursing, nursing education or nursing administration
6. Unnecessary experiences for advanced positions in nursing, nursing education or nursing administration
7. Other (specify)

Section B —

1. Is an approximate number of persons that I have influenced to enter advanced programs in nursing.
2. Is the approximate number of persons that I have influenced to enter preparation for teaching of nursing.
3. Is the approximate number of persons that I have discouraged from entering advanced programs in nursing.
4. Is the approximate number of persons that I have discouraged from preparing to be teachers of nursing.
XIII. Most of my information concerning advanced programs in nursing, I have received from:

1. Scanning catalogues
2. Formal classes
3. Talking with teachers of nursing
4. Informal discussions with students enrolled in advanced nursing programs
5. Counselors
6. Writing directly to the schools for information
7. Hearsay
8. Other (specify) _____________________________

XIV. (Complete the following question.) In your opinion, how may nurses and the nursing profession encourage more persons to prepare to be teachers of nursing? _____________________________

Any comments you care to add concerning the questionnaire or the content examined in the questionnaire are indeed welcome.

I understand that a limited number of individuals participating in this study will be selected for follow-up interviews. In order to assist further in determining those factors which encourage some nurses to prepare to be teachers of nursing and also those factors which make others reluctant to prepare to be teachers of nursing:

My signature is my consent to be considered as one who would be willing to have a personal interview at a future time. I understand that it will be brief and will be arranged at my convenience.

Signature _________________________
Address _________________________
Phone Number _________________________
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BIBLIOGRAPHY

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**UNPUBLISHED MATERIALS**


AUTOBIOGRAPHY

I, Helen Elizabeth Dorsch, was born in Steubenville, Ohio, August 12, 1920. I received my secondary education at Steubenville High School, Steubenville, Ohio. From Presbyterian Hospital School of Nursing in Pittsburgh, Pennsylvania I received my basic nursing education and was graduated in 1942. From Duquesne University I received the degrees of Bachelor of Science in Nursing Education in 1953 and Master of Science in Education in 1954.

In 1943 I entered the Army Nurse Corps and remained in active service until 1946. From 1946 until 1951 I was a county public health nurse in Hancock County, West Virginia. During this period I was enrolled as a part-time student at the College of Steubenville in Steubenville, Ohio.

In the fall of 1955 I began my graduate study in education at The Ohio State University.