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A DESCRIPTIVE STUDY OF THE VALUE SYSTEMS
OF SELECTED NURSES

THESIS

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By

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The purpose of this study was to determine the various values that influence nurses within the hospital, and ascertain, through comparison, any significant differences between the values of the floor nurse and the values of the emergency room nurse. The value systems (Tribalistic, Egocentric, Conformist, Manipulative, Sociocentric, and Existential) were developed by Clare W. Graves as the "Levels of Psychological Existence."

A values test was utilized in order to collect data. The "Values for Nursing" test was administered to 161 nurses in a large metropolitan city in Texas. Specific hypotheses regarding value differences in nursing groups were tested.

TABLE OF CONTENTS

	Page
LIST OF TABLES	v
LIST OF ILLUSTRATIONS.	vi
Chapter	
I. INTRODUCTION.	1
The Floor, and the Floor Nurse	
The Emergency Room, and the Emergency	
Room Nurse	
Statement of Problem	
Contents of Study	
II. THE THEORETICAL FRAMEWORK OF VALUE SYSTEM	
ANALYSIS.	10
The Value Levels	
III. VALUE SYSTEM ANALYSIS IN NURSING.	20
Design of the Test Instrument	
Criterion for Population Selection	
Methods and Problems of the Test	
Administration	
Statistical Procedures	
IV. RESULTS	27
The Value Differences Based Upon	
Area of Specialization	
The Value Differences Based Upon	
Chronological Age	
The Value Differences Based Upon	
Sex	
The Value Differences Based Upon	
Marital Status	
The Value Differences Based Upon	
Professional Title	
The Value Differences Based Upon	
Job Position	
The Value Differences Based Upon	
Type of Nursing Instruction	
The Value Differences Based Upon	
the Number of Years Experience	
in Nursing	

Chapter	Page
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS.	49
Description of the Value Levels in Nursing Value System Analysis and Its Relation to Nursing Implications for Further Research	
APPENDIX	54
BIBLIOGRAPHY	61

LIST OF TABLES

Table	Page
I. The Value Differences Based Upon Area of Specialization	28
II. The Value Differences Based Upon Chro- nological Age	30
III. The Value Differences Based Upon Sex.	33
IV. The Value Differences Based Upon Marital Status.	35
V. The Value Differences Based Upon Pro- fessional Title	38
VI. The Value Differences Based Upon Job Position.	40
VII. The Value Differences Based Upon Type of Nursing Instruction.	43
VIII. The Value Differences Based Upon Years of Experience in Nursing.	45

LIST OF ILLUSTRATIONS

Figure	Page
1. The Value Differences Based Upon Area of Specialization	29
2. The Value Differences Based Upon Chro- nological Age	31
3. The Value Differences Based Upon Sex.	34
4. The Value Differences Based Upon Marital Status.	36
5. The Value Differences Based Upon Pro- fessional Title	39
6. The Value Differences Based Upon Job Position.	41
7. The Value Differences Based Upon Type of Nursing Instruction.	44
8. The Value Differences Based Upon Years of Experience in Nursing.	46

CHAPTER I

INTRODUCTION

For many years nurses have graduated from various types of nursing schools, receiving various types of nursing instruction, with concentrations in differing areas, but generally with a very broad and basic understanding of all the different areas of hospital care. More often than not, a nurse does not specialize in one specific area until she has taken a job in a certain area or unit of the hospital. The resulting specialization, then comes mainly from the demands of the job and not always from the nurse's pre-determined choice. The nurse's competence and understanding of the unit and fulfillment in the profession hinges largely on her ability to adapt to the environment of the particular unit.

Nursing education is confronted with the task of preparing the nurse to assume her role in society and in nursing. But what is that role? Several basic nursing programs are in existence--each with the expressed or implied objective of preparing nurses for first level positions, in other words, a staff nurse. But what do the phrases "first level" and "staff nurse" mean, especially since there is such a wide variation in the preparation of persons who are to fill this position? At the present time each employing agency defines what it expects of this person with the result that there is no standard job description of staff nurse responsibilities (1, p. 7).

Over the years the hospital has found a need to divide itself into specialized units in order to offer better patient care.

In order to make more efficient use of personnel and equipment, some hospitals are grouping patients according to the care they need. This system of progressive patient care includes an intensive care unit for the critically ill, a recovery room for patients immediately following surgery, regular care for the average patient, and minimal care or self-care for the convalescent patients and others who are ambulatory (1, p. 5).

These areas of specialization which have evolved from the separate units which make up a hospital, have inherent within them certain characteristics, values, and levels of behavior that distinguish one unit from another unit of the hospital.

The desire on the part of the nurse to keep up with the newest innovations and information in a certain unit aids in the strengthening of ideas, beliefs, characteristics, attitudes and behavior which are necessary for operation within that unit. This establishes a commonality and workability that allows certain behavior types to better function within that particular unit.

The age of specialization has arrived, and nursing is affected as much as any other profession, if not more. The body of knowledge that is required for the practice of nursing is so vast that even the most capable and motivated nurse can no longer master it all. The pressure on the nurse has been heightened by the consumer's legitimate demand for the highest quality of care. This has meant the kindling of an intense desire to understand and keep pace with the newest innovations and information on the part of most nurses (2, p. 21).

Operating on the assumption that nursing has evolved into specific areas of specialization, it is the purpose of this thesis to describe the predominant value systems of the emergency room nurse and compare them to the predominant

value systems of the floor nurse, with the intent of answering the following question, "Do emergency room nurses operate under different value systems from floor nurses?"

Other questions naturally follow. Is there a significant difference of values as determined by the following:

- (1) chronological age;
- (2) sex;
- (3) marital status;
- (4) professional title;
- (5) job position;
- (6) type of nursing instruction;
- (7) number of years experience in nursing.

This chapter is divided into four basic areas: A brief discussion of the floor nurse and her environment, a brief discussion of the emergency room nurse and her environment, an explanation of the thesis problem and a preview of the contents of each chapter.

The Floor, and the Floor Nurse

The in-patient bed facilities, such as private rooms and wards is the area of the hospital commonly referred to as the "floor." The floor is the part of the hospital which occupies most of the hospital space. It is the area where patients are most likely to receive "total" or "individualized patient care." These areas are described in The Management of Patient Care as

. . . comprehensive care for meeting all the needs of the patient--emotional, spiritual, physical, environment, social, economic, and rehabilitative, including all teaching needed in any of these areas. Total care recognizes the patient as a member of a family and a community and strives to help both the patient and his family make the necessary adjustments to his limitations. The nurse recognizes that many people will contribute to the total care of her patient but that she may need to act as coordinator to some who render services to her patient (1, p. 14).

The floor nurse is responsible for planning the patient's rest--physical and mental. She administers his drugs, treatment, serves his food, gives him general nursing care, plans his environment, and participates in his rehabilitation.

The patient that the floor nurse cares for is generally a "term" patient and could best be described as an "inpatient." The length of the patient's stay is determined by the patient's illness, but it is definitely a longer stay than that of an "outpatient."

On the floor, the nurse and the doctor usually communicate non-verbally by way of the written word on the patient's chart. Verbal contact is usually by means of the telephone. Direct eye to eye contact of nurse and doctor in communication does not occur as often as the non-verbal communication. Many times the nurse on the late night shift will have no direct contact with the patient's doctor at all unless an emergency arises.

Within recent years there has been growing recognition of the importance of physician-nurse relations to patient care (3, p. 26).

Medicine and nursing have common goals; the preservation and restoration of health. Yet their roles in achieving these objectives are not identical and may be visualized as two overlapping circles, each with its own content but sharing a common ground. The primary role of medicine comprises diagnosis and treatment--the "cure" process. In contrast, the primary role of nursing lies in the "care" process, expressive in nature, and consisting of caring, helping, comforting and guiding. Neither role is an exclusive domain. Both professions feel responsible for trying to meet patients' psychological needs. Furthermore, as technology advances, a steadily enlarging area of overlapping roles is made up of tasks instrumental to diagnosis and treatment, delegated by doctor to nurse (3, p. 26).

The Emergency Room, and the Emergency Room Nurse

The Emergency Room is a center of activity. It is the only unit of the hospital that is relatively open to the outside. Unlike other protected units of the hospital, the E.R. is open and vulnerable to entry from the outside.

The atmosphere of the Emergency Room (E.R.) is kinetic. At times it appears violent. Accident victims, gun shot victims, and heart attack patients visit the Emergency Room before they visit any other unit of the hospital. Many times it is the only unit of the hospital that some patients visit.

Unlike other units of the hospital, noise is more accepted in the E.R. The medical team in this unit does not usually speak softly. Communication here, as in all other units of the hospital, is essential, but the time factor is more immediate. A lot of information is passed around in the Emergency Room. Communication lines are direct and immediate. Doctors' orders for patients are usually verbal

first, then written. In the E.R. one will find doctors and nurses communicating face to face, exchanging ideas and observations, and sharing information.

Most of the time the nurse will see the patient before the doctor sees the patient. The nurse will make a preliminary assessment and convey the information to the doctor. Using the information supplied by the nurse and his own examination the doctor will begin treatment.

In the E.R. the doctor and nurse seem to operate on more of an equality or sharing basis. More often than not the nurse's observations directly aid in the treatment of the patient. Many times the doctor will seek out the nurse in order to find out what preliminary measures have been taken.

Often a patient will arrive at the Emergency Room who is already being treated by a physician for an illness. When the doctor is located, or calls the E.R., it is usually the Emergency Room nurse who takes the call. It is usually the nurse who describes the patient's condition to the doctor over the phone. The doctor will then either have the E.R. doctor treat the patient, or will prescribe treatment for the patient to the nurse over the phone.

Communication in the Emergency Room is usually verbal and face to face before it is ever written down. If not face to face, the telephone is the medium by which the verbal communication is transmitted and received. This

paragraph should not mislead the reader. Doctors' orders are written, but the presence of a doctor or doctors in the emergency room gives this unit the advantage of direct and immediate communication.

The patient's stay in the emergency room is usually limited to a short period of time before he is moved to one of the other units of the hospital or discharged home. It is on one of the floors of the hospital where the patient receives extended care. The emergency room may be differentiated from the floor by describing it as more of an "outpatient" oriented setting. The patient is either treated in the emergency room and is discharged or is admitted to the hospital from the emergency room for a longer stay in the hospital.

Statement of Problem

The purpose of this study is to identify the various values that can be found among nurses of a hospital, determine which values are consistent among emergency room nurses and which values are consistent among floor nurses, contrast those values, and see how they differ. Little or no research has been done in the medical field concerning values for jobs. The investigative tool used in this thesis is formulated from the theories of Clare W. Graves, as revised by Scott Meyers, Charles Hughes, Vincent Flowers, Don Beck, et al. This type of assessment of individual and group

value systems is called "Value System Analysis." The Value System Analysis enables the researcher to apply an ipsative measure to the various value systems operating within a hospital.

