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THE RELATIONSHIP OF OCCUPATIONAL IMAGE TO WORK ROLE, WORK ATTITUDES, AND WORK BEHAVIOR

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THE RELATIONSHIP OF OCCUPATIONAL IMAGE TO WORK ROLE, WORK ATTITUDES, AND WORK BEHAVIOR

by

Louise Birnbaum

A dissertation submitted to the Graduate Faculty in Business in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Abstract

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by

Louise Birnbaum

Advisor: Donald J. Vredenburgh

A three-part model of the relationships between occupational images, work role, work attitudes, and work behavior was proposed and tested with a sample of 223 nurses. The first section of the model which asserted a relationship between individual attributes and occupational image was only partially supported. The second section of the model which concerned the relationship between role attributes (e.g. work schedule and work location) and image received weak support. The third part of the model which hypothesized: 1) differential relationships among work attitudes for different image types and 2) a positive relationship between job involvement and performance ratings was not supported. In addition, two alternative methods of measuring occupational image were compared.

CONTENTS

List of Tables

List of Figures

INTRODUCTION

This study explores the concept of occupational images for the purpose of examining its interrelationships with role activities, individual and role attributes, and expectations for rewards. In addition, the study investigates the usefulness of occupational image for understanding work attitudes and work behavior.

Although the concept of occupational imagery has been treated theoretically, it has been subject to only limited empirical investigation. The importance of occupational imagery lies in its possible implications for vocational choice, work behavior, and attitudes, yet its relationship to work attitudes and work behavior has been overlooked conceptually and empirically. Therefore, the potential significance of the concept coupled with the paucity of empirical and conceptual work define a need for this study.

Occupational imagery and occupation are two distinctly different concepts. Occupations are sets of work activities (Hughes, 1958; Hall, 1973; Reiss, 1961; Taylor, 1968), bundles of tasks (Hughes, 1959), or combinations of job characteristics (Reiss, 1961) that form a social role (Hughes, 1959) which is embedded within a patterned matrix of other social roles (Hall, 1973; Hughes, 1958; Taylor, 1968). Occupations are sanctioned, legitimized, and recognized by society as social roles because they are viewed as having market value (Taylor, 1968) in that they produce something valued by society (Hall, 1973).

In contrast, occupational imagery extends the domain of occupation to include the social status, individual characteristics, and behavior patterns of occupational members. Therefore, occupational image differs from the concept of occupation in that image is broader. Occupational images are

shared beliefs of societal members which signify more about the members of occupational groups than the work they perform.

DERIVATION AND IMPLICATIONS OF OCCUPATIONAL IMAGERY

The emergence of occupational image has been attributed to the way in which occupations have been integrated into the social structure. Caplow (1954) has suggested that occupational membership has become a determinant of social status and a perceived indicator of individual attributes and behavior through the interaction of three processes of societal organization: differentiation of labor, rationalization, and perceptual aggregation.

Differentiation and specialization of labor have created differences in the ability of occupational groups to obtain resources (Blau and Duncan, 1967; Caplow, 1954; Reiss, 1961; Treiman, 1977) and have prevented individuals from obtaining first-hand knowledge about the work of others (Caplow, 1954). Based on the differential allocation and distribution of resources across occupational groups, an occupational stratification system has emerged in which occupations, as social roles, are imputed with varying degrees of social value. This stratification system encourages competition among occupational groups for legitimacy, status, and resources (Caplow, 1954; Hall, 1973; Wilensky, 1964). Because specialization prevents outsiders from gaining an understanding of the nature of these diverse social roles, occcupational groups use symbolism, norms, ideology, language, title changes, and an identifiable public image that differentiates them from other occupational groups to compete for societal resources and to establish solidarity and shared values within the occupational membership group (Caplow, 1954; Greenwood, 1957; Hall, 1973; Taylor, 1968). An example of

image-making as competition is professionalization (Elliott, 1972; Greenwood, 1957; Hall, 1973; Pavalko, 1971).

Although differentiation of labor and the occupational stratification that it has spawned are processes that operate at the societal level, their effects are apparent at the individual level as well. The competition among occupational groups affects the extra-occupational life of occupational members in that the cultural identity of the occupational group, its traditions, norms, folkways, and shared values determine standards of dress, consumption patterns, and comportment (Caplow, 1954; Charnofsky, 1974; Hall, 1973; Pavalko, 1971; Taylor, 1968). Thus, occupational membership has become a determinant of individual conduct on and off the job.

Another effect of differentiation is that occupational title has become a major determinant of the position an individual holds within society. Occupational attainment has replaced other characteristics such as race, religion, and sex as criteria for assigning social status (Blau and Duncan, 1967; Caplow, 1954; Dubin, 1958; Hall, 1973; Hughes, 1959; Van Maanen and Schein, 1977; Stewart and Cantor, 1974; Treiman, 1977). In fact, occupation is the most frequently used predictor of social and economic status (Blau and Duncan, 1967; Reiss, 1961; Roach, Gross, and Gruskin, 1969). Furthermore, the pervasiveness of occupational stratification is apparent in the fact that occupations retain acquired status for remarkably long periods of time, as indicated by the stability of prestige ratings over time (Deeg and Paterson, 1947; Hakel, Hollman, and Dunnette, 1968) and their uniformity cross-culturally (Malkiosi and Ryckman, 1976; Treiman, 1977). Therefore, at the individual level of analysis, occupational title has become an indicator of social status and conduct as well as work role.

The second process that has infused occupational membership with meaning

beyond work tasks performed is rationalization of the differential allocation of resources across occupations. Through the process of rationalization societal members begin to assume that occupational stratification is a system which efficiently utilizes resources by matching individual capabilities to societal needs. The rationalist perspective (Davis and Moore, 1945; Parsons, 1940) contends that individuals vary in capability while roles vary in attractiveness, difficulty, and importance. Differential allocation ensures that important social roles are made sufficiently attractive so that they are filled by those who are most capable. Tumin (1953) argues that stratification is based on power, not rationality, while Hughes (1959) suggests that the logic of allocation decisions is yet to be discovered. Caplow (1954) asserts that whether or not the stratification system is rational, people view it as such because it is legitimized by society. Therefore, the implication of the process of rationalization for occupational members is that occupational membership signifies that an individual possesses a particular level and type of capability.

The third process which reinforces occupational imagery is perceptual aggregation, or the principle which individuals use to organize their perceptions into internally homogeneous categories. Because individuals come into face-to-face contact with a large number and wide variety of people, they think of others as members of large groups. By virtue of belonging to a particular group, the individual is presumed to possess the characteristics of other members of that group. Occupational membership has become a short-hand description of others.

Therefore, the processes of differentiation of labor, rationalization, and aggregation affect the individual occupational member in that occupational membership has come to denote occupational attainment and as such is

presumed to indicate social and economic status, the possession of certain levels and types of skills and abilities, and expected behavior in addition to work performed.

THE NURSING OCCUPATION

Because occupational image is believed to affect individuals differentially, according to the position their occupation occupies in the social stratification system, this study focuses on occupational image in the work situation within a particular occupational group. Once this work has been completed, the conceptual framework and investigative tools can be modified to extend the framework to a variety of occupations. Several alternatives were considered with respect to what type of occupational group would permit an investigation of occupational image in the workplace. The occupational imagery of nurses, specifically of those nurses employed by hospitals, was chosen as the object of study for three reasons. First, hospital nurses have been selected as subjects for the study of images because the societal forces that are believed to have shaped most occupations and their accompanying images are rather apparent in the case of the nursing occupation. Nurses, as is true of most occupational groups, are attempting to professionalize while the mass media continues to portray them in a way that is discrepant with a professional image. On the other hand, bureaucratic institutions (hospitals) have been, for the most part, traditionally responsible for nurses' training. Therefore, nursing practitioners' impressions of their occupation may have been influenced by the occupation's historical roots which form the basis of the occupation's public image, by the trends toward professionalization, and/or by the bureaucratic nature of the organizations in which nurses are employed.

There have been several attempts to identify and verify the existence and

content of five nursing images: service/traditional, professional, bureaucratic, utilitarian, and lay (Brown, Swift, and Oberman, 1974; Corwin, 1960; Corwin, 196la&b; Davis and Olesen, 1964; Habenstein and Christ, 1955; Ichilov and Dotan, 1980). These studies are exploratory and helpful in terms of scale development, but limited in that they have used nursing students as subjects rather than employed practitioners (Brown, Swift, and Oberman, 1974; Davis and Olesen, 1964; Ichilov and Dotan, 1980) and/or have used checklist formats (Brown, Swift, and Oberman, 1974; Davis and Olesen, 1964) which does not permit an examination of whether the image typology consists of mutually exclusive, unitary, ideal types or subscales representing five dimensions of one shared image. Moreover, none of these studies has related images to the work situation, work attitudes, or work behavior.

Second, nurses have a considerable amount of mobility within their occupation so that role incumbents have an opportunity to select their preferred work role within the occupation. Role characteristics such as unit, shift, and specialization offer a wide variety of possible situations in which nurses may practice. Therefore, extraneous variables such as opportunities within the field, which for some occupational groups might be more limited, are to some degree controlled within the nursing occupation.

Third, the persistent shortages of nurses indicates the practical usefulness of the study to the nursing profession with respect to assisting hospitals with placing individuals into appropriate roles.

CONCEPTUAL FRAMEWORKS

The focus of this paper is the relationship of occupational imagery and role activities to individual and role attributes, work attitudes, and work behavior. There are three frameworks that provide useful approaches for

examining these relationships conceptually. The first approach focuses specifically on the relationship between the task-related facet of occupational image and role activities. The second framework provides a broader scheme which encompasses occupational image, role attributes, expectations for rewards, and role activities. The third framework links these constructs to job attitudes and work behavior.

BUNDLES OF TASKS

The first conceptual framework examines the relationship between a subset of occupational imagery and role activities. Hughes (1958), who views occupations as bundles of tasks, suggests that certain role activities are considered, by the role incumbent and/or lay public, as epitomizing the occupation. These role activities comprise the ideal role which is a task-related facet of occupational image. These selected tasks are viewed as comprising the "real work" of the occupation. Residual tasks are role requirements but are not closely identified with the work of the occupation in that they are not central to its meaning. They are considered incidental or "dirty work".

The incidental tasks are sometimes derived from the occupation's historical roots. In the case of nursing, the nurse's role as head of unit maintenance is a vestige of the mission of its founder, Florence Nightingale, who believed that illness was a result of an unsanitary environment and, therefore, devoted herself to maintaining clean, attractive hospital surroundings for her patients (Rosenberg, 1979). From the point of view of the employing organization and the client, these role requirements may be of paramount importance. To the role incumbent, however, these tasks may be viewed as menial, nuisances, and not indicative of the kind of work s/he entered the occupation to do.

Hughes also recognizes, as did Caplow, that occupations are embedded in a social stratification system and explains that through role negotiation up and down the occupational hierarchy, occupational roles are formed and tasks are labeled as either critical, incidental, or as dirty work. He suggests that the critical tasks of an occupational group are prestigious tasks which originally belonged to a higher status occupational group. As an occupational group acquires more prestigious tasks, lower status tasks are then downgraded and delegated to occupational groups which are on a lower level in the hierarchy. This is the essence of the professionalization process at the task level. In the case of the nursing occupation, Hughes contends that technological advances in health care have downgraded some of the physicians' tasks which have been passed along to the nurse. Nurses have then delegated their lowest status tasks to the ward clerks, nurses' aides, and housekeepers.

This framework has been incorporated into this study in two ways. First, the relationship between ideal and actual role has been conceptualized as the degree to which critical tasks comprise the actual role activities of the occupation from the point of view of the role incumbent. This will permit an examination of the relationship of work attitudes and work behavior to the relationship between ideal and actual role.

Second, a role-specific classification system for identifying subgroups with shared occupational images can be developed using the degree to which ideal role is comprised of critical tasks and incidentaltasks/dirty work. According to Hughes' framework, the professional image subgroup is comprised of individuals who emphasize critical tasks and eschew dirty work. This subgroup is competing with higher status occupational groups to acquire more prestigious tasks while attempting to delegate incidental tasks

or dirty work to those below. Therefore, the ideal role of this group is composed of critical tasks to a greater degree than other image groups and of dirty work to a lesser degree than other image groups. The second group are the bureaucrats. Their ideal role is composed of a large amount of dirty work relative to other role incumbents and they are relatively disinterested in critical tasks. The bureaucrat embraces low status tasks which at one time might have had critical or at least incidental status, but are now being negotiated downward by the professionals and may have been partially institutionalized into the role of a lower status occupational group. These tasks are generally maintenance and administrative tasks which, while vital to organizational functioning, do not require the special skills of critical tasks. The bureaucratic pattern is believed to evolve out of loyalty to the organization and lack of identification with the occupational group. The third group, the traditionalists, are those to whom everything is important regardless of the status of the task. Low status tasks are accepted by traditionals because these activities are part of the occupation's historical roots and tradition. Critical tasks are also important because they are often more directly linked with giving service and the traditional takes a service-oriented approach. The ideal role of the last group, the utilitarians, is comprised of as few tasks as possible regardless of task status. This classification scheme based on ideal role can be used to identify subgroups with similar occupational images at the level of role activities.

Occupational image, however, as indicated in the earlier discussion, encompasses facets of occupational membership beyond that of role activities. Therefore, a broader conceptual framework is needed to explore other facets of the concept.

INTERNAL/EXTERNAL CAREER

Van Maanen and Schein's (1977) conceptualization of careers as having both internal and external components is a useful theoretical framework for examining occupational image conceptually. According to their framework, external career is the objective, tangible aspect of occupational experience which includes such things as job level, rewards, and tasks performed. In this study, the external career is represented by role activities and role attributes. The internal career, which refers to the subjective perceptions of career experiences and the meaning of the career to the individual is symbolic and ideological rather than objective in nature. Therefore, internal career, in this study, subsumes occupational imagery as well as the concept of ideal role derived from Hughes' framework.