Contents of Study

Chapter I offers a brief description of two specialized areas of nursing, the emergency room nurse, and the floor nurse.

Chapter II consists of the theory from which the study is based.

Chapter III explains the procedures of the investigation.

Chapter IV reports the results of the research and the interpretation thereof.

Chapter V gives support relative to the acceptance or rejection of any conclusions that might be drawn from the data.

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CHAPTER II

THE THEORETICAL FRAMEWORK OF VALUE SYSTEM ANALYSIS

Clare W. Graves is a professor of psychology at Union College in Schenectady, New York. He has been working on his theory of man and man's behavior since 1952. Graves' research indicates that man is an open-system organism who has gradually been evolving into higher levels of psychological existence. Graves suggests that the similarities between his work and the work of Abraham H. Maslow are real, and his theory of Levels of Psychological Existence, to some degree, is a revision and extension of Maslow's views of man's physiological and psychological needs. Graves' research is based upon the following three-part premise that:

1. . . . man's nature is not a set thing . . . it is ever emergent . . . it is an open system, not a closed system.
2. . . . man's nature evolves by saccadic, quantum-like jumps from one steady system to another.
3. . . . man's values change from system to system as his total psychology emerges in new form with each quantum-like jump to a new steady state of being.

The Value Levels

Scott Meyers, Susan Meyers, Charles Hughes, Vincent Flowers, Don Beck and others have taken Graves' values, or levels of psychological existence, and have described

them in terms of organizational behavior and communication. The levels must be thought of in terms of an "open" continuum through which the organism may progress or regress. The different value levels often tend to cluster, although one level will tend to dominate all others.

To date, basing their observations upon the work of Graves (1, 2), Don Edward Beck and the Center for Values Research, a research training and consultant organization focusing on the nature of human value systems and how they influence individual and organizational behavior, have defined the following seven levels of psychological existence. The single-word label is used at each level for convenience of discussion.

Level 1 - Reactive. Man, at this level, is not aware of self or others as individuals or human beings. He reacts to feelings of pain, hunger, warmth, cold, etc. This level is mostly restricted to infants, people with serious brain deterioration, and certain psychopathic conditions, and therefore, will be defined, but for this study, disregarded.

Level 2 - Tribalistic. Man, at this level, has a strong need for stability and safety and he feels the way to fulfill these needs is through rigid adherence to the traditions of his tribe. His existence is based on myth, tradition, spirits, magic, and superstition. He follows a ritualistic way of live, and he will do everything to win the favor of his "elder." Changes in his usual way of existence threaten this person to a great degree, as he usually has difficulty adapting to them.

The tribalistic individual is more of a follower than a leader. He accomplishes little more than the fulfillment of his basic physiological needs. He is merely aware of the problems of sustenance, illness, reproduction, and disputes. He limits his actions to attempt to fulfill these needs.

The tribalistic individual would rarely be an active participant in organizations, including the medical profession. Rather, he is usually the one found taking orders and carrying them out. He is quite happy with his arrangement and would be very uncomfortable in administrative positions as he would not know how to manage this sort of position.

A Level 2 nurse must have an understanding supervisor that carefully explains the rules to follow in completing her work, while the tribalistic patient must have a nurse that carefully attends to him and carefully explains why the treatment is good for him. Concepts, time, space, quantity, and materiality do not motivate this individual, therefore productive effort is limited to the task at hand.

Level 3 - Egocentric. An individual at this level can be typified as adhering to rugged individualism. He is often selfish, thoughtless, unscrupulous, and dishonest. He has not learned to function within the constraints imposed by society. He responds primarily to power. To this individual, survival is the only goal--to the victor goes the spoils--and

anything goes in his efforts to win. But, he is also creative, adventurous, and strives hard to survive. He interprets reward or punishment in terms of his own personal achievement.

The egocentric would rarely be found as a hospital nurse because any type of hospital environment is too structured for her. She is much happier in jobs that afford her the opportunity to be in control of things, active and spontaneous. The egocentric patient wants treatment now. Make it feel better now. He is inclined to forego a long term treatment that may heal his sickness, and opt for the short term treatment that treats the symptoms and holds down the pain. The egocentric patient is a demanding patient.

Level 4 - Conformist. Man, at this level, bases his way of life on the conviction that there must be some rationale to explain his perception of the world. He leads his life as though it were a test of "worthiness." He believes in directed design, that there are forces guiding man and his destiny. He feels he must, therefore, lead the saintly way of life. His typical behavior is denial, deference, piety, modesty, self-sacrifice, harsh self-discipline, and no self-indulgence.

This individual demonstrates a low tolerance for ambiguity, and has a difficult time accepting those persons whose values are different from his own. He merely accepts

his role in life as a fact that he must learn to live with. But, regardless of the role assigned him, he strives for perfection. His own wants and desires are secondary. His primary concern is what the world expects of him by virtue of his position.

This individual functions best in rigidly defined roles and positions. The conformist nurse knows what the hospital policy is in a given situation, and follows that policy to the letter. She will not vary the treatment. If an illness calls for a certain treatment, that treatment will be carried out to the fullest. It is not her job to question the doctors' orders, it is her job to follow them. The conformist patient will not question the doctor's reasoning. He will do whatever the doctor says to do because he realizes what his role as patient is. If it would not help him, the doctor would not prescribe it.

Level 5 - Manipulative. Man, at this level, like the egocentric, again seeks to conquer the world. Instead of utilizing the raw power strategies of the egocentric, however, he attempts to gain success through learning the world's secrets. He is very ambitious and attempts to achieve status and recognition through the manipulation of people and things around him.

Unlike the conformist, he does not believe in pre-determined fate. He is materialistic and gains status and recognition on his own through rational, objective

positivism. Other important values are achievement, competition, the entrepreneurial attitude, scheming, and manipulating. He will utilize any means to achieve his goals, but within the constraints placed upon him by society.

This type of individual would usually not be found in nursing. Nursing would not offer the freedom this individual must have. He is very often found in administrative work because this position provides him with more opportunities to achieve the status he requires. He will attain the necessary higher education to achieve this status. The manipulative patient heals best through his own efforts. He will take mild risks and take his treatment according to his schedule. He will have to heal on the run because his schedule is too full to allow for illness.

Level 6 - Sociocentric. At this level, man basically concerns himself with his interpersonal relationships. He wants and needs to belong and be accepted. He values harmonious relationships and disregards violence. He has little respect for materialistic individuals and manipulative management. He respects the authority of those contemporaries whom he holds in high regard and whom merit his trust. He believes that getting along with others is more important than getting ahead and values what is best for people as a whole. On the surface, the sociocentric individual may appear shallow. But, Graves says, man on this level is seeking to be with and within the feelings of his valued-other. Graves calls these values "personalistic."

A sociocentric person does not believe that an individual's high status is the measure of a man. In believing that there are other means to a living than hard work, he tends to live in the "here and now" and finds meaning in everything he does.

The sociocentric becomes a nurse because she wants to help others. Her fulfillment comes in the well-being of her patient. She will be found giving individualized patient care and looking after the total needs of her patient. This person is quite adaptable to the hospital environment. The sociocentric nurse makes a good team member, but would probably not seek a leadership position, especially if it would take her away from her patients. Salary is not a basic issue with the sociocentric nurse. Her rewards come with the success of her job. The sociocentric patient is not a demanding patient. This individual realizes that he is not the only one in the hospital who needs attention, and he will be the first to point out that others need attention more than he does.

Level 7 - Existential. Man, at this level, has high tolerance for ambiguity and is accepting of those whose values are different from his own, as long as they do not bother him. He likes the freedom to function on his own without constraints of authority. He is goal-oriented, but not for selfish reasons. He is more concerned with the restoration of the world, being no longer hindered by basic

human fears. He values spontaneity, creativity, all human wants (but is not governed by them), and experiential learning. He dislikes artificiality.

When man reaches the existential level, he is striving to become a "self-actualizing" person. In other words, he is no longer operating out of the subsistence level systems, but has passed onto a "being-level" system.

Rarely would a high level existential nurse be found in a hospital environment. The existential person requires freedom, the opportunity to be creative, and appreciates the challenge a flexible system affords. Since the existential individual values minimal structure, she would not get along well in a structured conformist environment. She might be found operating a mobile clinic for people in remote regions.

The existential nurse respects and can adapt to individual differences in patients. She receives great satisfaction from showing the patient how to become an autonomous individual. The level 7 patient progresses more when he is told all the facts concerning his illness and allowed to analyze his problem and decide which treatment he would rather have.

An understanding of Graves' theory and Value System Analysis causes one to realize the individual differences in human beings and the futility of treating individuals as if those differences did not exist. One should also realize that individuals do not function out of one level

of existence only. A person's values change as the situation changes. At times, one, two, or more levels may dominate an individual's behavior. For example, a nurse may exhibit a different value construct at the hospital as compared to her behavior at home.

The remaining chapters of this thesis discuss the procedures used to determine the various value clusters found in the hospital and their implications. This chapter has briefly explained the theory behind the research instrument and the vocabulary that is used to explain the results of this study.

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CHAPTER III

VALUE SYSTEM ANALYSIS IN NURSING

There is a growing acceptance of the notion that improved communication in an organization will improve human relations and, in addition, productivity. There is also a growing awareness of the importance of recognizing the differences in the values held by the various members of an organization. With this in mind, a great deal of research in this area has been completed. Only recently has the discovery been made that the work of Clare W. Graves is quite adaptable for use in the areas of interpersonal communication and nursing.

In 1975, Larry Long designed a testing instrument patterned after the Values for Working instrument developed by Scott and Susan Meyers in conjunction with Vincent Flowers and Charles Hughes. Long tested a military organization to determine the value clusters that were influencing military communication (1). Also in 1975, Penny Long developed a Values for Teaching instrument based on the work done by Graves, the Meyers, Flowers and Hughes (2). Later, in 1976, Neal Rieke, utilizing the same information, developed an instrument and tested law enforcement organizations (3) to determine the value clusters that were influencing police communication. The design of the measuring instrument

employed in these studies is similar to the Values for Nursing instrument used in this study.

Chapter III discusses the design of the test instrument, the criterion for population selection, the methods and problems of test administration and the statistical procedures that were followed.

Design of the Test Instrument

The procedures involved in this study have concerned themselves with the extension of the research design developed by Scott Meyers et al. This design which is more descriptive than experimental represents an early attempt to categorize behaviors within Graves' modes of adjustment, and as such, it represents an early attempt to describe those behaviors which in the nursing profession reflect dominate value clusters. This type of research will ultimately lead toward the validation of a testing instrument.

The original Values for Nursing test was designed by Garyfallia Forsyth and Don Edward Beck for the Center for Values Research. The questionnaire was developed in such a way that it would effectively indicate a person's value system as a correlation to the major issues confronting a nurse in the hospital.

The instrument used in this study was revised by the researcher from the original Values for Nursing test. Conclusions made by Beck and Christopher C. Cowan, directors of the Center for Values Research, indicate the current Values for Nursing test allows for a more valid measure.

The following areas were selected as "Value Issues" confronting the hospital nurse:

1. the value of nursing as a professional career;
2. the value of the kind of people I like to care for;
3. the value of a good head nurse or supervisor;
4. the value of my style of management;
5. the value of the doctors I like to work with;
6. the value of the rewards from nursing;
7. the value of continuing my nursing education;
8. the value of changes in nursing.

Following Graves' theory, each respondent was given the opportunity to respond to each of these issues at each value level that Graves describes. (Level 1 was eliminated.) There were six possible responses devised for each response. Each response was typical of the tribalistic, egocentric, conformist, manipulative, sociocentric, and existential response. Each respondent was given the opportunity to distribute a point value in correlation to the value she placed on each response--a minimum of zero to a maximum of twelve points for each issue.

Criterion for Population Selection

The selection of the population was the first consideration to be made during this investigation. It was the desire of the researcher to have access to as many nurses in a central location as possible. An effort was made to gather the responses of both the floor nurses and emergency room nurses from each of the hospitals used in the survey, although it was not requisite. Responses from both floor nurses and emergency room nurses were gathered from two large metropolitan

hospitals. Another large metropolitan hospital supplied responses from emergency room nurses only, and a professional organization made up of emergency room nurses from various metropolitan area hospitals also supplied responses for this survey. Group 1 was made up of nurses from a large county hospital which handles the county's welfare cases. This hospital also has one of the largest and best equipped emergency departments in the nation. Group 2 was made up of nurses from the largest private hospital in the area. Group 3 consisted of nurses from another large private hospital. Group 4 was comprised of emergency room nurses from various area hospitals.

Methods and Problems of the Test Administration

Group 1, which handles the largest single number of emergency cases in the area, employs more than fifty emergency room nurses. The hospital from Group 1 was expected to supply this study with the single largest number of emergency room nurses' responses. The opposite was the case. Group 1 supplied the fewest emergency room nurses' responses. Many of the questionnaires handed to Group 1 emergency room nurses ended up in the trash can. Most of the questionnaires were handed back unanswered. People who are close to the Group 1 emergency room were heard making statements such as: "These people don't like to participate in anything, especially things supplied by outsiders," and "This group is suspicious of any type of questionnaire."

Clearance was obtained from the directors of nursing for both Group 1 and 2. The head nurse in the emergency room cleared the questionnaires for Group 3. The Group 4 nurses simply volunteered to fill out the questionnaires. The questionnaires were handed out to the nurses by either supervisors or head nurses in Groups 1, 2, and 3. The test administration was done by the researcher in Group 4. The researcher gave a brief description of the test and left. The questionnaires were collected by one member of Group 4, and turned over to the researcher the following day.

Statistical Procedures

The following are the demographic variables that were taken into consideration in order to complete the Value System Analysis for nurses:

1. chronological age;
2. sex;
3. marital status;
4. nursing title;
5. area or unit of the hospital;
6. job position;
7. type of nursing instruction;
8. number of years of nursing experience.

These variables and the value dominance of each were utilized to ascertain the conclusions made in the Value System Analysis of the nurses tested.

Total point sums were hand-tabulated for each value level response on each of the value issues presented to individual respondents. Each respondent could have exhibited a total numerical value that ranged from zero to

ninety-six on a particular level of psychological existence. Statistically, the numerical value of the sum of all of the levels of psychological existence could not have been greater or less than ninety-six since the test is an ipsative measure. A total of twelve points had to be distributed for each value issue. Therefore, a respondent could have distributed sixteen points on each of the value levels, or she could have distributed the ninety-six point total in any way she chose. None of the tests had an even distribution of numerical values (sixteen points per level of psychological existence), nor did any of the tests have the maximum (ninety-six points) points placed on a particular value level. There was no artificial skewing of the results found after the analyzation of the data.

The data was key-punched by hand onto cards from the separate questionnaires. An analysis of variance was conducted to determine the probability of the results being due to chance, or other influences beyond the control of the testing environment. It was determined that a .05 level of confidence was desirable to validate the results of the Value System Analysis for nurses.

Chapter IV has been reserved for the application of Graves' theories.

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CHAPTER IV

RESULTS

The purpose of this chapter is to report the results of the Value System Analysis. The survey was conducted during the months of July, August, and September with the cooperation of three major metropolitan hospitals and a professional nurses' association which is comprised of nurses from the same metropolitan area.

This chapter is divided into eight basic areas--looking at the value differences based upon area of specialization, chronological age, sex, marital status, professional title, job position, type of nursing instruction, and years of experience in nursing.

The Value Differences Based Upon Area of Specialization

Table I and Figure 1 illustrate the differences in levels of psychological existence with reference to the area of specialization. Group One are the floor nurses and Group Two are the emergency room nurses.

These data indicate no significant difference above the .05 level. The greatest difference between the two groups occurs in the area of conformity. Although the difference is slight, the emergency room nurse scored marginally higher than the floor nurse at the conformist level.

TABLE I

THE VALUE DIFFERENCES BASED UPON AREA OF SPECIALIZATION

Group	Number	Levels of Psychological Existence*													
		2		3		4		5		6		7		Mean	S.D.
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.		
1	123	6.28	5.72	1.03	2.48	13.32	6.82	18.79	7.15	23.77	8.09	32.21	12.21		
2	38	6.71	10.13	1.39	3.18	15.78	10.42	18.76	9.10	22.34	11.08	35.31	9.34		

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential

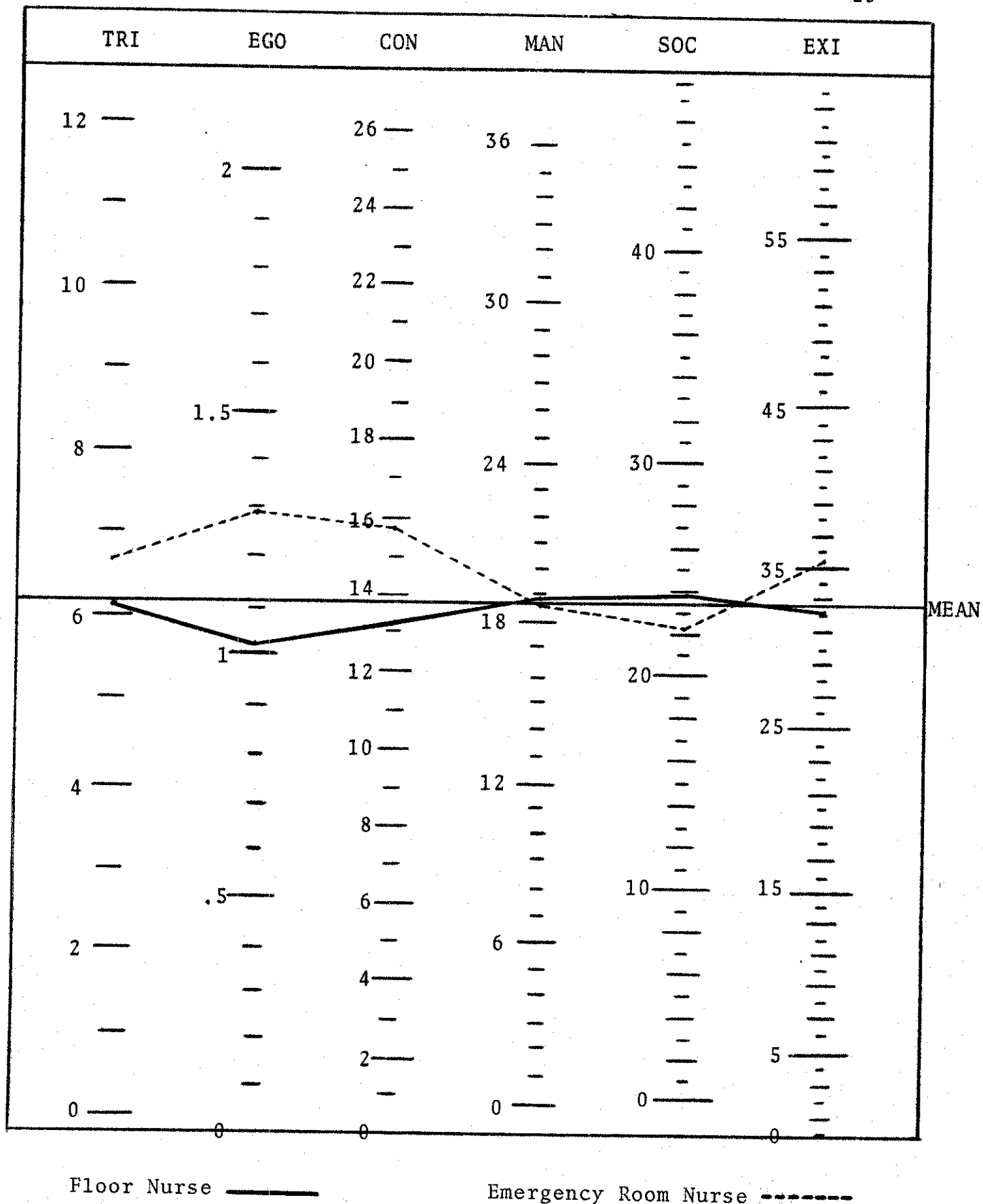
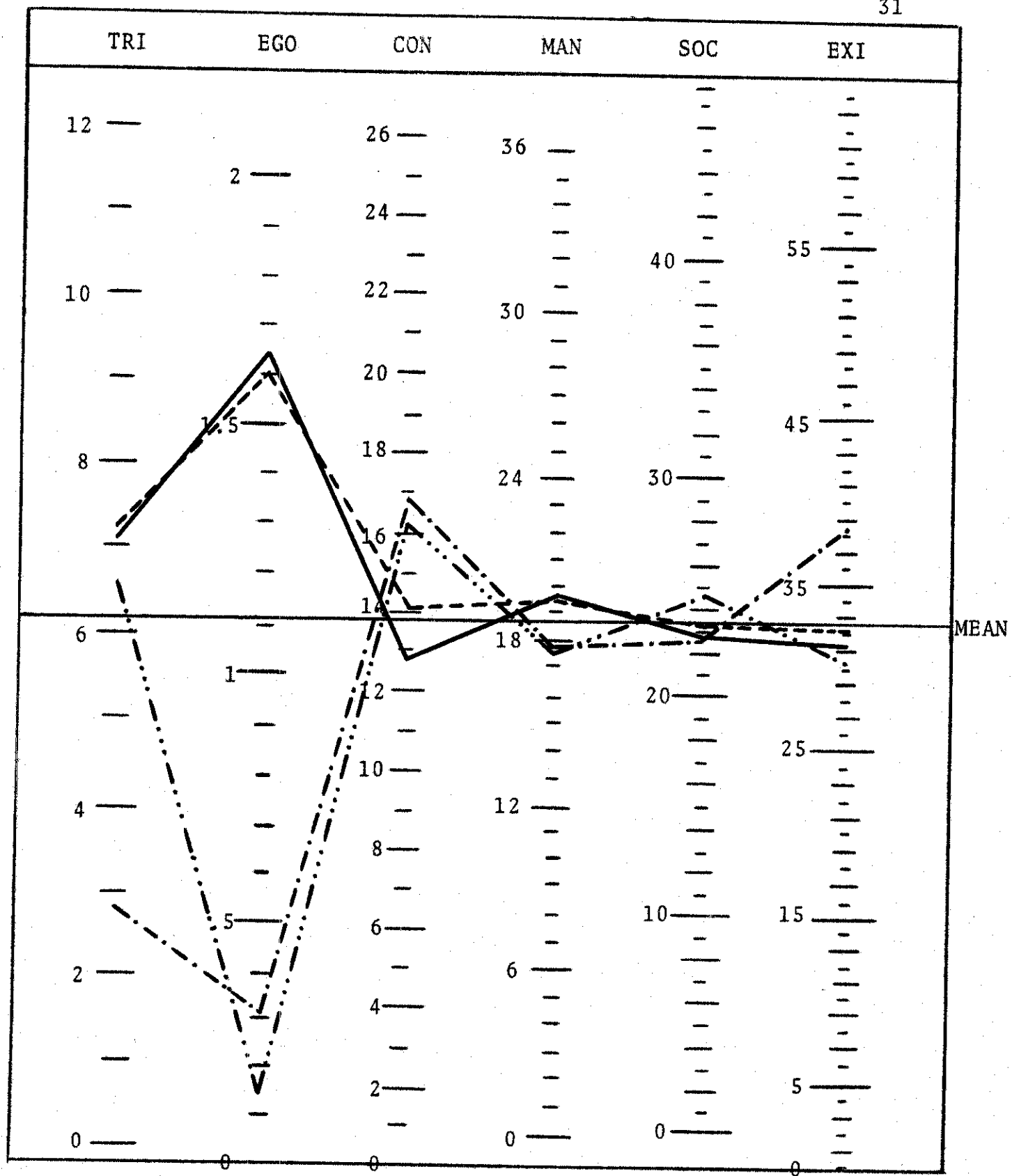