Van Maanen and Schein (1977) posit that the interaction of external and internal careers produces career themes or evaluations of work experience and these relate to image. As work experience accrues, individuals continually adjust their career themes to correspond to the interplay of image and experience (Van Maanen and Schein, 1977). Career themes in the present study include expectations for rewards, role conflict, and role ambiguity which comprise an individual's evaluation of his/her experienced past and anticipated future rewards.

Attitude and Behavior Linkages

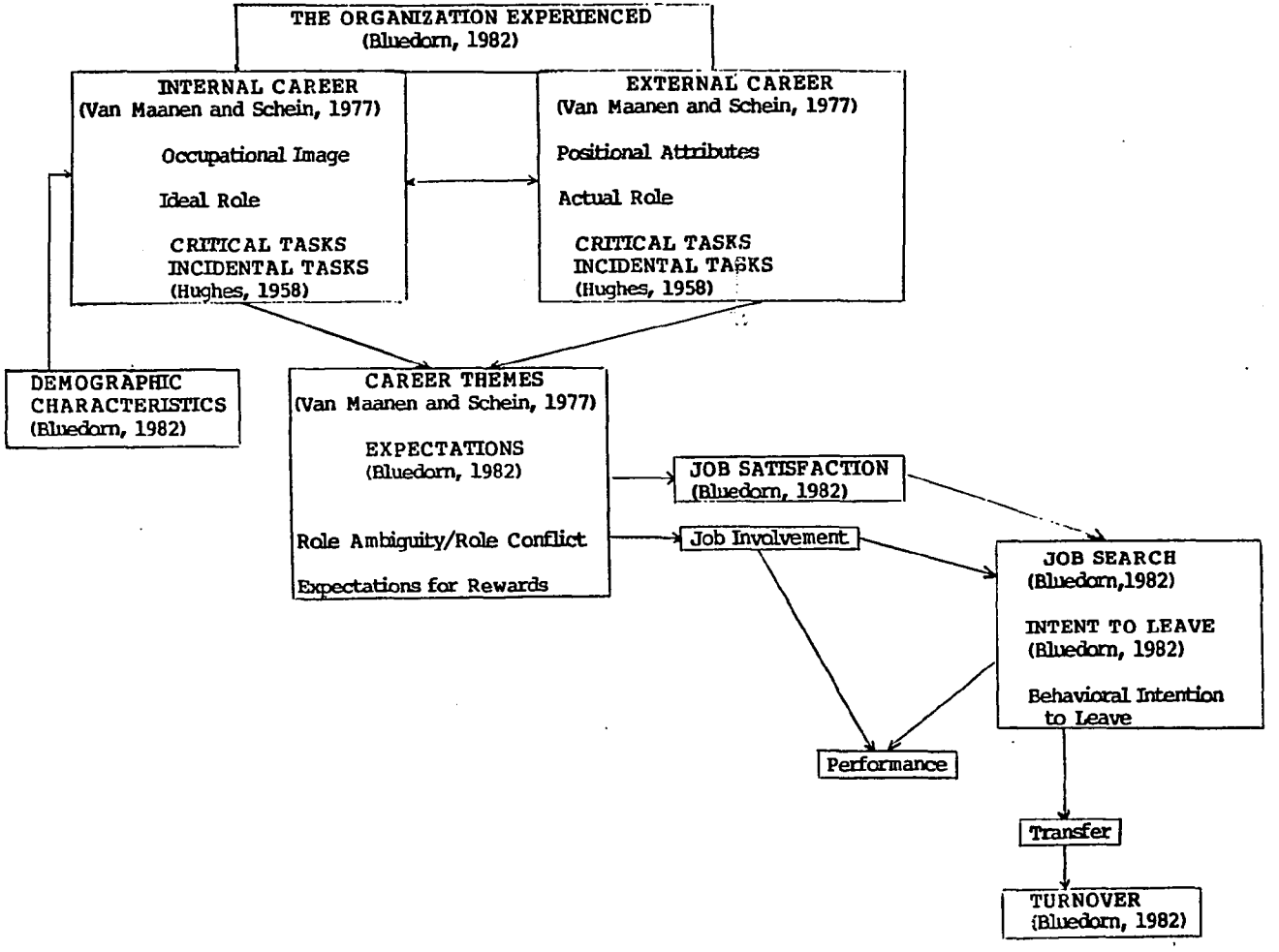
These anticipated rewards along with internal/external career are analogous to "expectations" and the "organization experienced" constructs used in the third framework, Bluedorn's (1982) turnover model, which links these antecedents to job attitudes, such as job satisfaction, involvement, and behavioral intention to leave, and work behavior, such as transfer, turnover, and performance. Work behavior is viewed as attempts by the occupational member to adjust the external career by manipulating positional attributes

to fit the internal career. The fit between the two theoretical frameworks and their linkage to Bluedorn's (1982) turnover model are diagramed in Figure 1.

In summary, the major thesis of this proposed research is that people form certain images of what working in a particular occupation should be like and what benefits, both monetary and social, ought to accrue to them as occupational members. To the extent that current perceptions of work experience approximate image, job satisfaction and involvement are high while transfer, turnover, and poor performance are unlikely. To the extent that actual work experience is discrepant with occupational image, individuals can be expected to engage in behaviors that attempt to bring image and experience into congruence. Such individuals are likely to transfer or turn over in order to find a position that better fits their expectations and are likely to exhibit low satisfaction and involvement within their present position. Alternatively, they may adjust their occupational image to fit their accumulated experience.

FIGURE 1

CONCEPTUAL FRAMEWORKS



FORMAL MODEL

Figure 2 is a formal model depicting the hypothesized relationships between constructs. Before formal hypotheses are presented, the model will be described with respect to its basic logic, the operationalization of its constructs, and the reasons for the variables' inclusion.

BASIC LOGIC OF THE MODEL

The model is composed of three sections. The first section, or the antecedent conditions, are individual attributes, some of which have been used as predictors of vocational choice. The final section of the model, job attitudes and behavior, are the consequents. The middle section is composed of two sets of factors: work experience variables (external career) and the set of beliefs formed by the occupational member about his/her occupation (internal career). The interaction between occupational beliefs and work experience determines the process by which the antecedents are related to the consequents.

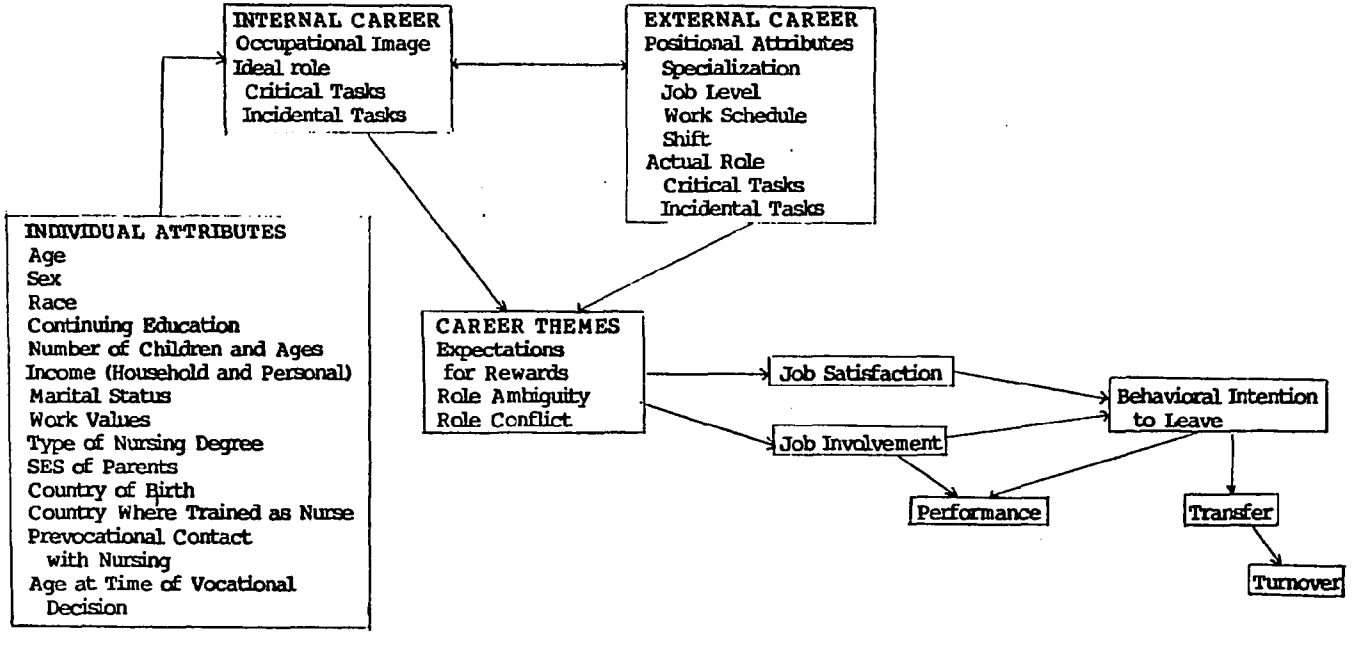
Antecedents

The antecedents have been culled from four sources: psychological and sociological theories of vocational choice, nursing research, and interviews with practicing nurses conducted by the author.

Some of the individual attributes chosen for study were derived from psychological theories of vocational choice. Because the intent of this research is to examine occupational image and on-the-job attitudes and behavior rather than to test a theory of vocational choice, only those antecedents relevant to the purpose of this study were selected. Work values were chosen because they are thought to be related to beliefs about occupations. While both work values and occupational image are thought to be relatively stable over time, occupational image is believed to be more

FIGURE 2

NURSING IMAGERY MODEL



amenable to change through occupational membership. The relationship might be one in which work values provide a framework or set limits within which occupational beliefs can be altered, but this ought to be explored empirically. Marital status, household income of the respondent, age at the time the decision was made to enter nursing, and the number and ages of children are hypothesized to be particularly important predictors of nursing images because most occupational members are women. Number of children and marital status affect workforce participation of women (Nieva and Gutek, 1981) and , therefore, may be related to performance, preference for particular role attributes, and turnover. Age at the time of vocational decision might be an important factor for several reasons. First, nursing is regarded as an appropriate career for women and many young girls might choose the occupation far earlier than the time that vocational choices are enacted. This is important in that process theories of vocational choice (Super, 1970) suggest that level of vocational sophistication is tied to personal growth and development. The implication is that vocational decisions made prior to vocational maturity tend to be fanciful, perhaps based on public, mass media images. Second, occupational imagery varies with level of vocational sophistication in that individuals with greater degrees of vocational maturity are able to make finer distinctions between occupations (Edwards, Nafziger, and Holland, 1974) and tend to view occupations less stereotypically (Banducci, 1970).

Marital status, household income, and number and ages of children are distinguished from the other individual attributes in that these are conditions over which the individual has some control. Therefore, they might function both as consequents of role attributes, work attitudes, work behavior, and/or the degree of congruence between internal and external

career and as antecedents. Because this study is cross-sectional, the juxtaposition of these attributes relative to role cannot be determined. In contrast, age, sex, race, and country of birth are antecedents, not consequents, and each is related to occupational image for different reasons. To the extent that the images of nursing have changed in the last 20 years following the recent trends of the occupation toward professionalization (Minehan, 1976), age and/or tenure, might predict image. Older nurses might be more likely to hold bureaucratic or traditional perceptions of nursing while younger nurses might have a more professional view. Sex might also affect image in that women's views of nursing might follow the sex-role stereotype while men might view nursing in more instrumental, economic terms since they are thought to experience prestige loss and status degradation in the occupation (Segal, 1962). Country of birth, to the extent that socialization into occupational roles differs cross-culturally, might also affect occupational image. This individual attribute should be included considering that many nurses practicing in the U.S. come from other countries. Race, because it varies with socioeconomic status, is also thought to be related to image. Minority races that have been excluded from higher status and helping professions may perceive nursing as offering their best opportunity for a professional career.

Sociological theories of occupational choice emphasize that the range of individuals' vocational choices are narrowed by their parents' relative status in the social stratification system and by vacancy rates in occupational membership. Vacancy rate is not a significant constraint for individuals choosing nursing because there has been a nursing shortage for a number of years. Socioeconomic status of parents, as measured by education of both parents is relevant to a study of occupational images for two

reasons. First, from the perspective of limitation of vocational opportunity, several nurses interviewed by the author cited financial constraints as a reason for selecting nursing as an occupation because two-year and three-year diploma programs were less expensive than a four-year college degree and a job after graduation was virtually assured. Furthermore, because the education of men has traditionally been considered to be more important than that of women, families tend to offer a college education to sons and less expensive vocational training to daughters, if funds are limited. This also might be a factor in the choice of nursing as a profession. Second, parents' socioeconomic status has been found to affect individuals' beliefs about occupations (Banducci, 1970; Tseng and Rhodes, 1973).

The last two components of the vocational choice section of the model are prevocational contact with nursing and type of vocational training. Both have been related directly to occupational attitudes in earlier research. Prevocational contact, in the case of the nursing occupation, might include, in addition to parents' occupation, such things as a childhood illness that required hospitalization, work as a hospital volunteer, or severe illness of a family member. The amount of prevocational exposure to an occupation has been hypothesized to be inversely related to degree of stereotyping of that occupation (Dipboye and Anderson, 1961). Vocational training, that is the initial nursing license and/or the individual's total education, might also be directly related to occupational image. Corwin (1961) has suggested that individuals from hospital diploma schools may tend to have a bureaucratic image of nursing because they are trained by bureaucratic organizations while those from bachelors programs have a professional orientation. Vocational training might also be examined from the point of view of cross-cultural differences among nurses trained in different countries.

Conversion Constructs

The second section of the model deals with internal and external career. External career is represented by role attributes and role activities while occupational imagery and ideal role comprise internal career.