Fig. 1--The Value Differences Based Upon Area of Specialization.

TABLE II
THE VALUE DIFFERENCES BASED UPON CHRONOLOGICAL AGE

Group	Number	Levels of Psychological Existence*													
		2		3		4		5		6		7		Mean	S.D.
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.		
1	53	7.09	6.02	1.64	3.11	12.75	5.71	19.67	7.09	22.86	7.16	31.35	11.38		
2	51	7.25	9.10	1.60	3.25	14.11	6.68	19.52	8.23	23.27	11.09	32.17	9.78		
3	19	2.84	2.94	0.31	0.82	16.84	12.61	17.68	5.98	22.63	7.35	38.36	9.37		
4	26	6.65	5.97	0.15	0.54	16.23	8.25	17.50	7.79	24.61	7.37	30.38	10.64		

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential



20-27 years of age — 28-35 years of age ---- 36-45 years of age -.-.-
 46 years of age and older...-----

Fig. 2--The Value Differences Based Upon Chronological Age

The Value Differences Based Upon Chronological Age

The differences in levels of psychological existence according to chronological age are illustrated in Table II and Figure 2. The breakdown of the groupings is as follows:

Group One:	twenty to twenty-seven years of age
Group Two:	twenty-eight to thirty-five years of age
Group Three:	thirty-six to forty-five years of age
Group Four:	forty-six years of age and older

These data indicate that the differences at the egocentric level are significant at the .05 level of confidence. The nurses in Groups Three and Four scored significantly lower at the egocentric level than the nurses in Groups One and Two. Group Four demonstrated the lowest scores of the four groupings at the egocentric level.

The Value Differences Based Upon Sex

The differences in levels of psychological existence are illustrated in Table III and Figure 3. Group One are the female respondents. Group Two are the male respondents.

A significant difference at the .05 level is present at the tribalistic level. The male nurses scored significantly higher than the female nurses at the tribalistic level (see Figure 3). While the female nurses demonstrated higher scores in egocentricity, males scored slightly higher in conformity and existentialism.

TABLE III

THE VALUE DIFFERENCES BASED UPON SEX

Group	Number	Levels of Psychological Existence*									
		2		3		4		5		6	
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1	151	6.11	5.60	1.17	2.73	13.67	7.68	18.93	7.73	23.41	8.06
2	10	10.50	18.01	0.30	0.67	17.40	9.94	16.60	5.68	23.70	17.77
										32.54	11.68
										38.90	9.72

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential

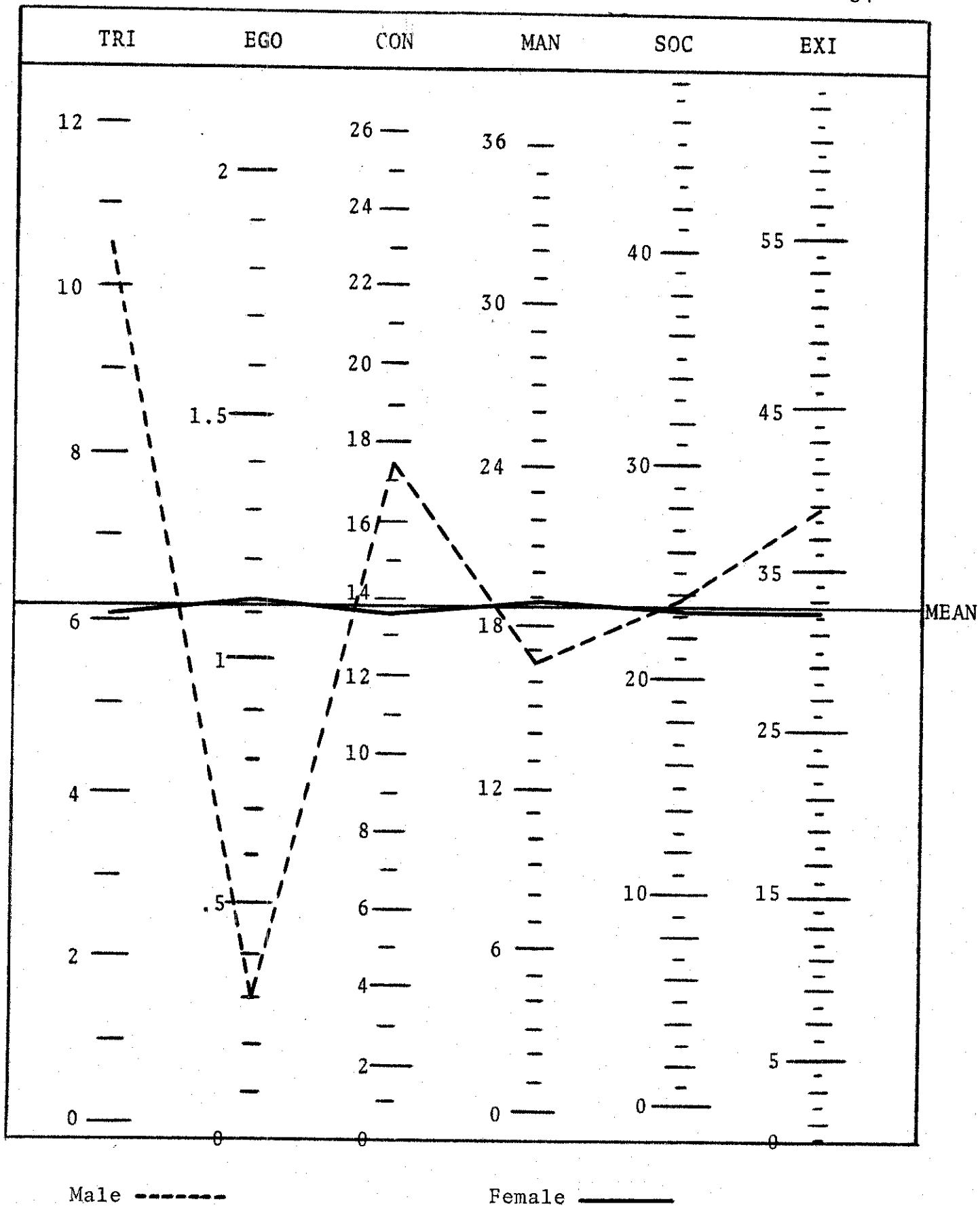


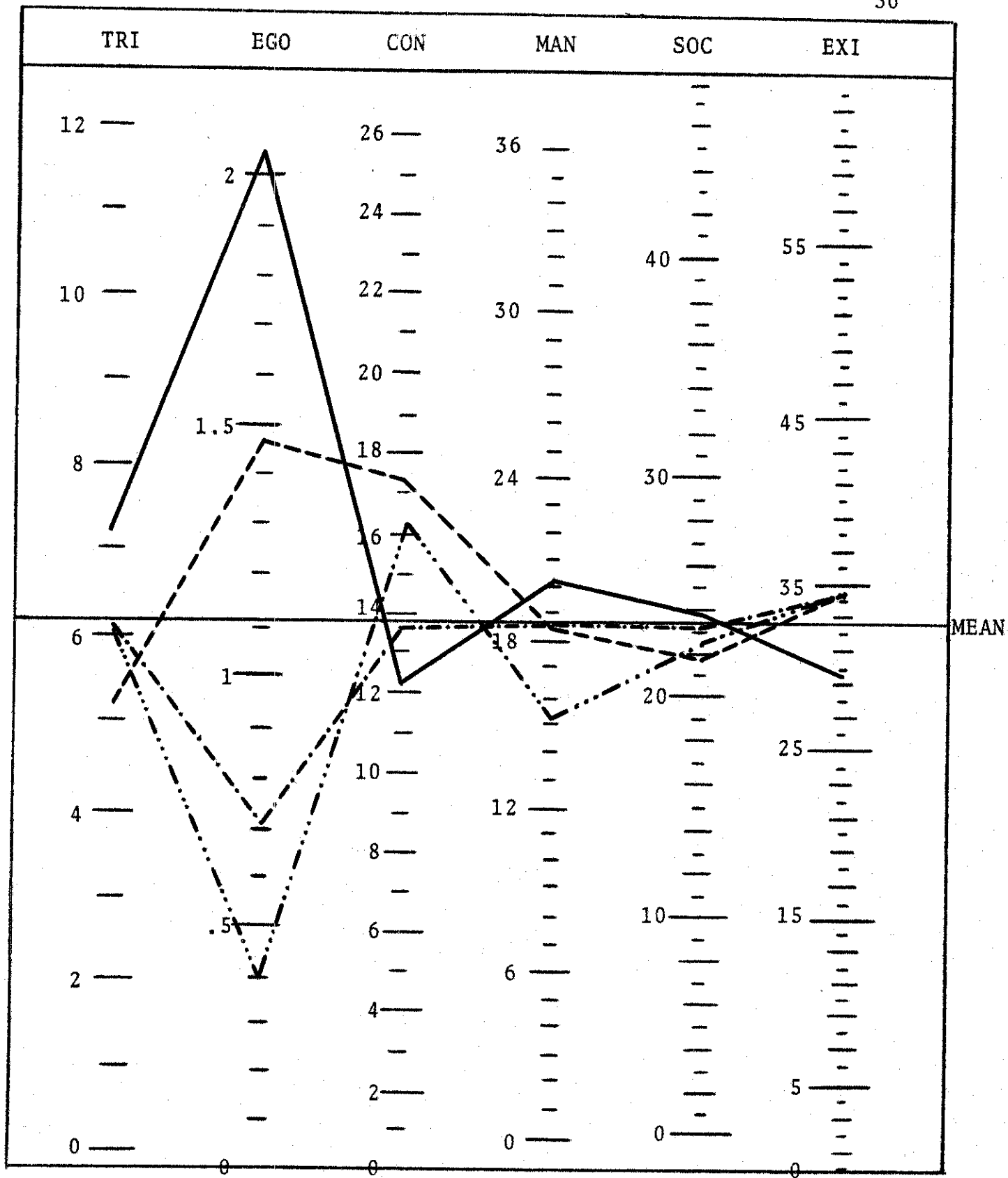
Fig. 3--The Value Differences Based Upon Sex

TABLE IV

THE VALUE DIFFERENCES BASED UPON MARITAL STATUS

Group	Number	Levels of Psychological Existence*													
		2		3		4		5		6		7			
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1	41	7.24	6.06	2.04	3.52	12.26	5.22	20.24	7.84	23.85	7.82	29.68	11.94		
2	19	5.21	4.81	1.47	3.94	17.21	13.07	18.47	5.85	21.84	8.55	34.47	8.26		
3	90	6.27	7.86	0.71	1.79	13.77	7.03	18.74	7.80	23.36	9.12	34.03	11.58		
4	10	6.10	6.29	0.40	0.84	16.20	9.95	15.10	6.87	22.40	7.27	34.50	15.44		

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential



Single ——— Divorced - - - - - Married - - Widowed -

Fig. 4--The Value Differences Based Upon Marital Status

The Value Differences Based Upon Marital Status

Table IV and Figure 4 illustrate the differences in the levels of psychological existence based upon the individual's marital status.

Group One:	Single
Group Two:	Divorced
Group Three:	Married
Group Four:	Widowed

These data indicate a significant difference at the .05 level in the area of egocentricity. The single nurses exhibited significantly higher scores at the egocentric level than either the divorced or widowed nurses. The widowed nurses possessed the lowest scores in egocentricity of all four groups tested.

The divorced nurses scored the highest of all the four groups in conformity. The three groups which had experienced marriage (married, divorced, widowed) scored within .5 of each other at the existential level. The single nurses scored a full five points lower than the other three at that level.

The Value Differences Based Upon Professional Title

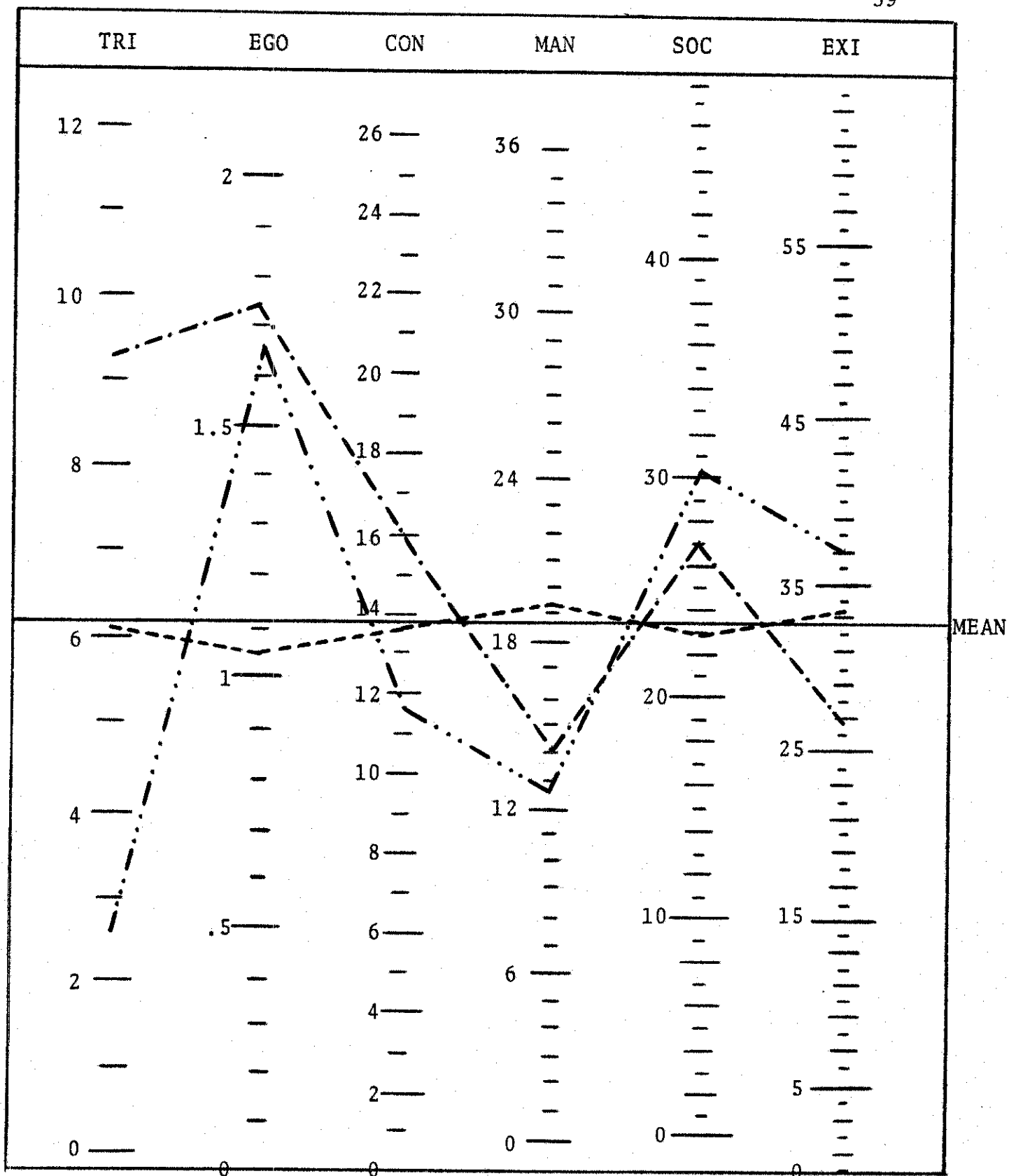
The value differences based upon professional title are displayed in Table V and Figure 5. The Registered Nurses comprised Group One. Group Two was made up of Licensed Vocational Nurses and the Practical Nurses were in Group Three.

TABLE V

THE VALUE DIFFERENCES BASED UPON PROFESSIONAL TITLE

Group	Number	Levels of Psychological Existence*													
		2		3		4		5		6		7			
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1	146	6.21	6.93	1.05	2.70	13.78	8.11	19.30	7.48	22.99	8.66	33.36	11.48		
2	12	9.33	7.76	1.75	2.17	16.00	3.97	14.08	7.89	27.08	10.55	26.75	13.47		
3	3	2.66	3.05	1.66	2.08	11.66	6.65	12.66	6.42	30.33	8.73	37.00	6.08		

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential



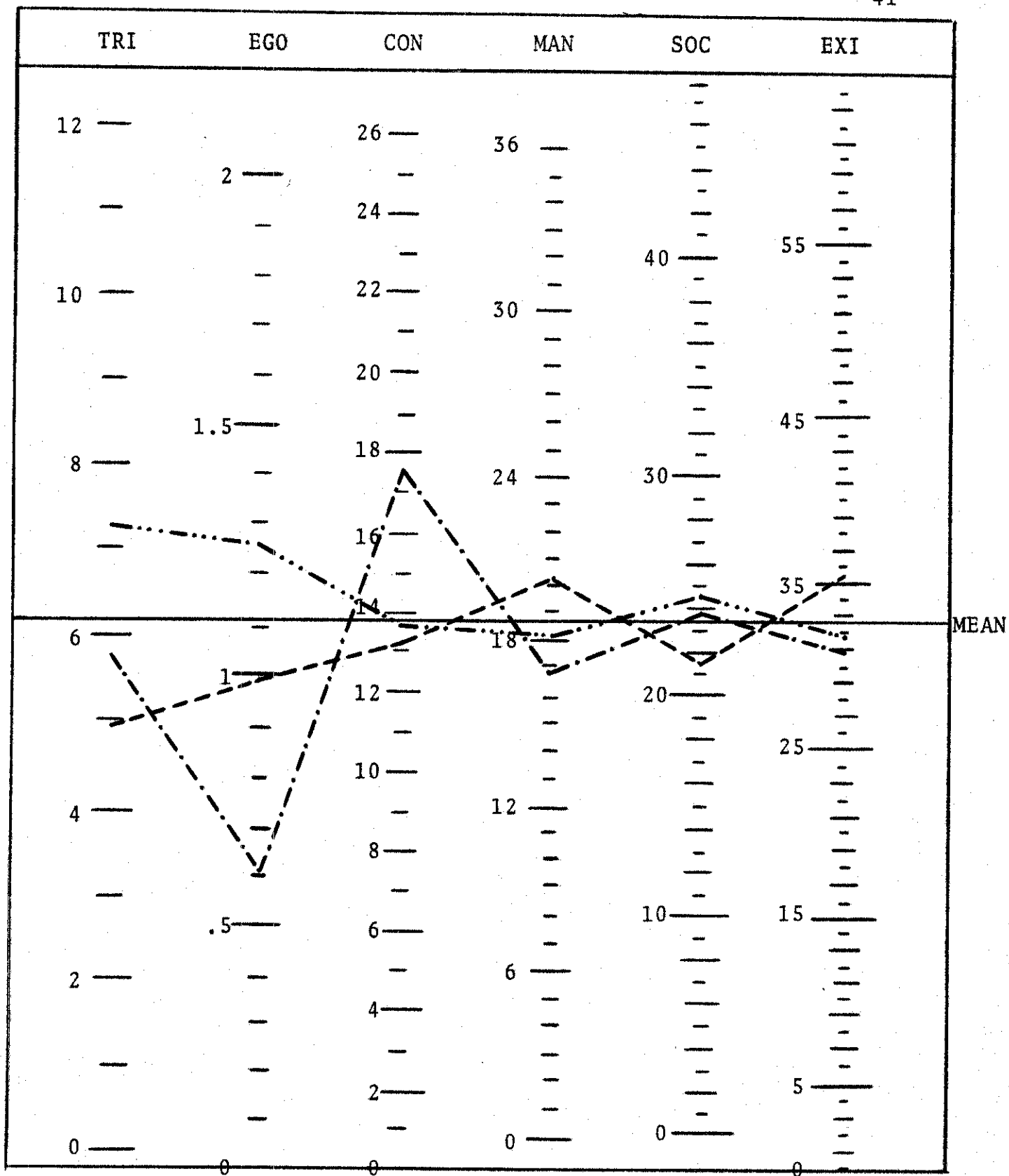
Registered Nurse ----- Licensed Vocation Nurse -.-.- Practical Nurse MEAN