The first component of external career is actual role, or more specifically, perceived role from the perspective of occupational members. Actual role represents the entire bundle of tasks but goes beyond Hughes' (1958) framework in that the frequency with which role incumbents are required to perform particular activities is included because the primacy of particular groups of tasks may vary with positional attributes while the sheer variety of tasks may be constant across positions.

Similarly, ideal role, which is a component of internal career, refers to both the range and frequency of performance of role activities, but assumes that nurses have complete discretion in defining nursing practice. Therefore, the difference between ideal and actual role is that actual role refers to the combination of tasks nurses are required to perform while ideal role refers to the mix of tasks nurses desire to perform. Ideal role can also be differentiated from the second facet of internal career - occupational imagery.

Occupational image is a set of beliefs about a role in the abstract, is formed early in life through perceptions of the social stratification system and is modified by individual and role attributes. Ideal role, on the other hand, is a set of beliefs about the specific tasks which should be done by an occupational member. Thus, ideal role is more concrete and specific than the meaning of an occupation. Ideal role comes from socialization experiences during vocational training, the immediate on-the-job demands of clients, co-workers, and other members of the health care team, as well as

overall occupational image, in the sense of Hughes' notion of the work which typifies the occupation. Occupational image is modified, not formed by job experience and it is hypothesized to be more stable than ideal role. Thus, there are clear differences between the concepts of ideal role and occupational image with respect to their hypothesized origins and characteristics.

Occupational imagery can be conceptualized in three ways. It may be regarded as a psychological concept with each individual forming a unique idiosyncratic image of the nursing occupation based on his/her individual attributes. Alternatively, occupational imagery may be viewed as based solely on structural conditions such as the societal stratification system, independent of the attributes of individuals. In this case, one image would be shared among all societal members. Third, the concept may be considered as social psychological in which case there would be some regularities in image within specific subgroups of occupational members and some differences in images across different groups.

The conceptualization of occupational image in the nursing literature is implicitly social psychological and cognitive in nature. As used in the nursing literature, occupational images refer to typologies of value-based role concepts (Minehan, 1977). Three major typologies have been developed: professionalizer, traditionalizer, utilizer (Habenstein and Christ, 1955), professional, service/traditional, bureaucratic (Corwin, 1960), and traditional, bureaucratic, professional, lay (Davis and Olesen, 1964). Although the concept has been operationalized in social psychological terms in the literature, occupational subgroups have not been identified and empirically matched to particular image types. Therefore, it is unclear as to whether these image typologies refer to the dimensionality of a particular

shared image (in the sociological sense) or discrete nursing images held by different occupational subgroups. The relationships among different image types have been explored empirically only to the extent that Corwin (1960, 1961a and b), Goad and Moir (1981), and Speedling, Ahmadi, and Kuhn-Weissman (1981) have found, using Corwin's measure (1960), that nurses could have high scores on both bureaucratic and professional subscales. Conceptually, Davis and Olesen (1964) viewed lay image as overlapping with traditional so that it is unlikely that the image typology yields five mutually exclusive categories. This study investigates some of these issues for the purpose of gaining insight into the meaning of the concept of occupational imagery.

The second component of external career, role attributes, serves a dual function because role attributes are both antecedents of internal/external career as well as consequents of the interaction of the two. As antecedents, they indicate the specific implementation of occupational choice because the choice to work as a nurse requires a subset of decisions. The choice of subspecialty, to a large degree, determines the nature of the work, role activities, skills required, and even work schedule. For example, the choice of clinic nursing may imply a 9-5 job with all weekends off while medical/surgical floor care might require rotating shifts and alternate weekends on duty. Thus, the way in which the choice for nursing is implemented establishes subgroups, within nursing, of occupational members with shared experiences. Therefore, work experience factors such as shift, unit, and job level, may be modifiers of internal/external career. As work experience accumulates and individuals seek to alter their role attributes, these role attributes become consequences of the interplay of internal/external career. These alterations may be viewed as attempts to

change the context of nursing practice in order to bring image and activities (ideal and actual role) into congruence. In addition, change in role attributes is transfer behavior which may be considered part of a phased withdrawal, possibly leading to turnover. Therefore, this facet of external career plays a dual role as both antecedent and consequent of occupational image.

The final distinction to be drawn in the middle portion of the model is the difference between the congruence of perceived actual role and ideal role and the interaction between internal and external career. Congruence has been described as a discrepancy score between the total bundle of tasks (actual role) and those that are viewed as epitomizing the occupation (ideal role). Interaction between occupational internal and external career is concerned with particular combinations of image, role, and role attributes which are believed to be joint predictors of particular consequents.

Consequents

The consequents are comprised of six work attitudes and rated performance which have been derived from two separate yet congruent models. Expectations for rewards is a consequent of the internal/external career framework while job involvement is thought to be a consequent of expectations for intrinsic rewards. Job satisfaction, behavioral intention to leave, performance, expectations for rewards, and job involvement have been used in predictive models of turnover (Bluedorn, 1982; Mobley, Griffeth, Hand, and Meglino, 1979; Price and Mueller, 1981) while role conflict and role ambiguity have been identified as consequents of occupational images other than bureaucratic image (Corwin, 1961a).

Expectations for rewards has a pivotal role in that it is hypothesized to be both an antecedent of other job attitudes in turnover models as well as a consequent of the conversion section of this model. As a consequent, expectation for rewards represents career themes which are derived from the interaction of internal and external career (Van Maanen and Schein, 1977). Some expected rewards may be extrinsic, such as the status and respectableness of the occupation, while some may be intrinsic, such as the importance and helpfulness of the work performed. According to the internal/external career model, internal career, especially occupational image, is the earliest determinant of anticipated rewards for the future. As work experience is acquired, expectations for future rewards are reassessed. Therefore, it is the interplay between the subjective, abstract perceptions of the occupation as a whole (image) and the perceptions of its more concrete, objective aspects (role) that determines expectations for the future. It is further hypothesized that job involvement is related to expectations for rewards (Kanungo, 1979; Rabinowitz and Hall, 1977) and

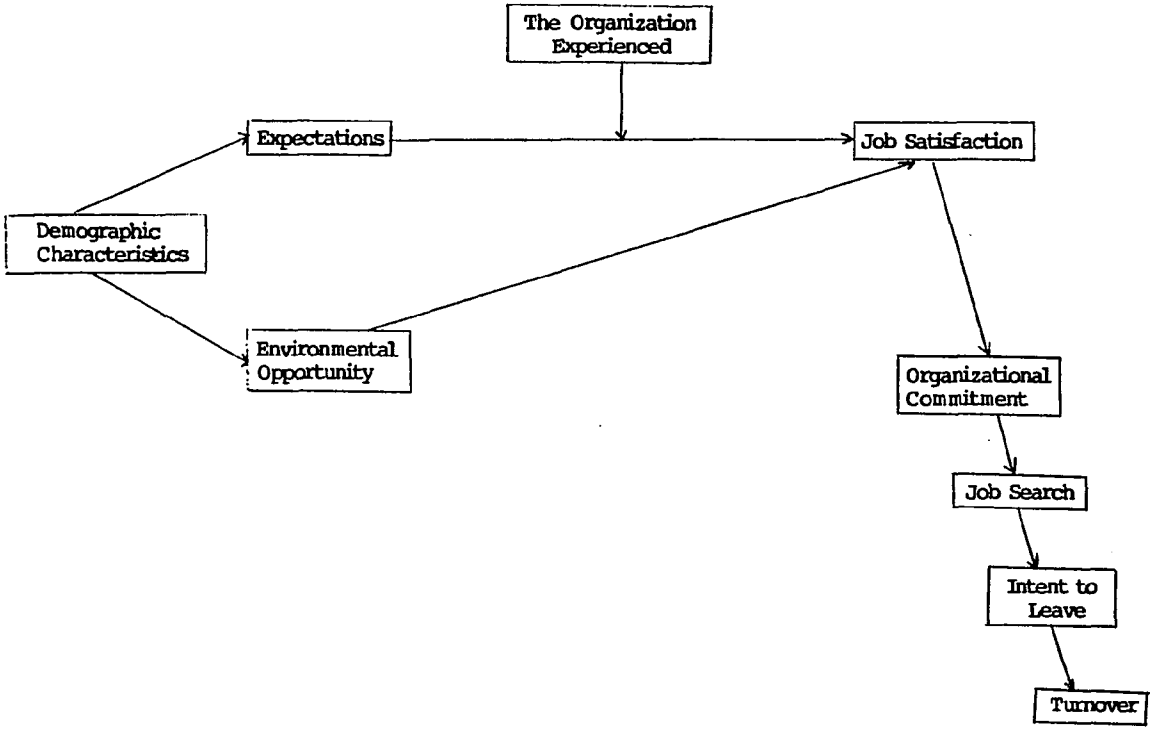
especially intrinsic rewards (Lefkowitz, Somers, and Weinberg, in press).

The pivotal role of expectations is further portrayed in figure 3 which represents Bluedorn's (1982) model of turnover which this study uses in modified form to examine the relationships among the criterion variables in the final phase of the model.

The "organization experienced" is replaced by the internal external career framework while "environmental opportunity" is treated as given within the nursing occupation because nursing shortages are assumed. "Job search" and "intent to leave" are combined in a measure of behavioral intention to leave. Another consequent, job performance, can also signal intent to withdraw as well as alter positional attributes through drastic changes in effort. Poor performance might bring about involuntary transfer or resignation while high performance might change job level through promotion. Change in job level or involuntary transfer due to job performance can alter positional attributes and ultimately change internal/external career congruence and interaction. Finally, behavioral intention to leave is viewed as a consequent of job involvement and ultimately leads to transfer and/or turnover.

FIGURE 3

BLUEDORN'S TURNOVER MODEL



HYPOTHESES

OCCUPATIONAL IMAGE AND INDIVIDUAL ATTRIBUTES

H_1 Occupational image is significantly related to the following individual attributes:

A. Age

H_{1A1} Older nurses have higher scores on bureaucratic and traditional image scales than younger nurses.

H_{1A2} Younger nurses have higher scores on professional and utilitarian image scales than older nurses.

Occupational images are based on societal values which have changed over the last 30 years. Changes in the traditional role of women in society imply a decline in the service/traditional image of nursing (Minehan, 1977) while the movement of nursing toward professionalization implies a growth in the professional image (Corwin, 1961b). The fairly recent proliferation of two-year nursing programs has placed nursing in competition with other vocational training programs of comparable length. Those recent high school graduates who enter nursing programs rather than trade schools may do so for utilitarian reasons such as the job security, respect, and starting salary that nursing offers. Although this hypothesis has not been tested with respect to age, Speedling, Ahmadi, and Kuhn-Weissman (1981) found that while inexperienced nurses were overrepresented in the low bureaucratic/high professional image category, this category represented the fewest experienced nurses.

H_{1A1} and H_{1A2} have been revised to deemphasize the age of the

respondent while taking into account the respondents' tenure in the occupation and at the hospital. These hypotheses have been changed in order to avoid making two improper assumptions. The first assumption that has been discarded in the revision is that nurses begin their nursing training immediately after high school graduation. The background information for this sample indicated that this was not the case. In this sample, 41 individuals made the decision to become nurses at 21 years of age or older. Moreover, 33 respondents worked in other health care jobs before entering nursing training and another 42 worked in non-health care jobs even though the decision to become a nurse may have been made at an earlier age. The second assumption, that the licensed nurse has worked throughout the period of licensing, might also be incorrect, especially for an occupation with a high proportion of women since their labor force participation is largely determined by the demands of family life (Nieva and Gutek, 1981) Moreover, depending on the state of the economy, a substantial proportion of those licensed do not practice nursing (Brief, 1976).

H_{1A1} (Revised) Nurses who have been licensed for a longer period of time have higher scores on the bureaucratic image of nursing scale than nurses who have been licensed for a shorter period of time.

H_{1A2} (Revised) Nurses who have been licensed for a shorter period of time have higher scores on the professional image of nursing scale than nurses who have been licensed for a longer period of time.

H_{1A3} (Revised) Nurses who have more tenure in the hospital have higher scores on the bureaucratic image scale than nurses with less tenure.

H_{1A4} (Revised) Nurses with less tenure in the hospital have higher scores on the professional image of nursing scale than nurses with

more tenure.

B. Age and Type of Nursing Degree

H_{1B1} Nurses over 40 years of age from three-year diploma programs have higher scores on the bureaucratic nursing image scale than:

Nurses over 40 years of age from LPN programs,

Nurses under 30 years of age from two-year associate degree programs,

Nurses under 30 years of age from baccalaureate programs.

H_{1B2} Nurses over 40 years of age from LPN programs have higher scores on the traditional nursing image scale than:

Nurses over 40 years of age from three-year diploma programs,

Nurses under 30 years of age from two-year associate degree programs,

Nurses under 30 years of age from baccalaureate programs.

H_{1B3} Nurses under 30 years of age from two-year associate degree programs have higher scores on the utilitarian image of nursing scale than:

Nurses over 40 years of age from LPN programs,

Nurses over 40 years of age from three-year diploma programs,

Nurses under 30 years of age from baccalaureate programs.

H_{1B4} Nurses under 30 years of age from baccalaureate programs have higher scores on the professional image scale than:

Nurses over 40 years of age from LPN programs,

Nurses over 40 years of age from three-year diploma programs,

Nurses under 30 years of age from two-year asociate degree programs.

This set of hypotheses is derived from two sources. First, with respect to the relationship between image and type of degree, image is considered to reflect, in part, the socialization experiences of nursing training. The image held by diploma nurses reflects the impact of training in a bureaucratic institution, a hospital, while the professional image held by baccalaureate nurses reflects socialization by a university faculty. Corwin (196la) found that a larger percentage of nurses with baccalaureate degrees held professional images than did nurses with diplomas while diploma nurses were more bureaucratically-oriented than baccalaureate nurses. Second, with respect to age and nursing image, the effect of societal values discussed in H_{1A} is expected to be a stronger predictor of occupational image for nurses who graduated from shorter, less intensive training programs, such as LPN training and two-year associate degree programs than for nurses in longer, more intensive programs. In the case of baccalaureate and diploma nurses, training program is expected to be a stronger predictor of image than societal values.

This set of hypotheses omits groups of individual for which no prediction can be made based on the two predictors mentioned above. Several groups were omitted because it is unclear whether training or trends in societal values would be stronger predictors. In the case of baccalaureate nurses over 40 years of age, as Kramer (1966) found, the years of work in a bureaucratic institution might obliterate the professional

image inculcated by early vocational training. In contrast, younger nurses in diploma programs might be more affected by the occupation's drive toward professionalism than by training experiences in a bureaucratic institution. Another group, those between 30 and 40 years of age, was omitted because career change is common at these ages. Therefore, differences in images for this age group might be related to tenure and marital status rather than age and type of degree in that this group is likely to contain both experienced and inexperienced nurses.

These hypotheses have been revised in three ways. First, for the same reasons as in $H_{1A,}$ age has been replaced with tenure and age of licensing degree. Second, with respect to type of degree, the revised hypotheses clarify whether initial licensing degree or the most recently earned degree is used. The original set of hypotheses did not take into account that many individuals return to school for more advanced degrees and that this experience might have as great an effect on image as initial socialization into the occupation. In this sample, 66 respondents report that they are pursuing advanced degrees at the present time. Third, the hypotheses concerning utilitarian image cannot be tested due to the lack of a utilitarian subscale, and sample characteristics preclude testing hypotheses regarding Licensed Practical Nurses.

H_{1B1} (Revised) Nurses with greater tenure in the hospital whose initial licensing degree was a diploma have higher scores on the bureaucratic image scale than:

Nurses with shorter tenure whose initial licensing degree was an Associates,

Nurses with shorter tenure whose initial licensing degree was a Bachelors.

H_{1B2} (Revised) Nurses with shorter tenure whose initial licensing degree was Bachelors have higher scores on the professional image scale than:

Nurses with longer tenure whose original licensing degree was a Diploma,

Nurses with shorter tenure whose original licensing degree was an Associates.

H_{1B3} (Revised) Nurses who have been licensed for a longer period of time and whose original licensing degree was a Diploma have higher scores on the bureaucratic image scale than:

Nurses who have been licensed for a shorter period of time and whose licensing degree was a Bachelors.

Nurses who have been licensed for a shorter period of time and whose licensing degree was an Associates.

H_{1B4} (Revised) Nurses who have been licensed for a shorter period of time and whose original licensing degree was a Bachelors have higher scores on the professional image of nursing scale than:

Nurses who have been licensed for a shorter period of time and whose original licensing degree was an Associates,

Nurses who have been licensed for a longer period of time and whose original licensing degree was a Diploma.

H_{1B5} (Revised) Nurese who have been licensed for a longer period of time and whose highest degree is a Diploma have higher scores on the bureaucratic image scale than:

Nurses who have been licensed for a shorter period of time and whose

highest degree is a Bachelors,

Nurses who have been licensed for a shorter period of time and whose highest degree is an Associate.

H_{1B6} (Revised) Nurses who have been licensed for a shorter period of time and whose highest degree is a Bachelors have higher scores on the professional image scale than:

Nurses who have been licensed for a longer period of time and whose highest degree is a Diploma.

Nurses who have been licensed for a shorter period of time and whose highest degree is an Associate.

H_{1B7} (Revised) Nurses with greater tenure in the hospital whose highest degree is a Diploma have higher scores on the bureaucratic image scale than:

Nurses with shorter tenure whose highest degree is a Bachelors,

Nurses with shorter tenure whose highest degree is an Associate.

H_{1B8} (Revised) Nurses with shorter tenure in the hospital whose highest degree is a Bachelors have higher scores on the professional image scale than:

Nurses with shorter tenure whose highest degree is an Associate,

Nurses with longer tenure whose highest degree is a Diploma.

C. Sex

H_{1C1} Males are more likely to hold a utilitarian image of nursing than females.

Although males experience status degradation in that they are performing in a role that is viewed as traditionally female, they select nursing for practical, economic reasons such as job security

and because it confers professional status that would be denied them in the manual, semi-skilled work that they would otherwise perform (Segal, 1962).

D. Race

H_{1D1} Black and Hispanic nurses hold utilitarian images of nursing.

Minority groups which have been excluded from other high-paying professions will select nursing as their best alternative to achieve professional status and economic benefit. Moreover, blacks are more likely to be in an associate degree program than in any other type of nursing program (Jones, 1976) so that the professional or bureaucratic socialization experiences associated with the other types of nursing training are unlikely to have an impact on the image of nursing held by this group.

E. SES of Parents and Type of Degree

H_{1E1} Nurses with both baccalaureate degrees and high SES parents will score higher on the professional image of nursing scale than the rest of the sample.

Jones (1976) reports that students enrolled in longer nursing programs have parents with higher levels of education than students in shorter programs. Also, Corwin (1961a) has found that baccalaureate nurses are more likely to hold a professional image than nurses from diploma programs. Therefore, both childhood and vocational socialization of this group are expected to instill a professional image.

F. Country of Birth and Country Where Trained As a Nurse

H_{1F1} For nurses born and/or educated in foreign countries the relationships between occuptional image and individual attributes hypothesized in H_{1A1} through H_{1E1} will not hold true.

Individuals born and educated in foreign countries will be subject to different childhood and occupational socialization experiences than those born and educated in the U.S.A.

OCCUPATIONAL IMAGES AND ROLE ATTRIBUTES

H_2 Occupational image is significantly related to the following positional attributes:

A. Specialization

H_{2A1} Nurses in clinics score higher on the bureaucratic and utilitarian nursing image scales than nurses in intensive care units.

H_{2A2} Nurses in intensive care units score higher on the professional image scale than nurses in clinics.

The convenient work schedule of the clinic area is expected to attract utilitarians while the emphasis on administrative rather than patient-centered tasks is hypothesed to attract nurses with bureaucratic images. In contrast, intensive care units usually have the most difficult schedules because often nurses must work extra shifts to cover coworkers who are ill due to the lack of personnel trained for this area. The high degree of scientific knowledge and skill required as well as the opportunity to practice bedside nursing is hypothesized to attract nurses with professional images.

B. Shift

H_{2B1} Nurses who work in general duty areas on the night shift score higher on the bureaucratic image scale than nurses who work in general duty areas on the evening shift.

H_{2B2} Nurses who work in general duty areas on the evening and night shifts score higher on the utilitarian nursing image scale than nurses who work in general duty areas on the day shift.

Nurses on the night and evening shifts are paid a differential wage in most hospitals to compensate them for off-shift work. This is hypothesized to attract utilitarians. Most patients in general duty units sleep during part of the evening shift and most of the night shift so that there is less opportunity for patient contact than on the day shift. This aspect of off-shift work is unlikely to attract service/traditional or professional image types. Night shift responsibilities are primarily custodial and administrative which might attract bureaucratic image types.

H_{2B1} has been revised. Because 12 out of 23 units have converted to 12-hour shifts, there is no evening shift on over half the inpatient units in this particular hospital. Furthermore, several other units have instituted flexitime and many nurses have elected to work 10 or 12-hour shifts which has cut back the evening shift extensively on the 11 remaining units. As a result, the evening shift sample is comprised of only 16 individuals, two of whom, are not on general duty units and cannot be used to test the hypothesis as formerly stated.

The rationale for the original hypotheses can be used to develop a revised hypothesis. As stated in the rationale, the night shift nurse has less

opportunity for contact with patients and visitors than nurses who work day and evening shifts. Therefore, the following hypothesis has been formulated:

H_{2B1} (Revised) Nurses who work on the day and/or evening shifts have higher scores on the traditional image scale than nurses on the night shift.

C. Part-time/Full-time (Work Schedule) and Specialization

H_{2C1} Nurses who work part-time and have no permanent unit assignment or specialization (per diem/float) score higher on the utilitarian image of nursing scale than on the other three image scales.

Such an assignment would be incompatible with the traditional values associated with a traditional/service image because the nurse would be assigned different patients each day and would be unable to form close relationships with them. Similarly, an individual with a bureaucratic image who emphasizes strict rule-following and attention to administrative detail would find the interunit differences in nursing practice intolerable. A nurse with a professional image would be frustrated with the lack of continuity of care and knowledge of results inherent in per diem/float work. The utilitarian individual, in contrast, views nursing as a job to be done (Habenstein and Christ, 1955) and would not be concerned with where or when it must be done, or to whom.

OCCUPATIONAL IMAGES AND INTERACTIONS BETWEEN INDIVIDUAL AND ROLE ATTRIBUTES

H_3 Occupational image is significantly related to interactions between the following individual and positional attributes:

A. Continuing Education and Job Level

H_{3A1} Nurses who have earned higher degrees in nursing since graduation from nursing school and are in jobs above the staff nurse level will score higher on the bureaucratic image of nursing scale than staff nurses who have earned higher degrees in nursing since graduation from nursing school.

Corwin (1961b) found that ambitions for promotion and bureaucratic role orientation were positively related while professional role orientation and promotion were negatively related.In addition, he found that as nurses moved up the hierarchy to the level of head nurse, professionally-oriented nurses experienced greater role discrepancy (Corwin, 1961a). Therefore, it is expected that nurses who earn higher nursing degrees but remain in a position that does not demand a bureaucratic orientation, will acquire and retain a professional image while those who move up the hierarchy will adopt a bureaucratic orientation.

B. Marital Status, Sex, Age of Children, Shift, and Specialization

H_{3B1} Married females with children under the age of 12 who work in general duty units on the evening and night shift score lower on the utilitarian image of nursing scale than all other nurses in general duty units on the evening and night shifts.

H_{3B2} Married females with children under the age of 12 who work in general duty units on the evening and night shifts score lower on the bureaucratic image of nursing scale than all other nurses on general duty units on the evening and night shifts.

Workforce participation of women is partially determined by family responsibilities. Married women with young children may work on shift, not because they prefer the schedule or type of work, but so that their husband can take care of the children while they work.

OCCUPATIONAL IMAGE AND ITS CRITERION VARIABLES

H_4 Different occupational images will be differentially related to nursing attitudes and behavior.

A. Expectations for Rewards Behavioral Intention to Leave

H_{4A1} For nurses with primarily utilitarian images, expectations for rewards are more strongly associated with behavioral intention to leave than for nurses with primarily professional, traditional, and bureaucratic images.

Utilitarian nurses are more concerned with rewards than other image types and are indifferent to other aspects of the job so that expectations for rewards will be more strongly associated with behavioral intention to leave.

B. Expectations for Rewards and Job Involvement

H_{4B1} For nurses with primarily professional images, expectations for rewards are more strongly associated with job involvement than for nurses with primarily traditional or utilitarian images.

Job involvement is hypothesized to be related to intrinsic, not extrinsic rewards (Lefkowitz, Somers, and Weinberg, in press). While

professionals might experience high intrinsic rewards and become attached to a job, traditionals are expected to become attached to patients due to their desire for patient contact. Utilitarians, on the other hand, are concerned exclusively with extrinsic rewards so that they are not expected to become job involved. No prediction is made for bureaucratic types.

C. Behavioral Intention to Leave and Performance

H_{4C1} For nurses with primarily utilitarian images, behavioral intention to leave is more strongly related to performance (inverse relationship) than for nurses with primarily professional or traditional images.

Once utilitarians have made preparations to leave they have no reason to perform well as they have begun to disengage from the job in pursuit of better material outcomes elsewhere. Professionals and traditionals continue to perform because of their value orientations toward their profession and patients, respectively.

D. Actual Role and Job Satisfaction

H_{4D1} The extent to which actual role is composed of incidental tasks is more strongly related (inversely) to job satisfaction for nurses with primarily professional images than for nurses with primarily utilitarian or bureaucratic images.

Utilitarians will be indifferent to the nature of the tasks they are to perform so that job satisfaction and actual role are unrelated.

Bureaucrats view the performance of all tasks prescribed by the employing institution as potentially satisfying.

E. Salary and Performance

H_{4E1} For nurses with primarily utilitarian images, salary is more strongly related to performance than for nurses with primarily traditional or professional images.

Utilitarians perform to achieve material outcomes whereas traditionals' and professionals' performances are based on the desire for both intrinsic and extrinsic rewards.

F. Role Ambiguity and Role Conflict

H_{4F1} Nurses with primarily professional images will experience greater role ambiguity and conflict than all other nurses in the sample.

Brief, Aldag, Van Sell, and Melone (1979) found that baccalaureate nurses experienced greater role ambiguity and conflict than nurses from other types of programs presumably because baccalaureate nurses feel that their skills are underutilized. Because baccalaureate nurses tend to hold professional images (Corwin, 196la), professionals are, by extension, expected to experience high role conflict and role ambiguity.

INTERRELATIONSHIPS BETWEEN INDIVIDUAL ATTRIBUTES AND INTERNAL CAREER

H_5 The following individual attributes are significantly related to the

congruence between ideal and actual role:

A. Prevocational Contact with Nursing

H_{5A1} The greater the amount of prevocational contact with the nursing occupation, the more congruence between ideal and actual role.

The more prevocational contact with nursing , the more exposure one has to the entire bundle of tasks prior to making a vocational decision. The less exposure, the more one expects a role consisting of "real work" as opposed to incidental tasks.

B. Age at Time of Vocational Decision

H_{5B1} The older the individual was when the decision to be a nurse was made, the more congruent ideal and actual role.

Super (1970) contends that early vocational decisions are fanciful and naive which suggests that individuals making vocational choices at a young age are doing so without considering what sort of tasks comprise the work of the occupation.