Fig. 5--The Value Differences Based Upon Professional Title

TABLE VI
THE VALUE DIFFERENCES BASED UPON JOB POSITION

Group	Number	Levels of Psychological Existence*													
		2		3		4		5		6		7			
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1	54	4.92	5.18	0.98	3.06	13.24	9.68	20.35	8.20	21.44	7.53	35.37	13.11		
2	13	5.76	3.94	0.61	1.19	17.53	7.34	16.76	5.65	23.92	8.30	30.92	8.82		
3	94	7.30	8.03	1.26	2.55	13.78	6.60	18.17	7.43	24.51	9.52	31.82	10.96		

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential



Head Nurse ---- Charge Nurse -.-.-.- Staff Nurse-.-.-.-

Fig. 6--The Value Differences Based Upon Job Position

These data indicate a significant difference at the .05 level in the area of manipulation. Group One scored significantly higher at this level than both Groups Two and Three.

Group Two and Group Three maintained higher scores in egocentricity than Group One.

It should be noted that of the 161 nurses who filled out the questionnaires, 146 were Registered Nurses, 12 were Licensed Vocational Nurses and 3 were Practical Nurses.

The Value Differences Based Upon Job Position

Illustrated in Table VI and Figure 6 are the value differences based upon job position.

The head nurses in Group One, Group Two is made up of charge nurses, and staff nurses make up Group Three.

These data indicate no significant differences at the .05 level at any of the psychological levels.

According to the information displayed on Figure 6, the greatest difference occurs in the area of egocentricity between the charge nurses and the staff nurses.

The Value Differences Based Upon the Type of Nursing Instruction

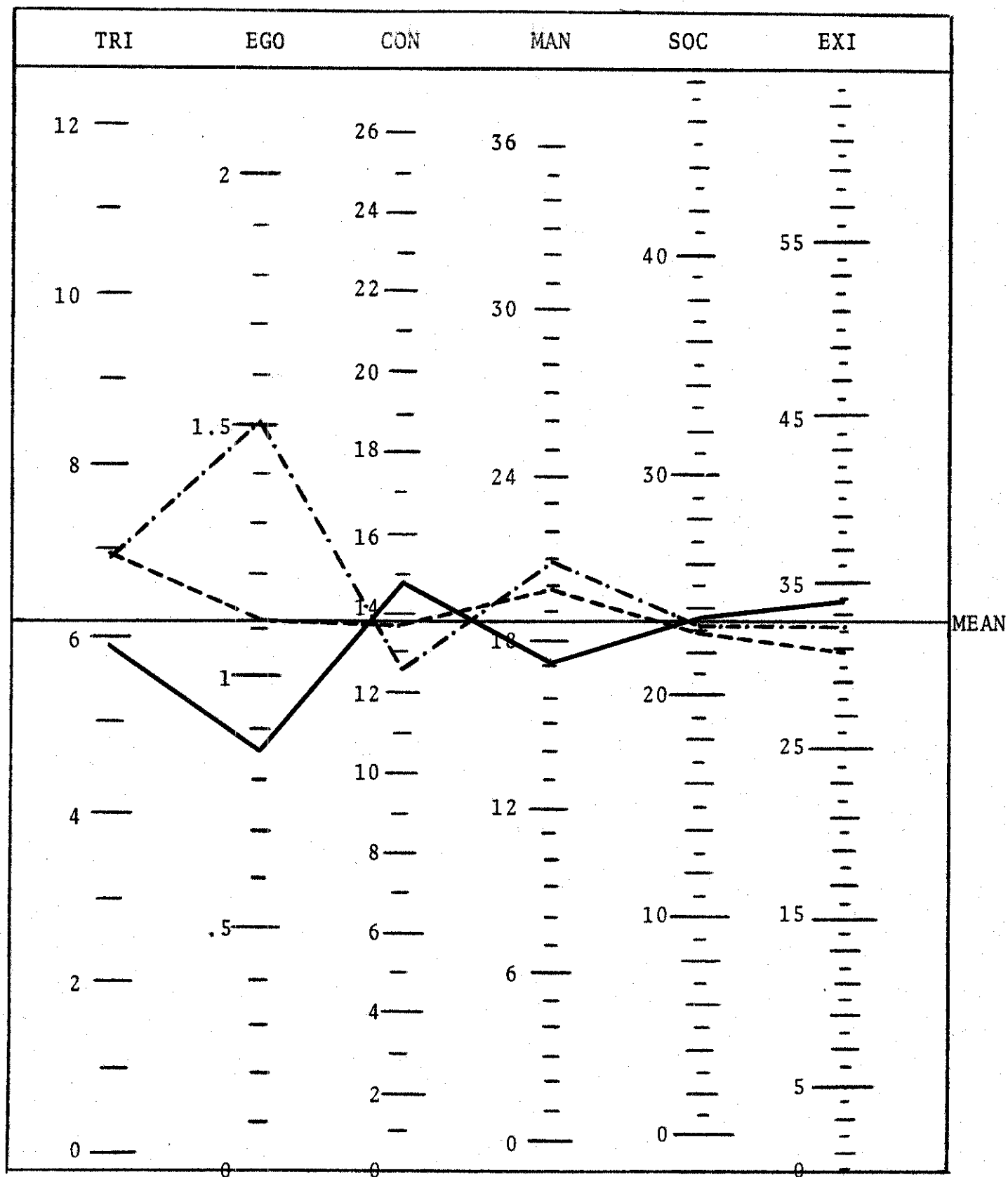
Table VII and Figure 7 show the value differences based upon the type of nursing instruction the nurse has had.

TABLE VII

THE VALUE DIFFERENCES BASED UPON TYPE OF NURSING INSTRUCTION

Group	Number	Levels of Psychological Existence*											
		2		3		4		5		6		7	
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1	84	5.88	5.69	0.86	2.28	14.75	8.73	17.13	8.25	23.66	8.44	33.88	12.84
2	25	6.96	7.10	1.12	2.89	13.80	6.97	19.88	7.45	22.96	8.60	30.80	10.78
3	52	6.92	8.70	1.51	3.07	12.59	6.62	20.94	5.96	23.28	9.79	32.46	9.93

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential



Diploma School — Associate Degree - - - - Bachelor's Degree -

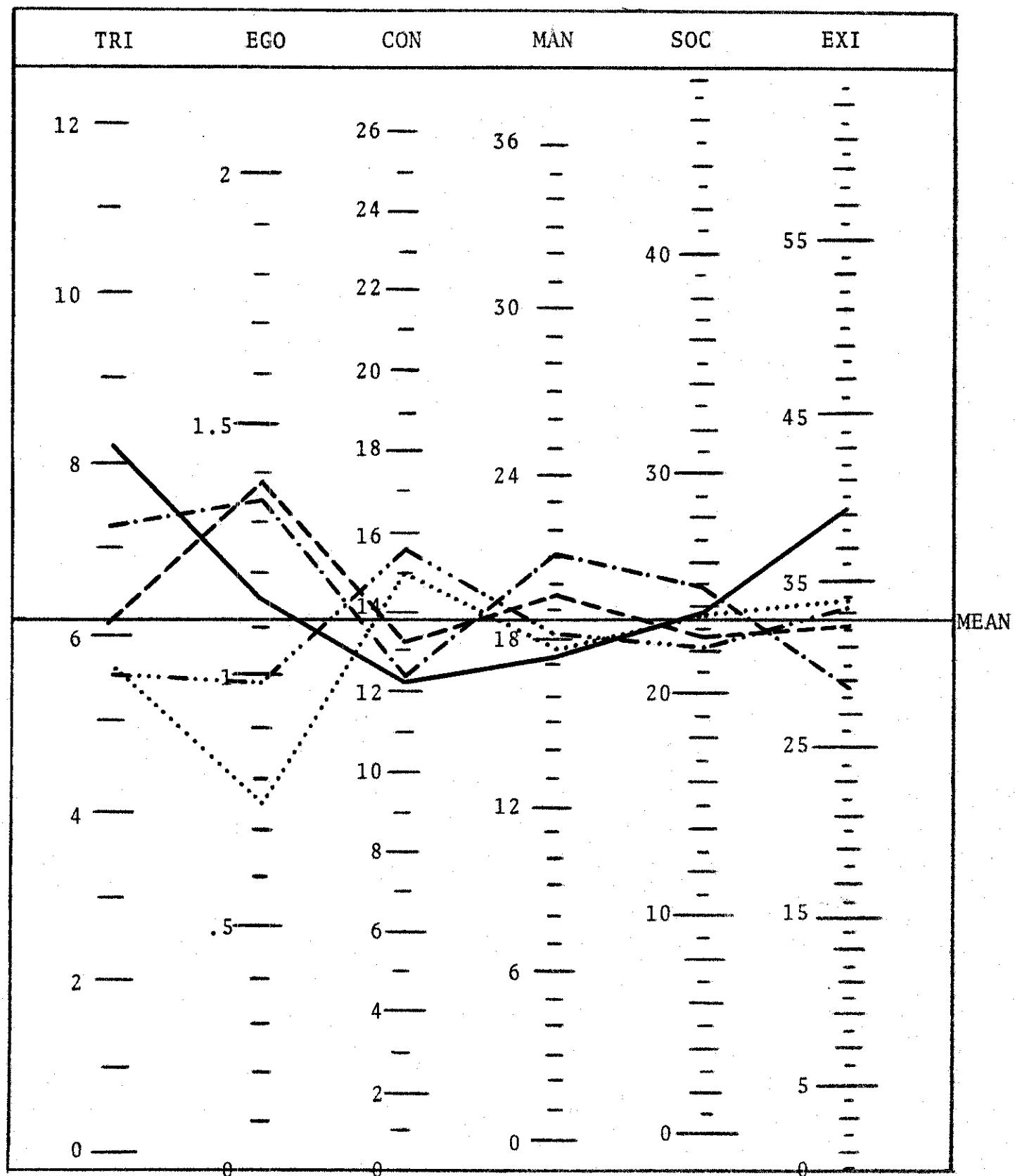
Fig. 7--The Value Differences Based Upon Type of Nursing Instruction