RELATIONSHIPS BETWEEN ROLE AND OCCUPATIONAL IMAGE

A. Congruence between Ideal and Actual Role

H_{6A1} Nurses who hold bureaucratic and utilitarian images of nursing experience greater congruence between ideal and actual role than nurses with professional images.

Corwin (1961a) found that nurses with a high professional orientation experienced a greater degree of role discrepancy than those with a

bureaucratic orientation. High utilitarians will experience low role discrepancy because they hold no allegiance to either professional or bureaucratic orientations. Although Corwin did not identify this image type, he found that nurses who held both low bureaucratic and professional role orientations had the least role discrepancy.

B. Actual Role

H_{6B1} Nurses with primarily professional images perceive their actual role as comprised of incidental tasks to a greater degree than nurses with primarily traditional, bureaucratic, or utilitarian images.

The performance of incidental tasks is expected to be more frustrating for nurses with professional images than for other image types. Professionals are more sensitive to the required performance of incidental tasks and, therefore, report that they are required to perform such tasks more frequently.

C. Ideal Role

H_{6C1} The ideal role of nurses with primarily bureaucratic images consists of more frequent performance of incidental tasks than the ideal role of nurses with primarily professional images.

H_{6C2} The ideal role of nurses with primarily professional images consists of more frequent performance of critical tasks than the ideal role of nurses with primarily bureaucratic images.

Nurses with professional images perceive themselves as possessing expertise that is unique to members of their profession and,

therefore, resent doing the work of other members of the health care team rather than the tasks for which they are uniquely qualified. Bureaucratic image types view their work as defined by hospital policies and procedures and view ideal nursing practice as similar to their actual role.

OCCUPATIONAL IMAGE AS A CLASSIFIER OF SPECIALIZATION

H_7 Occupational image correctly classifies nurses into their respective specializations.

A. Clinic and ICU

H_{7A1} The four subscales of occupational image correctly classify clinic and ICU nurses into their respective specializations.

Clinic and ICU nurses are expected to cluster at opposite ends of the four image continua. Clinic nurses are expected to be bureaucratic/utilitarian types while ICU nurses should be professional/traditional types based on the nature of the work performed in each area.

B. Clinic, ICU, and Length of Service

H_{7B1} The four subscales of occupational image correctly clasify those clinic and ICU nurses who have remained in their specializations for at least one year.

Individuals might choose specializations without knowledge of specific nature of the work. Those individuals will transfer to specialties more compatible with their images while those who

remain will hold the predicted images.

PREDICTORS OF BEHAVIORAL INTENTION TO LEAVE BY IMAGE TYPES

H_{8A1} Expectations for rewards, job satisfaction, and performance are significant predictors of behavioral intention to leave for nurses with primarily utilitarian images.

Rewards are expected to be central for utilitarians. Job satisfaction is used because it has been a majpr predictor of turnover (Price and Mueller, 1981). Performance is expected to drop prior to leaving for utilitarians who intend to leave.

H_{8A2} Actual role, job involvement, role ambiguity, role conflict, and job satisfaction are significant predictors of behavioral intention to leave for nurses with primarily professional images.

For professionals, a large proportion of incidental tasks, low involvement, and high role ambiguity and role conflict characterize a leaver or transferer.

H_{8A3} Role ambiguity, role conflict, job satisfaction, and specialization are significant predictors of behavioral intention to leave for nurses with primarily bureaucratic images.

Specialization refers to the fit between the role and image. Role ambiguity and role conflict are expected to be intolerable to bureaucratic types.

RELATIONSHIPS AMONG CONSEQUENTS

H_9 Performance is significantly related to job involvement.

Job involvement has been found to be related to performance when performance is measured by self-report (Rabinowitz and Hall, 1977).

SAMPLE AND DATA COLLECTION PROCEDURES

A population of 510 registered staff nurses was surveyed from an urban hospital specializing in the treatment and research of cancer and allied diseases.

Data Collection Procedures

The first data collection phase was conducted on each nursing unit with the exception of three units. The operating room was excluded because the task inventory was inappropriate for that specialization. The transplant unit, a reverse isolation area to which outsiders in street clothes have no access was also excluded. Radiology which was recently established as a nursing unit was excluded at the request of hospital.

The researcher met with nurses on all shifts, as arranged by the head nurse of each unit, in order to distribute questionnaires, introduce the study, and answer questions. The nurses were instructed to complete the questionnaire, write their employee number on the last page, seal the survey in the envelope provided, and return it to the head nurse. Envelopes were collected each weekday from May 15 to July 15. The date of pickup was noted on each questionnaire as it was received.

The second phase of data collection involved linking names to employee numbers and collecting information from employee files. Type of licensing degree, date the degree was awarded, date of hire, and Clinical Nurse II Performance Appraisal scores were extracted from the files. In addition, the researcher used payroll and time records to determine the number of prospective respondents excluding licensed practical nurses (as suggested by the hospital), orientees hired in June, employees on leave of absence, and nurses who had terminated prior to the beginning of the study.

Sample

A total of 228 questionnaires were returned. Of these, 224 were from staff nurses and 223 were useable. This represents approximately 44 percent of the total population of staff nurses. Although the staff nurse level excludes nursing managers, it is differentiated into four types of positions. The Clinical Nurse I is a new graduate with no prior nursing experience who has less than six months' tenure. The Clinical Nurse II has tenure over six months and/or prior nursing experience. The Clinical Nurse III is a position for which the Clinical Nurse II may apply. Selection is determined by qualifications and availability of positions. The CNIII has both advanced clinical skills and limited supervisory responsibility. The last category, Advanced Practice Clinician, is a position that is limited to outpatient areas. The role is clinical, non-supervisory, and gives the nurse greater autonomy than do the other nursing roles.

Table 1 presents the breakdown of respondents across shifts and positions by unit in comparison to the total population of staff nurses on each unit. Clearly, the units were not sampled proportionately to the total population. The percentage of respondents to population varies from 3 percent from Out Patient 4 to 100 percent from the Adult Day Hospital. Table 2 presents the breakdown of selected individual attributes and role attributes for the sample. With respect to the issue of response bias, corresponding demographic information was unavailable for the staff nurse population with the exception of highest degree earned. The hospital compiled statistical data for wage and salary purposes in March, 1984, and found that 1 percent of the population had earned a Masters, 51 percent a Bachelors, while 48 percent had either an Associate or Diploma. In comparison, the sample has a higher level of education with 5 percent holding a Masters, 57 percent a

Bachelors, and 38 percent either a Diploma or Associate.

As the demographic information in Table 2 indicates, the small number of part-time workers, males, and parents with children precludes testing hypotheses concerning the relationships between these attributes and occupational image.

TABLE 1

Sample Characteristics By Unit

UNIT	TITLE CNI	CNII	CNIII	APC	SHIFT DAY	EVE	NITE	TOTAL SAMPLE	TOTAL POPULATION
Emergency Room	*	5	1	*		5	—	6	11
Intensive Care	*	20	1	*	12	*	9	21	43
Recovery Room	*	10	—	*	6	*	4	10	21
Out Patient 3	*	8	1	1	10	*	*	10	14
Out Patient 4	*	1	—	—	1	*	*	1	30
Pediatrics Day Hospital	*	1	*	2	3	*	*	3	6
Pediatrics	—	10	1	*	6	*	5	11	43
Pediatrics IV Team	—	3	—	*	3	—	—	3	6
6th Floor	—	7	2	*	8	*	1	9	32
7th Floor	1	10	2	*	10	2	1	13	29
8th Floor	—	2	3	*	3	1	1	5	23
Treatment Rooms	—	9	—	*	8	1	*	9	12
9th Floor	—	4	—	*	3	—	1	4	21
10th Floor	1	4	2	*	7	—	—	7	20
11th Floor	—	19	6	*	17	1	7	25	32
12th Floor	2	18	2	*	14	*	9	23	29
14th Floor	—	8	—	*	4	*	4	8	27
15th Floor	—	10	1	*	4	6	1	11	20
16th Floor	—	7	1	*	6	*	2	8	23
Adult Day Hospital	*	*	*	5	5	*	*	5	5
18th Floor	1	8	1	*	9	—	1	10	23
Adult IV Team	—	3	1	*	4	—	—	4	14
Float	—	6	—	*	4	—	1	6	12
Totals	5	182	26	8	157	15	48	223	510

* Position or shift does not exist on this unit

TABLE 2

Demographic Characteristics of the Sample

EDUCATION

	HIGHEST DEGREE (Self-report)	LICENSING DEGREE (Archival)
LPN	0	3
Associate	27	35
Diploma	57	55
Bachelors	127	116
Masters	12	0
Missing Data	0	14
Total	223	223

BIRTHPLACE	
U.S.	190
Far East	11
South and Central Americas	5
Western Europe	9
Eastern Europe	1
Central Asia	2
West Indies	4
Missing Data	1
Total	223

RACE	
Black	11
Oriental	11
Hispanic	7
White	192
Other	2
Total	223

SEX	
Male	7
Female	215
Missing Data	1
Total	223

MARITAL STATUS	
Single	153
Married	47
Separated, Widowed, or Divorced	23
Total	223

NUMBER OF CHILDREN	
None	192
One	15
Two	7
Three	6
Four	3
Total	223

MEASURES

OCCUPATIONAL IMAGE

A review of nursing image typologies suggests that although five different images have been identified, all five have not been combined, a priori, into a single measure. Corwin (1960) used only three images in his measure while the most complete measure (Davis and Olesen, 1964) omits the utilizer (utilitarian) image of Habenstein and Christ (1955), but includes a lay image not found in other measures. A four-image checklist (Davis and Olesen, 1964) has been used with samples of nursing students (Brown, Swift, and Oberman, 1974) and was examined by Ichilov and Dotan (1980). Their factor analysis yielded five factors, but reliabilities were low.

Because of these difficulties, a new image measure was constructed for the present study using items from the available measures. This new 27-item measure was expected to reflect four value-based images. The traditional/service image is based on the historical roots of the occupation and emphasizes nurturing and comforting the sick. The professional image reflects the incorporation of the principles of professionalization such as autonomy, knowledge, and expertise. The bureaucratic image refers to the structural principles of organizing so that such things as formalization and chain of command are emphasized. The utilitarian image indicates that nursing is a job to be done and has no inherent value beyond the material and social outcomes that accrue to the individual worker. These role conceptions have been discussed in greater detail elsewhere (e.g. Habenstein and Christ, 1955; Minehan, 1977). The lay image will not be used as the items in the Davis and Olesen (1964) measure were viewed by their authors as overlapping conceptually with both traditional and bureaucratic images.

The image scale was factor analyzed using varimax rotation and three

factors emerged. The scale was factor analyzed a second time specifying a three-factor solution. Three items, "Working at the bedside," "Understanding patients' hostilities and fears," and "Active membership in nursing organizations" failed to load on any one factor. The factor analysis was repeated, omitting these three items. The results of the final analysis are presented in Table 1.

Factor 1 contains 12 items which reflect a bureaucratic, security orientation. This factor explains 64.1 percent of the variance and the alpha for this 12-item subscale is .86. The mean, median, and standard deviation are 2.682, 2.696, and .550 respectively.

The second factor is comprised of six items which reflect a professional image. More specifically, these items emphasize a quality performance component of the occupation. This factor accounts for 19.1 percent of the total variance and the subscale alpha is .85. The mean, median, and standard deviation are 3.407, 3.554, and .538 respectively.

Factor three is composed of six traditional items which are patient and/or service-oriented and appear to have an affiliative component as well. This factor accounts for 16.9 per cent of the total variance and the subscale alpha is .81. The mean, median, and standard deviation are 3.273, 3.340, and .518 respectively.

The bureaucratic and professional dimensions are correlated r=.45 while the correlation between the professional and traditional dimensions is .32. The intercorrelation between bureaucratic and traditional dimensions is .36. Although the dimensions are related, the correlations among them are moderate and, thus, the dimensions may be viewed as somewhat independent. Because no separate utilitarian factor emerged, those hypotheses that were based on the utilitarian image have been revised or omitted.

Table 1

Image Factor Analysis

		Factor I	Factor II	Factor III
1.	Demonstrating care and concern for others.	.06872	.19346	.51902
2.	Clear cut lines of authority.	.60755	.09020	.16637
3.	Job security.	.48804	.28968	.06732
4.	An occupation highly respected in the community.	.41837	.27793	.15359
5.	Meticulousness.	.50199	.23429	.20106
6.	Scientific judgment.	.16611	.59346	.09066
7.	Order and routine.	.62584	.23548	.07579
9.	Exercise of imagination and insight.	.15925	.70492	.13244
10.	Close supervision and direction.	.59253	.12130	.21335
11.	Frequent innovation in the solution of problems.	.07651	.75056	.07839
12.	Clearly defined work tasks.	.66424	.14772	.07420
13.	Commitment to knowledge.	.21158	.62186	.19668
14.	A means for acquiring financial security.	.46692	.21700	-.11413
15.	Record-keeping.	.52528	.30033	.16579
17.	Originality and creativity.	.15550	.62615	.12041
18.	Maintenance of professional standards.	.23284	.67275	.27013
19.	Devotion to the patient.	.18616	.12795	.61661
20.	Strict rule following.	.72113	.02295	.23117
22.	Making decisions about patients' emotional welfare.	.05599	.24330	.58904
23.	Taking a personal interest in patients.	.05893	.10053	.74176
24.	Dedicated service.	.26910	.06186	.63963
25.	Becoming close to patients.	.09589	.04494	.67700
26.	A job to be done.	.51703	-.11359	-.01946
27.	Demonstrating loyalty to the hospital.	.58240	.20161	.17406

ROLE and IDEAL ROLE

The statements in the task inventory were evaluated by each subject twice, once to rate the actual frequency with which tasks are performed by the respondent (role) and once to rate the hypothetical frequency of performance in an ideal situation in which the respondent has complete discretion in defining nursing practice (ideal role). The task inventory draws on diverse nursing task inventories (American Nurses' Foundation, 1956; Brief and Aldag, 1979; Bullock, 1954; Christ, 1956; Ford and Stephenson, 1954; Kruger, 1971; White, 1972).

Because these inventories tend to be rather lengthy, e.g. 212 tasks of general duty nurses in Aldag and Brief (1979), a relatively small number of task statements-37, were chosen from the larger pool of items on the following bases. First, full range of nursing tasks was sought. This was assured through a typology in which Hughes' (1958) framework of critical or incidental tasks was used as the first dimension. The second dimension was constructed from the focus of task performance, i.e., patient-centered, chart-centered, or unit-centered based on categorizies used in several hospital manuals of nursing procedures. Using the critical/incidental dichotomy as one dimension and focus as the other, a typology of six cells may be constructed into which task statements may be categorized. See Figure 4. For example, taking vital signs might be categorized as patient-centered/incidental while charting vital signs are chart-centered/incidental. Teaching patients necessary self-care skills in preparation for discharge, on the other hand, would be categorized as patient-centered/critical. Task statements were selected from the task inventories to include a sampling of all six categories in order that the full range of nursing tasks be represented. This process was undertaken by the

present researcher who has extensive knowledge of nursing, and the classification of tasks was corroborated by two nurse clinicians.

For the second basis, those tasks that are appropriate for most general duty staff nurses and charge nurses were selected for use while those specific to a particular subspecialty were discarded. Third, separate items that were extremely detailed were combined into a single, more general item where possible. For example, pulse, temperature, and respiration rate, which are customarily described as vital signs, were combined into a single vital signs item.

Coefficient alpha for the actual and ideal role measures are .91 and .89 repectively. The mean and standard deviation for actual role are 2.590 and .432 while those for ideal role are 2.560 and .552.

Three additional measures were derived from the ideal and actual role measures to reflect the conceptual frameworks on which this study is based. Hughes' concept of the status hierarchy of tasks was operationalized by establishing cutoff scores at one standard deviation above and below the grand mean of the ideal role scale. Those tasks with means higher than one standard deviation above the grand mean were identified as critical while those with means less than one standard deviation below the grand mean were classified as dirty work. Coefficient alpha for the critical task and dirty work measures are .86 and .84 respectively. Medians for critical task and dirty work measures were 3.612 and 1.330, respectively. The two scales are presented in Table 2.

Van Maanen and Schein's concept of internal/external career congruence is reflected in the derivation of a measure of role discrepancy from the original role scales. This measure was derived by subracting the ideal from the actual score on each task and summing their absolute values.

Table 2

Task Statements for Critical Task and Dirty Work Measures

Critical Tasks

Administer prescribed medications; observe and record response.
Administer prescribed treatments; observe and record response.
Talk with patients' families.
Explain diagnostic and therapeutic procedures to patients.
Teach patients necessary self-care skills in preparation for discharge.
Obtain and record patient history.
Assess patients' conditions upon admission and record.
Record patients' progress in medical charts.
Read medical literature and/or consult with other health care providers to develop patients' treatment plans.
Prepare and record patients' treatment plans.
Review patients' diagnostic reports.
Orient new colleagues.
Attend continuing education classes, meetings, and staff conferences.
Protect patients' skin: give backrubs, turn, and position.

Dirty Work

Feed or assist patients with meals.
Pass and collect meal trays and nourishments.
Make beds.
Greet and direct visitors.
Sort and/or deliver patients' mail.
Order and put away supplies: medication, stationery, linen, and equipment.
Transport patients and run errands.
Assemble patients' medical records upon admission and discharge.
Sort and/or file diagnostic reports.
Answer incoming phone calls.

EXPECTATION FOR REWARDS

The rewards scale is adapted from Bullock's (1954) measure of expectations for rewards. The original 30-item measure combines both rewards and requirements of the nursing job relative to other occupations traditionally open to women (school teaching, social work, and an unidentified category). Eight items have been reworded to eliminate reference to gender. Also, the response codes have been changed from forced choice format to an interval scale and, consequently, additional rewording was necessary. No reliability data were available for this measure, but many of the items were found to be significantly related to job satisfaction for a sample of employed nurses (Bullock, 1954). This measure was chosen because its rewards items are appropriate for a nursing sample (it was designed for that purpose) and because no other measures of expected nursing rewards were available. Internal consistency reliability with this sample was .90.

JOB INVOLVEMENT-ALIENATION

The A-I scale, a 15-item measure (Lefkowitz and Somers, 1982) which reflects Kanungo's (1979) conceptualization of job involvement as a cognitive state of identification with work will be used for two reasons. First, it measures alienation and involvement as opposite ends of a single continuum as suggested by Kanungo's synthesis of sociological and psychological approaches to alienation and involvement. Thus, it is appropriate for an individual analysis of occupations. Second, it is a more focused measure of involvement-alienation per se, one which does not reference antecedents and consequents as other measures (e.g. Blauner, 1964; Lodahl and Kejner, 1965) do. Because this study proposes to test a complex framework for considering antecedents of job involvement as well as its possible consequents, the implicit inclusion of antecedents and consequents in the measure would be

inappropriate. Reliabilities reported for two samples are .87 and .89 (Lefkowitz, Somers, and Weinberg, in press). The reliability for the present sample is .85.

JOB SATISFACTION

Overall job satisfaction, or the affective state resulting from an evaluation of job experiences (Locke, 1976) will be measured using the "Facet-free Satisfaction" scale (Quinn and Staines, 1979). The scale was chosen because of the combination of its short length and acceptable reliability. Also, it avoids the somewhat redundant questions found in other measures of overall satisfaction of similar length. This five-item scale has been used with a national sample with a reported alpha coefficient of .77 (Quinn and Staines, 1979). The reliability for this sample is .85.

BEHAVIORAL INTENTION TO LEAVE

The Job Search Behavior Index (Kopelman and Burns, 1983) will be used to measure behavioral intention to leave. This measure is part of an unpublished questionnaire. No information as to its psychometric properties is available. Internal consistency for this sample is .85.

ROLE AMBIGUITY AND ROLE CONFLICT

Role ambiguity, or the extent to which feedback and guidelines for behavior are provided, and role conflict, or the degree to which one is subject to incompatible demands, will be measured using Rizzo, House, and Lirtzman's (1970) measure. The reliability of the scales has been well established and a substantial amount of information about the measures' psychometric properties is available (Cook, Hepworth, Wall, and Warr, 1981). Reliabilities for role conflict and ambiguity are .84 and .82 for this sample.

WORK VALUES

A 15-item version of Super's (1970) 45-item Work Values Inventory was

selected for three reasons. First, measures of work values generally range in length from 45 to 54 items. The use of such a lengthy scale would increase questionnaire completion time to the point that prospective respondents might be discouraged from participating. Alternatively, the use of a lengthy inventory might preclude the use of other measures in order that questionnaire administration time would not exceed 30 minutes. Second, both the original and shortened measure had been analyzed and substantial information was available with respect to its psychometric properties. Third, the measure has been used with organization employees as well as students. For many work values scales, reports of psychometric analyses are available only for student samples.

Butler (1983) developed this shortened measure by selecting the one item from each of Super's 15 subscales that correlated highest with the scale scores of the Minnesota Satisfaction Questionnaire (Weiss, Dawis, England, and Lofquist, 1967). The 15-item measure was used with three samples: employees at a department of transport, bank employees, and trainees at an officer candidate school. Factor analysis with varimax yielded a two-factor solution for the first two samples: extrinsic values and intrinsic values. The subscale reliabilities for the DOT sample were .79 for both sets of values and .81 (extrinsic) and .82 (intrinsic) for bank employees. For the AOCS sample, the factor analysis yielded three factors: altruism, recognition, and social status with subscale reliabilities of .65, .62, and .56, respectively. Therefore, factor structure for this measure was inconsistent across samples while reliabilities varied from acceptable to rather low.

Previously, analyses of the 45-item scale have indicated that six second-order constructs could provide a more parsimonious framework than Super's 15 subscales (Bolton, 1980; O'Connor and Kinnae, 1961), but again,

factor structure was inconsistent.

One item in Butler's version of the measure was changed for this study. Butler's method for selecting items included an item from Super's aesthetic dimension (making attractive products) which is inappropriate for a nursing sample. Therefore, another item from the aesthetic subscale (adding beauty to the world) was substituted.

The values measure was factor analyzed using varimax rotation and a four-factor structure emerged. Of the 15 items, only seven loaded moderately on one factor without loading on another. As shown in Table 3, three items loaded on the first factor, two loaded on the second, one on the third, and one on the fourth. The three items loading on factor one, "Having to solve new problems", "Trying out new ideas and suggestions," and "Using leadership abilities" do not form a meaningful dimension. Although the first two items appear to indicate a value for novelty, the leadership item does not fit the concept and another item that would seem to fit, "Not doing the same thing all the time", did not load on any factor.

Because the results of factor analysis were disappointing the scale was evaluated further. A careful examination of response patterns indicated that there was a severe restriction of range, with most respondents using the three highest response codes, 3 to 5. An item-by-item analysis showed that two items in the scale had a range of only 3 to 5. Two other items had a range of 4 to 5 apart from ten individuals who checked a lower response code. In addition, six items had a range of 3 to 5 with less than ten individuals using response codes 1 or 2. All remaining items except one had less than 20 respondents using response codes under 3. Therefore, all items but one were rated as moderately to very important with virtually no items rated as somewhat important or unimportant.

Table 3

Work Values Measure: Factor Analysis with Varimax Rotation

Having to keep solving new problems.	.67075	.15066	-.04362	.18710
Helping others.	.25863	-.05998	.01633	.34914
Getting a raise.	-.01063	.49362	.21673	.07687
Being your own boss.	.22579	.51526	.05071	-.12282
Knowing your job will last.	.02457	.06950	.10418	.56017
Leading the life you most enjoy.	.07328	.39610	.06521	.28515
Knowing by the results when you've done a good job.	.20862	.09459	.14808	.37364
Having a boss who is reasonable.	.06154	.27409	.43598	.41445
Using leadership abilities.	.48071	.22008	.24668	.12475
Having a good place in which to work (good lighting, quiet, clean, enough space, etc.).	.06864	.08751	.77508	.24108
Not doing the same thing all the time.	.15413	.21726	.29008	-.03559
Adding beauty to the world.	.19993	.30169	.28923	.28890
Forming friendships with your fellow employees.	.25720	.35036	.29574	.18438
Knowing that others consider your work important.	.29557	.37973	.06783	.19820
Trying out new ideas and sugestions.	.72621	.13643	.20260	.09381

This restriction of the range precludes the use of the values scale in this study. Because work values scales measure the degree to which particular facets of work experience are important and not the degree to which work is important, a high or low value on the entire scale is not meaningful. The lack of coherent factor structure integrity, and the restricted range of responses suggest that the measure should not be used. If a single work value emerged from the factor analyaia that was theoretically meaningful for this study, it would have been used, but that was not the case. For future studies the scale ought to be reformatted into a forced choice or ranking scheme as is done with needs scales which are also prone to range restriction. Alternatively, one of the other values scales might be substituted.

JOB PERFORMANCE

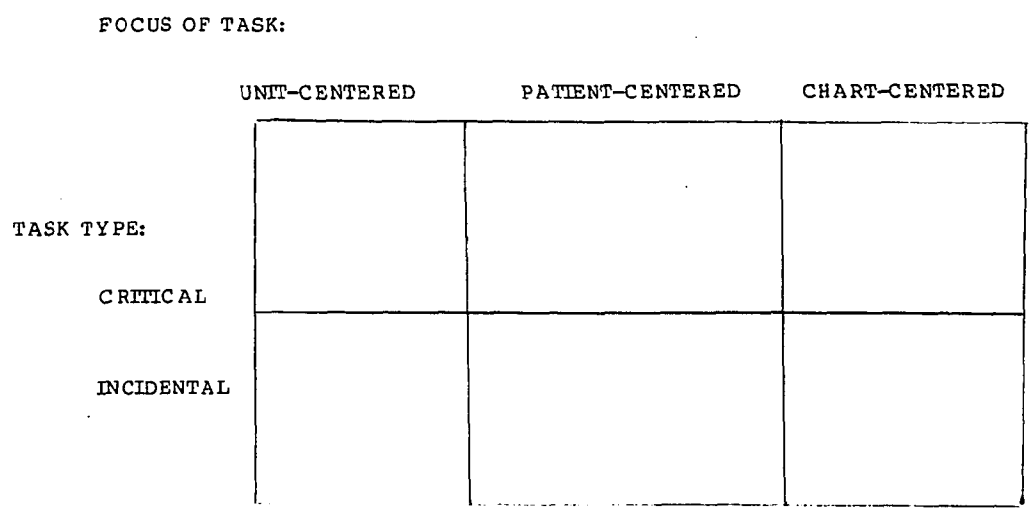
The performance measure is the Clinical Nurse II Performance Appraisal which was developed and used by the hospital in which this study was conducted. The 40-item evaluation tool is completed annually by the head nurse on all CN II nurses who have been at that level for at least six months prior to the evaluation period of November through December. The items are grouped into ten subdimensions with four items in each. Each item is rated on a 7-point scale with 4 reflecting an average level of nursing practice. The ten subdimensions are weighted with respect to their contribution to the final score and are further grouped into four performance dimensions as shown in Table 2. The appraisal form is included in Appendix 2. The hospital has not yet analyzed the measure psychometrically.

Performance scores for all ten subdimensions were collected for approximately 60 percent of the total sample. Missing data are due to missing personnel files, short tenure of respondents, lack of a comparable performance measure for CN I, CN III, and Advanced Practitioner levels, and

respondents' leaves of absences coinciding with the evaluation period.