TABLE VIII

THE VALUE DIFFERENCES BASED UPON YEARS OF EXPERIENCE IN NURSING

Group	Number	Levels of Psychological Existence*													
		2		3		4		5		6		7			
		Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
1	18	8.22	14.03	1.16	1.82	12.27	7.66	17.22	6.23	23.72	13.42	39.22	12.22		
2	34	7.32	6.62	1.44	2.92	12.32	5.71	21.05	7.73	24.91	9.04	28.67	9.60		
3	31	6.32	4.86	1.48	3.52	13.22	5.17	19.54	7.05	22.67	7.68	32.29	11.06		
4	31	5.54	4.75	0.98	2.59	15.61	6.88	18.16	8.72	22.03	7.42	33.19	8.21		
5	47	5.59	5.68	0.76	2.09	15.00	10.71	17.65	7.50	23.68	8.40	33.89	14.03		

*"2"--Tribalistic, "3"--Egocentric, "4"--Conformist, "5"--Manipulative, "6"--Socio-centric, "7"--Existential



Less than one year — 1-3 years — · — · 3-6 years - - -
 6-10 years · · · · · 10 years or more - - - - -

Fig. 8--The Value Differences Based Upon Years of Experience in Nursing

Indicated in these data is a significant difference at the .05 level in the area of manipulation. The nurses with bachelor's degrees scored higher at the manipulative level than the nurses who received their training from a diploma school.

Group One is the diploma school nurse; Group Two is the associate degreed nurse; and Group Three is the bachelor's degreed nurse.

The Value Differences Based Upon the Number
of Years Experience in Nursing

The value differences in levels of psychological existence based upon years of experience in nursing are illustrated in Table VIII and Figure 8.

The following breakdown represents the years of nursing experience:

Group One:	Less than one year nursing experience
Group Two:	One to three years experience
Group Three:	Three to six years experience
Group Four:	Six to ten years of nursing experience
Group Five:	Ten years or more nursing experience

These data indicate a significant difference at the .05 level in the areas of existentialism. Group One scores were significantly higher than Group Two scores at the existential level. The data on Figure 8 would appear to indicate that nurses with one to six years experience scored slightly higher in the area of egocentricity than the nurses with more than six years experience.

Chapter V provides conclusions of this study and implications for further research in the area of nursing.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study has been to describe the various value clusters that exist within nursing. The research instrument utilized in this study was based upon the Levels of Psychological Existence as formulated by Clare W. Graves. The nursing groups that were studied were selected because of their availability and their active participation in the medical field, more specifically, patient care.

The research instrument used in this investigation was developed by Garyfallia Forsyth and Don E. Beck, with revisions made by the researcher. The test was designed so that it would effectively indicate an individual's value system as a correlate to the major issues confronting a nurse. Eight major "Value Issues" were chosen.

Description of the Value Levels in Nursing

The following results were found through the Value System Analysis.

1. No significant data was discovered to support the view that emergency room nurses and floor nurses differ with regard to their values in nursing.
2. The younger the nurse, the higher her egocentric score; the older the nurse, the lower her level of egocentricism.

3. The male nurses exhibited significantly higher scores at the tribalistic value level. The male nurses also tended to display lower levels of egocentrism and higher levels of conformity and existentialism. The female nurses maintained a higher manipulative score. Sociocentrism remains high in both groups.
4. In the areas of egocentrism and manipulation the single nurses maintained the highest scores, while the widowed nurses held the lowest scores at these levels.
5. The registered nurses displayed significantly higher manipulative value levels and maintained lower levels of egocentrism than either the licensed vocational nurses or the practical nurses. Both the LVN's and the PN's maintained higher levels of sociocentrism than the RN's.
6. The data indicated that there were no significant differences among staff nurses, charge nurses and head nurses at any level, however, the scores do indicate a move away from tribalistic values as leadership responsibilities increase.
7. The data indicated a significant difference at the manipulative level between nurses who had received their training from a four year college and nurses who had graduated from a diploma school for nursing. The college graduates demonstrated higher manipulative value levels than the diploma school nurses, while the associate degree nurses maintained a level between the two. The data also indicated the higher the level of education, the higher the level of egocentrism and the lower the level of conformity.
8. The data suggested that as the nurse gains years of experience, the level of tribalism decreases. The nurses with the most years of experience also displayed the lowest levels of egocentrism.

Value System Analysis and Its Relation to Nursing

When one considers the complexities of the modern hospital, the trend toward specialization of both doctors and nurses, the patient's demand for the highest quality of care, and so on, it becomes increasingly clear that the need for the highest quality in communication

performance is paramount within nursing organizations. It is becoming increasingly important that nursing organization understand the basic human and psychic needs of the nurses within the organizations.

Today's technology has developed means by which enormous amounts of information can be transmitted, received, and stored at unprecedented speed. The time factor has been reduced to milliseconds. With these advancements in communication technology, it becomes ever more important to understand the basic communication factors which exist within man himself. When communication among individuals takes place, one must consider the desires, attitudes, feelings, emotions, beliefs, and so on, of the individuals involved. If organizations are to increase the effectiveness and accuracy of communication among its members, then more must be learned about what takes place inside an individual as he engages in communication. Little research has been done in this area in the past. Value System Analysis offers the means by which a hospital can learn the basic human psychic needs and reactions of its nurses, as well as the needs of the citizens of the community in which the hospital serves. More than ever before, the hospital must also require of its supervisors and key personnel an even greater proficiency. Within the hospital environment every human situation exists, and the nursing supervisor must be aware and understand these different human situations.

Nurses who have human needs, desires, aspirations, attitudes, and so on, are involved in real life situations with other human beings who also have needs, desires, attitudes, and so on. The supervisor who understands the environment of the hospital and the human problems which do exist, can be a more effective manager of personnel within the environment.

Value System Analysis could be used in the initial selection, placement, and management of nurses. Administrative communications could be written in such a way that they would communicate more effectively to all six value levels, not just the conformist or sociocentric.

The end result of utilizing Value System Analysis could be greater interest and motivation on the part of the nurse, and more efficient patient care.

Implications for Further Research

This study is in no way conclusive; therefore, further research should be conducted in nursing. The following offers a few suggestions.

Longitudinal studies should be conducted to observe value systems over a period of time; a study should be done to identify the value sets in student nurses; a study should be conducted to determine the impact nursing instructor's value sets have on their student nurses; studies should be done with hospitals in various parts of the United States, as well as in Texas; and investigations that take into account such variables as community size, political

atmosphere, ethnic background, and socio-economic environment should be of extreme value.

Graves' Levels of Psychological Existence provide a broad comprehension of human values applicable to a variety of areas. Value System Analysis is a useful instrument for determining human values and needs and, thus, increasing greater awareness of ourselves and others.

In a nurse's daily routine she may come in contact with all six value levels, while at the same time she is dealing with her own values. The people she comes in contact with are in various physical and mental conditions and require different methods of treatment. The nurse is forced to also deal with family members who impose upon her various value clusters. The nurse needs an understanding of human behavior and needs to develop effective and practical strategies in order to better cope with the diverse value clusters that exist in our society. Value System Analysis offers the means by which this goal can be attained.

APPENDIX

APPENDIX A

MEAN LEVELS OF PSYCHOLOGICAL EXISTENCE
(All Groups--161 Respondents)

Value System	Mean	Standard Deviation
Existential	32.94	11.65
Sociocentric	23.43	8.87
Manipulative	18.78	7.62
Conformist	13.90	7.85
Egocentric	1.11	2.65
Tribalistic	6.38	6.98

APPENDIX B

Note that these value systems are essentially modes of adjustment used by individuals and even cultures to cope with their perception of the reality of their world — and help to explain where man is, where he has been, and where he is going. Each mode of adjustment contains a set of assumptions about the nature of man, methods of learning, modes of thinking, preferred motivational strategies, and total life-styles. Some individuals may assume single modes of adjustment; others may develop clusters of several value systems. An individual lives in a potentially open system of needs, values, and aspirations, but may settle into a closed system — depending on his genetic and psychological make-up, as well as the conditions within his life-space. Clare W. Graves has formulated an exciting and highly perceptive theory of human values that speaks to the issues that confront our society today — and the kinds of value systems that will most likely emerge in the future.

SOCIOCENTRIC

Personalistic concern for self-discovery, acceptance, human dignity, and the uniqueness of each person, as well as the inherent worth of people as a whole. By finding basic value in people and humanity in general, a SOCIOCENTRIC individual will spend his time and/or energy working in behalf of social causes. SOCIOCENTRICS are opposed to the mindless punitive use of people, as well as the mindless punitiveness of rigid conformity systems. Reflected in the "helping" professions and new theories and methods of personal introspection.

CONFORMIST

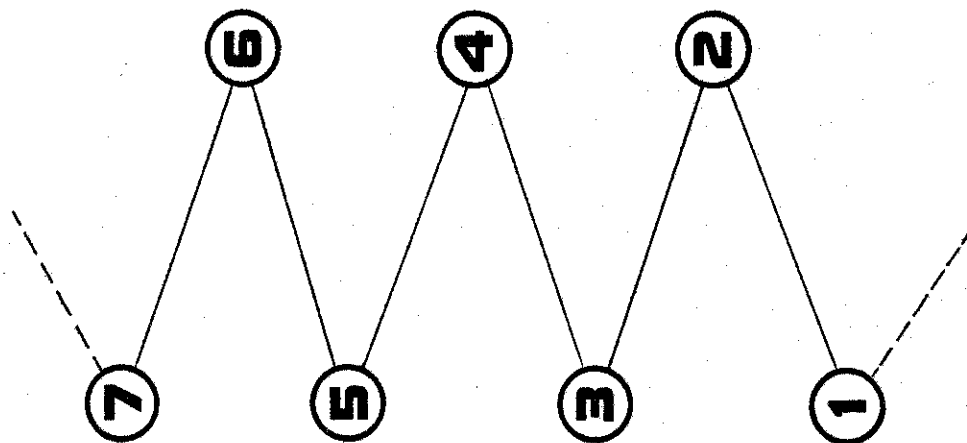
Finds structure, security, and predictability in systems of various types rooted in directive design. Strongly committed to what he considers to be the "right way." Promotes clearly-defined social roles — prefers order, structure, patterns, and sequential time-frames. Somewhat rigid in responding to diversity and ambiguity. Likes a "cut and dried" kind of world and is prone to impose his system, concepts of right and wrong, rules, and procedures on others. Places a premium on sacrifice, discipline, and adhering to the established norms of society.