FIGURE 4

TASK TYPOLOGY



DATA ANALYSIS

The first, second, and third sets of hypotheses refer to the interrelationships among occupational image, individual, and role attributes. For hypotheses that required comparisons among scores on different image scales, t-tests and one-way ANOVAs with range tests were used. For hypotheses using the age of licensing degree and years of hospital tenure, the subgroups were formed in the following ways. The year of original licensing was subtracted from 1984. Similarly, year of hire was subtracted from 1984. Means and standard deviations were computed for both variables. Because the standard deviation was greater than the mean for both predictors, the groups were split at .5 standard deviation above and below the mean. The analyses of those hypotheses dealing with country of birth/education were performed by comparing the results of T-tests and ANOVAs using the entire sample with identical procedures using only the U.S.-born/educated subsample to determine the effect of excluding the foreign born/educated nurses. Analyses were performed in this manner because less than 15 percent of the total sample was comprised of foreign born/educated nurses. The creation of subsamples from this group of 33 cases would result in a sample size too small to detect subgroup differences. It is understood that this procedure permits only weak inferences.

For the second set of hypotheses which is concerned with role attributes and occupational image, the categorizing of units and positions ought to be made explicit. In the analysis of specialization and occupational image, the Recovery Room and the Neurological Intensive Care Unit were combined with the Intensive Care Unit. The primary reason that the Recovery Room was included is that the researcher learned that the role activities of the

two units are so similar that the nurses who work in these two units float between the two on an exchange basis to cover absenteeism. The two units are also combined under one supervisor. Moreover, it should be noted that this ICU group was not compared to the clinics and day hospitals because these outpatient units are not conventional clinics of the type described in H_{2A}. In a conventional clinic, the nurses assist physicians, maintain the treatment rooms, and handle paperwork. In this hospital, however, a clinic position is one which leans toward a nurse practitioner role in that each nurse is an independent family practitioner with advanced clinical skills who has a moderate degree of discretionary power over treating patients. In fact, the Clinical Nurse II who requests a transfer to a clinic area must have several years of inpatient experience and must have completed a special training program. The unit most similar to the conventional clinic setting in this particular hospital is the Treatment Room. The Treatment Room nurse assists physicians with dressings and examinations and maintains the room. Therefore, this group of nurses, although not an outpatient department, was used for the comparison.

For the revised hypotheses concerning shift and occupational image, the effects of unit were held constant by excluding outpatient areas, which have no evening and night shifts, as well as ICUs in which there is no difference between day and night shift work. Furthermore, because flexitime tends to overlap the evening and day shift, the hypothesis was tested in two ways. First, a T-test combining day and evening shift into one group was computed. Second, a one-way ANOVA, which treated the evening shift as a distinct group, was performed.

The fourth set of hypotheses refers to the consequents of specific image types. The conceptual frameworks suggest two alternative classification

methods for identifying primary image types. The first procedure uses the subscales of bureaucratic, professional, and traditional image which provide a measure of occupational image on the abstract level. The second procedure produces primary image types based on perceptions of the occupation at the task level by using the critical task and dirty work subscales of the ideal role measure.

Image types were first identified by splitting the responses on the three image subscales at the median so that those respondents above the median on one image scale and below the median on both of the other two scales were identified as a primary type. This procedure classified only 60 individuals as a primary image type. Rather than using a small subset of the sample, the second task-level classification scheme derived from Hughes' task status framework was substituted for the image subscales. Those above the median on critical tasks and below the median on dirty work were classified as professionals. Those below the median on critical tasks and above the median on dirty work were identified as bureaucrats. Individuals above the median on both were classified as traditionals while those below the median on both were identified as utilitarians. A total of 184 individuals were classified into one of the four categories. Pearson correlations were used to examine the relationship between the abstract image of nursing and the task-related image of nursing. This fourth set of hypotheses was then tested either by computing the differences between the correlations of the consequents for each image type or by performing T-tests of the difference in work attitudes between one primary type and the other three types.

The fifth set of hypotheses refers to the interrelationships between individual attributes and the congruence between ideal and actual role. To

determine the strength of the relationship among the individual attributes, Pearson correlations were performed first. Pending those results, pearson or partial correlations were selected to test the hypotheses.

The sixth set of hypotheses refers to the interrelationships between role and occupational image. These hypotheses were tested with one-way ANOVAs and range tests. For $H_{6A1,}$ primary type was identified using ideal role. Because H_{6B1} through H_{6C2} concern differences in ideal role by image types, image subgroups were formed using the median split procedure described earlier (H_4) on the image subscales rather than on ideal role.

The seventh set of hypotheses uses image type to classify individuals into specialization. Discriminant analyses were planned, but could not be used due to insufficient sample size for the conventional clinic.

The eighth set of hypotheses predicts behavioral intention to leave for different image types. Multiple regressions for each image type were planned but insufficient sample sizes for all of the four image types precluded analysis. Therefore, differences in the correlations among some of these consequents were tested by image type.

The ninth hypothesis refers to the relationship between performance and job involvement. This hypothesis will be tested with Pearson correlation.

RESULTS

INDIVIDUAL ATTRIBUTES AND OCCUPATIONAL IMAGE

Age and Occupational Image

The first set of hypotheses refer to the relationship between age and occupational image. As displayed in Table 1, H_{1A1} was supported. The magnitude of the difference between the two means, although rather small, was statistically significant. Therefore, nurses 40 years old and above have a significantly higher mean score on the bureaucratic image subscale than nurses 30 years and younger. In contrast, H_{1A2} was not supported as no significant differences were found between the mean scores of older and younger nurses on the professional image subscale.

Tenure in the Nursing Occupation and Occupational Image

The first set of hypothesis was revised to emphasize tenure in the nursing occupation as opposed to age. As the results displayed in Table 2 indicate, Revised H_{1A1} was supported while revised H_{1A2} was not. Similarly, Revised H_{1A3} was supported but Revised H_{1A4} was not. Therefore, long tenure in the nursing occupation, whether measured by hospital tenure or the length of time licensed, is associated with higher mean scores on the bureaucratic image scale while there is no association between tenure and professional image. The results of the T-tests are further confirmed by the Pearson correlations between image and measures of tenure. As Table 3 indicates, measures of occupational tenure are positively and significantly associated with bureaucratic imagery while tenure is not associated with professional imagery.

Age, Type of Nursing Degree, and Occupational Image.

These hypotheses explore the effect of adding highest degree earned to the analysis of the relationship between age and occupational image. This group

of hypotheses were modified so that analyses could be performed. H_{1B2} was eliminated due to the exclusion of LPNs from the study. H_{1B4} had to be eliminated as well for lack of a measure of utilitarian image. As indicated in Table 4, the two remaining hypotheses, H_{1B1} and H_{1B2} were not supported. Although the oneway ANOVA produced significant differences among the three groups with respect to bureaucratic image, with the older Diploma nurses having the highest mean as hypothesized, after range tests which held the alpha=.05 across all of the paired comparisons, the differences were found not to be significant. In addition, the magnitude of the difference between the highest and lowest means is rather small. Similarly, H_{1B3} was not supported. In this case, the ANOVA produced no significant differences and the arrangement of the means is not in the hypothesized direction. Therefore, when level of education is added to the analysis of age and occupational image, the differences found for bureaucratic image are attenuated while those for professional image remain insignificant.

Tenure in the Nursing Occupation, Type of Nursing Degree, and Occupational Image

The second set of hypotheses are concerned with what occurs when type of nursing degree is added to measures of tenure in the occupation. The results, as shown in Table 5, indicate that none of the hypotheses were supported except H_{1B1} and H_{1B7} which used tenure in the hospital with either licensing degree or highest degree earned to predict bureaucratic image. These two hypotheses were only partially supported. Although the range tests produced two separate groups, there was an unanticipated overlap between the groups. According to the hypothesis, those with high tenure and a Diploma as either the licensing degree or the highest degree

earned would have been in one subset with the highest mean on the bureaucratic image scale. The other two groups, those with low tenure and either an Associate or Bachelor as licensing or highest earned degree would have been classified into the second subset with lower means. Instead, those with short tenure and Associate degrees overlapped with both groups. Thus, while the high tenured Diploma group had a significantly higher mean on the bureaucratic image scale than the Bachelors group, the mean was not significantly higher than the Associate group.

When the length of time that a nurse has been licensed is used rather than hospital tenure, results of testing H_{1B3} and H_{1B5} indicate that there are no significant differences among the means of the three groups with respect to bureaucratic image. In contrast, the tests of those hypotheses dealing with professional image (H_{1B2}, H_{1B4}, H_{1B6}, and H_{1B8}) indicated that there were no significant differences among the groups on the professional image subscale irrespective of the way in which tenure in the occupation was measured.

In summary, two hypotheses concerning tenure in the occupation and type of nursing degree as predictors of bureaucratic image received weak support, while none of the other hypotheses was supported.

Sex and Occupational Image

H_{1C1} could not be tested for two reasons. First, there were only seven males in the sample and second, no utilitarian subscale emerged from the image scale.

Race and Occupational Image

H_{1D1} could not be tested due to the lack of a utilitarian image subscale.

SES of Parents, Type of Degree, and Occupational Image

H_{1E} concerns the relationship of the educational level of both the

respondent and the respondent's parents to occupational image. This hypothesis was not supported. As shown in Table 6, the results approached significance in the opposite direction. The results are consistent with those of H_{1B}, that there is no significant difference in professional image among subgroupings by type of nursing degree combined with occupational tenure and by type of nursing degree combined with parents' educational level.

Country of Birth and/or Country Where Trained as a Nurse and Occupational Image

The final set of hypotheses involving individual attributes concern the relationship between individual attributes, country of birth, and occupational image. The same analyses were performed as those for $H_{1A,B,}$ and E. As illustrated in Tables 7 through 11, the differences found in $H_{1A1,}$ $H_{1B1,}$ and H_{1B7} were attenuated or obscured rather than heightened after the removal of the foreign-born/educated subsample. This effect is opposite to the one hypothesized. Therefore, the analyses indicate that the foreign-born/educated subsample does not attenuate the differences found previously, but rather contributes to the subgroup differences.

OCCUPATIONAL IMAGE AND ROLE ATTRIBUTES

Specialization and Occupational Image

This set of hypotheses concerns the relationship between occupational image and specialization. As shown in Table 2, the first part of H_{2A1} was supported, but H_{2A2} was not. Nurses in the Treatment Room (a clinic-type situation) have higher mean scores on the bureaucratic image subscale than nurses in intensive care-type units. The small number of cases used to compute the Treatment Room mean, however, should be noted. Of the nine respondents in the Treatment Room, only seven cases were used due to missing data. The second part of H_{2A1} which concerns the differences in

utilitarian image by unit could not be tested due to the lack of a utilitarian subscale. As shown in Table 12, H_{2A2} was not supported. In fact, the groups were found to be significantly different in the opposite direction so that Treatment Room nurses, who were hypothesized to have a lower score on the professional image subscale than ICU nurses, actually had a higher mean score than ICU nurses. Again, due to missing data and the small size of the Treatment Room unit, the analysis was based on a group of only seven Treatment Room nurses.

Shift and Occupational Image

This set of hypotheses concerns the relationship between shift and occupational image. Only one of the original hypotheses could be tested due to the lack of a measure of utilitarian image. H_{2B1} in its original form was not supported as indicated in Table 13. As noted in the rationale for revising this hypothesis, the evening shift subgroup was composed of only 16 cases. No significant differences in bureaucratic image were found between night and evening shift nurses. In contrast, the revised hypothesis was supported. As shown in Table 14, significant differences in occupational image were found among the shifts. A T-test, which pooled the evening and day groups, showed a significant difference between this combined group and the night shift in traditional image in the hypothesized direction. In addition, a oneway ANOVA, which analyzed the three groups separately confirmed the results of the T-test. The range tests indicated that the day and evening shifts had higher mean scores on the traditional image subscale than the night shift as hypothesized and that the day and evening shifts were not significantly different from each other with respect to their scores on traditional image. Although this revised hypothesis was supported, it should be noted that the magnitude of the difference was rather modest.

Work Schedule, Specialization, and Occupational Image

H_{2C1} concerns the relationship between working part-time as a nurse with no permanent unit assignment and occupational image. This could not be tested due to the small number of part-time float nurses in the sample. These three part-time workers are part of a pool of 12 float nurses, some of whom work full-time. Therefore, the hospital does not employ enough part-timers to test this hypothesis.

OCCUPATIONAL IMAGES AND INTERACTIONS BETWEEN INDIVIDUAL AND ROLE ATTRIBUTES

These hypotheses could not be tested due to sample characteristics, as explained below.

Continuing Education, Job Level, and Occupational Image

H_{3A1} which concerns the relationship between continuing education, job level, and occupational image, cannot be tested with this sample as employees above the staff nurse level were excluded at the request of the hospital.

Marital Status, Sex, Age of Children, Shift, Specialization, and Occupational Image

$H_{3B1,}$ which concerns the relationship between the family responsibilities of shiftworkers and occupational image, cannot be tested because of the lack of a utilitarian image measure. In addition, sample characteristics preclude the testing of this hypothesis and $H_{3B2.}$ Of the 46 respondents who work on the night and evening shifts on general duty units, only nine have children. As indicated in Table I in the methods chapter, the vast majority of the total sample is single (68.6 per cent) while only 28 individuals have children living at home. Therefore, interactions between family responsibilities and role attributes could not be tested with this sample.