TRIBALISTIC

Seeks safety and security in a threatening world by fixating on power, chieftains, clans, rituals, or superstition. Strong reliance on chieftain(s) (parents, teachers, coaches, supervisors, etc.) or the norms established by a clan (family, work-unit, team, or tribe). Depends on the mystical forces inherent in life and tends to be both superstitious and ritualistic. Needs to find some way to explain the unexplainable. Expressed in highly-visible group affiliation and preference for "paternalistic" atmospheres.

VALUE SYSTEMS USED IN VSA*

*Based on the theoretical concepts of Clare W. Graves, Union College, New York, and adapted by the Center for Values Research, Box 5158 NTSU Station, Denton, Texas 76203.

**EXISTENTIAL**

A personal activist who seeks to live within society's constraints while enjoying his maximum individual freedom. Tends to be inner-directed and self-motivating. Readily accepts ambiguity in people and situations. This value system is quite tolerant, but, at the same time, expects high levels of performance of itself and others. Responds to reasons, not to rules, and is managed through competence, not status or position. May be expressed by dropping out of society in order to pursue individualistic interests and alternative life-styles.

MANIPULATIVE

Achievement-oriented, self-serving, and aggressive — but within the constraints of society. Enjoys wheeling and dealing, engaging in various forms of competition, and demonstrating his ability to motivate, attain goals, and get ahead in life. Manipulation may be either concealed and private or it may be open, above-board, and displayed. Designed to produce evidence of success, accomplishment, and winning. This mode of adjustment will be found in abundance in politics, management, and in sales and marketing professions.

EGOCENTRIC

Unabashed, self-centered assertiveness. Aggressiveness takes many forms as he rebels against authority figures, norms, rules, and standards. Somewhat flamboyant in behavior in order to gain attention. Often brash, rough, brazen, abrasive, and even uncouth. May appear "paranoid" — feels that the world is a hostile and alien place. May internalize the impulses into an angry, embittered, and bristling personality. Manifests itself positively in creativity, willingness to break with tradition, and dogged determination.

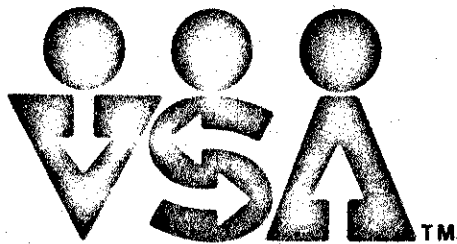
REACTIVE

Functions at the physiological level — reacts to stimuli such as hunger, pain, cold, warmth, and sleep in order to obtain the immediate satisfaction of basic human needs. Pure Reactives are virtually value-less — concerned only with survival. Seen in new-born infants, profoundly retarded, severe stroke victims, and the senile elderly. Can be either a temporary state (like a person on drugs or in a state of emotional or physical shock) or a permanent state of existence.

VALUES FOR NURSING QUESTIONNAIRE

VALUES for NURSING*

*Questionnaire designed by Garyfallia Forsyth and Don Edward Beck, with revisions by Fred Poldrugach, for Values Research.



Center For Values Research
Box 5156 - NTSU · Denton, Texas 76203 · 817-788-2588

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NAME _____
 (This is optional only)

AGE _____ SEX _____ MARITAL STATUS: SINGLE _____
 DIVORCED _____
 MARRIED _____
 WIDOWED _____

TITLE _____
 (RN, LVN, PN, etc.)

AREA OR UNIT _____
 (Surgical Floor, Orthopedics, E.R., etc.)

POSITION _____
 (Head Nurse, Charge Nurse, Staff Nurse, etc.)

For
 Official
 Use
 Only
 1-14

TYPE OF NURSING INSTRUCTION: Diploma _____
 Associate Degree _____
 Bachelors Degree _____

HIGHEST LEVEL OF EDUCATION ACHIEVED: Diploma _____, B.A. or B.S. _____,
 M.A. or M.S. _____, B.S.N. _____, M.S.N. _____, MASTERS + _____, Ph.D. _____,
 Other _____

NUMBER OF YEARS FULL TIME WORK EXPERIENCE: Less than 1 year _____, 1-3 _____,
 3-6 _____, 6-10 _____, 10 or more years _____.

VALUES FOR NURSING

Values for nursing, like societal values, are continually changing. This copyrighted instrument has as its purpose the assessment of these values. There are no right or wrong answers. Only your answers are "right" for you.

* * * * *

DIRECTIONS: Each of the eight following questions has six possible responses. Indicate to what extent you agree with some or all of the six responses by assigning a numerical value to them, for a total of 12 points for each question. The more you agree with a particular response, the higher the number you should assign it. For example:

- *If you agree equally with all six responses, you should assign two points to each response, for a total of 12.
- *If you agree with only one response, you should assign all 12 points to it.
- *If you agree with several responses in differing degrees, you should assign a proportionate number of points to each response with which you agree, for a total of 12.

The data gathered from this questionnaire is for educational purposes only. It is the property of CVR, and will in no way be used by the hospital concerning any of its participants.

1. NURSING AS A PROFESSIONAL CAREER IS:

Points

- 15-62 _____ an opportunity to care for sick people while being guided by competent people whom I can trust.
 _____ O.K. for me as long as I don't have a lot of people looking over my shoulder.
 _____ the accurate performance of patient care within the prescribed standards of nursing.
 _____ an opportunity to do a variety of nursing jobs, to make it on my own, and earn good money for what I know
 _____ an opportunity to work with a concerned group of professionals who cooperate and collaborate to make the
 lives of people happier and healthier.
 _____ an opportunity to fulfill my own goals and at the same time contribute to the health care needs of society.
 (12)

2. THE KIND OF PEOPLE I LIKE TO CARE FOR ARE:

Points

- _____ those who accept me and trust me, and know that I will take care of them.
 _____ any kind as long as they don't hassle me, and they know I am in charge.
 _____ the ones that follow the rules and regulations, and accept the systematic procedure of care.
 _____ the ones who offer me a personal challenge and provide me an opportunity to demonstrate my effectiveness
 in my chosen profession.
 _____ those who understand and accept life and people, and help make the hospital a brighter place even though the
 are ill.
 _____ various different kinds of people in a diversity of medical and nursing situations. All interest me because I ca
 accept all people as individuals.
 (12)

3. THE KIND OF HEAD NURSE OR SUPERVISOR I WANT TO WORK WITH IS:

Points

- _____ one who is friendly enough to tell me what and how to do my job and be there if I need her.
 _____ the one who will leave me alone to do my work. I don't need anyone to tell me how I'm doing.
 _____ someone who can show me the ropes, who knows the system. I need a capable professional person who will
 define the policies and standards so I can do my job effectively.
 _____ one who challenges me and aids me in attaining my goals for the future.
 _____ the one who relates to us more as a friend than as a boss, and who helps to create a happy and pleasant
 working atmosphere.
 _____ the one who is open to my thoughts, beliefs, and values, and allows me to test my convictions so that all
 concerned may profit.
 (12)

4. MY STYLE OF MANAGEMENT INCLUDES:

Points

- _____ carrying out all the instructions of the doctors and supervising nurses so that they can be pleased
 with my work.
 _____ being tough enough to deal with all kinds of people so that I can survive in this job.
 _____ fulfilling the expected role of caring, curing and coordinating care of patients in an orderly fashion
 according to the rules and regulations of the facility.
 _____ planning strategies for effective and efficient care, and being decisive and firm when it is necessary.
 _____ consulting with and involving group members so that goals are met with the satisfaction of all
 concerned.
 _____ creating an atmosphere which allows personal involvement and freedom of choices for all concerned.
 (12)

5. THE DOCTOR I LIKE TO WORK WITH IS:

Points

15-62

- _____ one I can respect and admire. One who tells me what is expected of me and lets me know when I've done a good job.
- _____ one who stays out of my way as much as possible and who doesn't think he knows it all.
- _____ one who establishes and follows a system and expects us to do the same, so that we all know what to do and when.
- _____ one who gives me an opportunity to demonstrate my own abilities and provides me recognition whenever I demonstrate achievement.
- _____ one who is concerned about total health care of patients including their fears and feelings, and is likewise concerned about our personal development.
- _____ one who accepts much diversity in nursing style, and who expects and responds to competence and reason.

(12)

6. REWARDS WHICH KEEP ME IN NURSING ARE:

Points

- _____ easy work, fair play, and a good boss.
- _____ a fat paycheck every two weeks. No bonds or pension for me. I'm living for today.
- _____ fringe benefits that are as great as the pay; holidays, paid vacations, pension plan, and savings bonds.
- _____ all the things that show that I am successful. I want to be known as an expert in my area, to meet and travel with leaders in nursing.
- _____ getting along with people, for me, is more important than getting ahead or making a lot of money. My patient's progress and my peers' acceptance is my greatest reward.
- _____ free reign for challenging work which requires imagination and initiative as well as an opportunity for play and contemplation.

(12)

7. CONTINUING MY NURSING EDUCATION MEANS TO ME:

Points

- _____ pursuing whatever my supervisors and doctors recommend for me.
- _____ an O.K. thing as long as it pays off and I can get it without too much trouble.
- _____ a necessary part of being a nurse, especially for keeping up with established standards.
- _____ a chance to learn more about my profession so that I can advance in my career.
- _____ a chance to interact with others and an opportunity to share concerns and gain new skills in helping people.
- _____ an opportunity to increase my competency in my profession and to contribute to the quality of life and to the health care of society.

(12)

8. I BELIEVE NEW CHANGES IN NURSING:

Points

- _____ are O.K. as long as they are approved by nursing leaders.
- _____ are O.K. as long as I can gain personally and no one will put a lot of pressure on me to do these things.
- _____ should be accepted slowly and carefully, and integrated into the total system.
- _____ will provide greater opportunity for individual personal achievement and advancement by opening doors for us.
- _____ are good if they will promote a happy, cooperative climate for working together in total caring for people.
- _____ reflect manifestations of innovation and growth, which are necessary to any profession and reflect an increased awareness of the nurse as a competent professional.

(12)

Thank you for answering this questionnaire. Before handing it in, please be sure that each set adds up to 12 points.

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