OCCUPATIONAL IMAGE AND ITS CRITERION VARIABLES

Before testing this set of hypotheses, preliminary analyses were performed to evaluate the alternative methods for classifying individuals into image types. Median splits on the critical task and dirty work subscales of ideal role were chosen as the classification method because this procedure classified far more cases than did median splits on the three image subscales. The ideal role method classified 33 cases as professionals, 35 as bureaucrats, 60 as traditionals, and 56 as utilitarians. In contrast, the image subscales classified a total of 60 cases as primary types. Moreover, because the image subscales do not include a utilitarian image no utilitarian primary type could be identified through this method. A second set of analyses was performed to determine whether significant differences on the classification variables could be achieved through median splits. Median splits are advantageous relative to other subgrouping criteria in that fewer cases are lost. The median split, however, does not provide a range which separates high and low scores so that it is not a stringent criterion. Therefore, oneway ANOVAs with range tests were performed to determine whether the median splits created significant differences among the subgroups with respect to the classification variables. As shown in Table 15 significant differences in the means were found for critical tasks and dirty work among the subgroups in the expected direction. A third analysis was performed to assess the relationship between the three image subscale measures of occupational image, and the two task status measures of occupational image. Pearson correlations among these five subscales, as indicated in Table 16, were as expected with the exception of a rather modest, but significant positive relationship between dirty work and professional image. A correlation in the opposite direction would have better supported the

suggested relationship between the two conceptual frameworks used in this study. On the other hand, the professional image scale has, in nearly all the hypotheses tested in this study, behaved in a fashion contrary to what would be expected.

Expectations for Rewards and Behavioral Intention to Leave

H_{4A1} refers to the relationship of expectation for rewards and behavioral intention to leave by image type. As shown in Table 17, the hypothesis was not supported. Expectations for rewards and behavioral intention to leave were not more highly related for utilitarians than for the other image types. The analyses indicated that the professional type was the only group for which the relationship between expectations for rewards and behavioral intention to leave was significant.

Expectations for Rewards and Job Involvement

H_{4B1} refers to the relationship of expectations for rewards and job involvement by image type. Table 17 indicates that the hypothesis was not supported. Expectations for rewards and job involvement were not more highly related for professionals than for the other three image types. In fact, the results show that the professional group is the only group for whom this relationship is not significant.

Behavioral Intention to Leave and Performance

H_{4C1} refers to the relationship between ratings of performance and behavioral intention to leave. As Table 17 indicates, this hypothesis was not supported as performance and behavioral intention to leave were not more strongly related for utilitarians than for professionals and traditionals. In fact, correlations between the two were not significant for any of the three groups.

Actual Role and Job Satisfaction

H_{4D1} refers to the relationship between job satisfaction and the extent to which the actual role perceived as dirty work. The hypothesized stronger relationship for professionals was not supported. Of the four image groups, only the utilitarians' job satisfaction was found to be significantly related to the degree to which the actual role is perceived to be composed of dirty work. For professionals as for bureaucrats and traditionals, the relationship between the two criterion variables was not significant.

Salary and Performance

H_{4E1} could not be tested. Salary data were not available from this hospital.

Role Conflict and Role Ambiguity

H_{4F1} concerns the degree to which role conflict and role ambiguity are related to professional image. The degree of role conflict and role ambiguity experienced by professionals was compared to that of the rest of the sample. This hypothesis, as shown in Table 18, was only partially supported. When professionals were identified by scores on the image subscales, significant differences in role conflict were found between the professional subgroup and the rest of the sample in the hypothesized direction. No significant differences were found between the two groups in role ambiguity. In contrast, when the professional subgroup was identified by scores on critical tasks and dirty work subscales, no significant differences were found between professionals and others on either role conflict or ambiguity. Therefore, the results are inconsistent with respect to role conflict. Professionals, as identified by the occupational image subscales, experience greater role conflict than the rest of the sample. Professionals, as identified by ideal role, are no different from the rest of the sample with respect to role conflict. With respect to role ambiguity, the results are consistent. There is no significant difference in the degree

of role ambiguity experienced by professionals and that of the rest of the sample.

INTERRELATIONSHIPS BETWEEN INDIVIDUAL ATTRIBUTES AND INTERNAL CAREER

Prevocational Contact with Nursing and Role Congruence

H_{5A1} refers to the relationship between prevocational contact with the nursing occupation and congruence between ideal and actual role. As shown in Table 19, preliminary analyses indicated that there was only one significant, but low correlation among the prevocational contact measures. As Table 20 indicates, the hypothesis asserting that there is a positive relationship between role congruence and prevocational contact with nursing was not supported. No significant relationship was found between role congruence and any of the measures of prevocational contact.

Age at the Time of Vocational Decision and Role Congruence

H_{5B1} refers to the relationship between the age that the decision to become a nurse was made and the degree of congruence between ideal and actual role. As Table 20 indicates, no significant relationship was found. Therefore, the hypothesis that age at the time of vocational decision and role congruence are positively related was not supported.

RELATIONSHIPS BETWEEN ROLE AND OCCUPATIONAL IMAGE

Congruence between Ideal and Actual Role by Occupational Image

H_{6a1} suggests that the congruence between ideal and actual role for nurses who are primarily bureaucratic or utilitarian types is greater than for nurses who are primarily professionals. As Table 21 indicates, this hypothesis was not supported. No significant differences were found in the degree of role congruence among the three primary types.

Actual Role and Occupational Image

H_{6B1} asserts that nurses who are classified as professional will perceive their role as comprised of dirty work tasks to a greater degree than nurses of the other image types. As shown in Table 17, this hypothesis was not supported, although the results indicate that there were differences in the perception of actual role across subgroups. Traditionals reported that their role was comprised of dirty work to a significantly greater degree than did utilitarians. The professionals' and bureaucrats' perceptions were not significantly different from either group. Therefore, the traditionals perceive their role as comprised of a large proportion of dirty work relative to the utilitarians, but relative to the other image types, there is no significant difference. The professionals were not significantly different from any of the other three groups.

Ideal Role and Occupational Image

This set of hypotheses refers to the degree to which bureaucratic and professional types differ with respect to their ideal role. H_{6C1} suggests that bureaucratic image types would incorporate dirty work into their ideal role to a significantly greater degree than would professionals. H_{6C2} predicted that professionals would incorporate critical tasks into their ideal role to a significantly greater degree than would bureaucrats. Neither hypothesis was supported. As shown in Table 21, no significant differences were found in the ideal roles of the two image types with respect to the incorporation of critical tasks and dirty work.

OCCUPATIONAL IMAGE AS A CLASSIFIER OF SPECIALIZATION

This set of hypotheses is concerned with using the subscales of occupational image to distinguish between clinic and intensive care units. Due to the lack of a conventional clinic setting and the small number of nurses in the Treatment Rooms, which are the closest approximation to a conventional

clinic area in the hospital that was sampled, this set of hypotheses could not be tested.

PREDICTORS OF BEHAVIORAL INTENTION TO LEAVE BY IMAGE TYPES

This set of hypotheses is concerned with differential prediction of behavioral intention to leave by image type. Because of the small number of cases classified into each type, the regression analyses could not be performed. Therefore, another set of analyses were substituted. This set of analyses used some of the criterion variables that were hypothesized to be predictors of behavioral intention to leave for particular image types. The relationship of each consequent to behavioral intention to leave was then 22mpared across image types to determine whether the relationship between each consequent and behavioral intention to leave varied by image type. As shown in Table 18, the notion that occupational image moderates the relationship between some of the consequents was partially supported. As hypothesized, the relationship between job satisfaction and behavioral intention to leave was not moderated by occupational image, but was moderate, negative, and significant for all three types. Moreover, there were no significant differences in the degree of association by image type. In contrast, the relationship between behavioral intention to leave and role ambiguity was significantly greater for bureaucrats than for utilitarians as hypothesized. Similarly, the relationship between role conflict and behavioral intention to leave was significantly greater for professionals than for utilitarians. These three sets of results partially support the hypotheses, but there was some disconfirming evidence as well. Role conflict and behavioral intention to leave were not significantly related for bureaucrats. Similarly, although role ambiguity and behavioral intention to leave were significantly related for professionals as hypothesized and not

related for utilitarians, the correlations for the two groups were not significantly different. Thus, there is some support for differential relationships of some consequents by image type, but the support was inconsistent. Moreover, because an insufficient number of cases precluded further analysis, no conclusion can be drawn concerning differential prediction of behavioral intention to leave by image type.

RELATIONSHIPS AMONG CONSEQUENTS

H_9 concerns the relationship between performance and job involvement. As shown in Table 23, no significant relationship was found between job involvement and performance ratings. The hypothesis was not supported.

TABLE 1

Age and Occupational Image:T-tests for Total Sample

H_{1A1} (Original) Bureaucratic Image

Groups	n	Mean	S.D.	D.F.	T Value
Group I Age: 30 years or under	131	2.6056	.475	85.77	2.85**
Group II Age: 40 years or older	58	2.8736	.641		

H_{1A2} (Original) Professional Image

Group I Age: 30 years or under	130	3.4321	.478	85.46	.28
Group II Age: 40 years or older	58	3.4052	.652		

** $p<.01$, 1 tail

TABLE 2

Tenure in the Nursing Occupation and Occupational Image: T-tests for the Total Sample

H_{1A1} Bureaucratic Image

Groups	n	Mean	S.D.	D.F.	T Value
Group I 13 years since licensing or greater	48	2.9219	.621	155	2.97***
Group II 4 years since licensing or less	109	2.6399	.531		

H_{1A2} Professional Image

Group I 13 years since licensing or greater	48	3.4201	.638	73.41	-.23
Group II 4 years since licensing or less	108	3.4444	.497		

H_{1A3} Bureaucratic Image

Group I 7 years tenure or more	40	2.9062	.585	147	3.38***
Group II 2 years tenure or less	109	2.5711	.515		

H_{1A4} Professional Image

Group I 7 years tenure or more	41	3.4065	.540	148	.23
Group II 2 years tenure or less	109	3.3838	.544		

*** $p<.001$, 1 tail

TABLE 3

Measures of Tenure in the Occupation/Hospital and Occupational Image: Pearson Correlation

	Bureaucratic Image	Professional Image
Tenure in Hospital in Months (Self-report)	.2338*** n=216	.0566 n=215
Tenure in Hospital in Years (Archival Source)	.2586*** n=209	.0090 n=207
Tenure in Position in Months (Self-report)	.3140*** n=217	-.0266 n=215
Tenure on Shift in Months (Self-report)	.2753*** n=215	.0332 n=213
Tenure on Unit in Months (Self-report)	.2821*** n=210	.0840 n=208
Age of Licensing Degree in Years (Archival Source)	.2070*** n=208	.0090 n=206

*** p<.001

TABLE 4

Age, Educational Level, and Occupational Image: One-way ANOVAs with Range Tests for Total Sample

H_{1B1} (Original) Bureaucratic Image

D.F.= 2,136 F = 3.113*

Group#:	II	III	I
Age:	30 years-	30 years-	40 years+
Highest Degree:	Associate	Bachelors	Diploma
Mean:	2.5449	2.5754	2.8387
	Subset I		

H_{1B2} (Original) Professional Image

D.F. = 2,137 F = 1.081

Group#:	I	III	II
Age:	40 years+	30 years-	30 years-
Highest Degree:	Diploma	Bachelors	Associate
Mean:	3.3281	3.4316	3.5769
	Subset I		

* $p<.05$
Range Test: Student-Newman-Keuls Procedure, alpha = .05

TABLE 5

Tenure in the Nursing Occupation, Degree, and Occupational Image: One-way ANOVAs with Range Tests for Total Sample

H_{1B1} Bureaucratic Image

F = 4.496**

		Subset II	
Group#:	III	II	I
Hospital Tenure:	< 2 years	< 2 years	> 7 years
Licensing Degree:	Bachelors	Associate	Diploma
Mean:	2.5760	2.6771	2.9615
	Subset I		

H_{1B2} Professional Image

F = .102

Group#:	III	I	I
Hospital Tenure:	< 2 years	> 7 years	< 2 years
Licensing Degree:	Bachelors	Diploma	Associate
Mean:	3.3281	3.4316	3.5769
		Subset I	

H_{1B3} Bureaucratic Image

F = 2.2027

Group#:	III	II	I
Age of Degree:	< 4 years	< 4 years	> 13 years
Licensing Degree:	Bachelors	Associate	Diploma
Mean:	2.6469	2.7857	2.8738
		Subset I	

TABLE 5 Continued

H_{1B4} Professional Image

F = .595

Group#:	I	III	II
Age of Degree:	> 13 years	≤ 4 years	≤ 4 years
Licensing Degree:	Diploma	Bachelors	Associate
Mean:	3.3619	3.4693	3.5238
	Subset I		

H_{1B5} Bureaucratic Image

F = 2.605

Group#:	III	II	I
Age of Degree:	≤ 4 years	≤ 4 years	> 13 years
Highest Degree:	Bachelors	Associate	Diploma
Mean:	2.6150	2.6944	2.8822
	Subset I		

H_{1B6} Professional Image

F = .618

Group#:	I	III	II
Age of Degree:	> 13 years	≤ 4 years	≤ 4 years
Highest Degree:	Diploma	Bachelors	Associate
Mean:	3.3278	3.4261	3.5278
	Subset I		

TABLE 5 Continued

H_{1B7} Bureaucratic Image

F = 4.120*

		Subset II	
Group #:	III	II	I
Hospital Tenure:	≤ 2 years	≤ 2 years	> 7 years
Highest Degree:	Bachelors	Associate	Diploma
Mean:	2.5197	2.7262	2.8700
	Subset I		

H_{1B8} Professional Image

F = .535

Group #:	I	III	II
Hospital Tenure:	> 7 years	≤ 2 years	≤ 2 years
Highest Degree:	Diploma	Bachelors	Associate
Mean:	3.3395	3.3838	3.5238
		Subset I	

Degrees of Freedom: 2,107-124
* p<.05
** p<.01
Range Test: Student-Newman-Keuls Procedure, alpha=.05

TABLE 6

SES of Parents, Highest Degree of Respondent and Professional Image: T-Tests for Total Sample

Groups	n	Mean	S.D.	T Value	D.F.
Group I Highest Degree Earned Respondent: Diploma or Associate Parents: Below Baccalaureate	49	3.4660	.500	1.85 (n.s.)	64
Group II Highest Degree Earned Respondent: Bachelors Parents: Baccalaureate or Above	17	3.2059	.495		

TABLE 7

Age and Occupational Image:T-tests for U.S. Born

H_{1A1} (Original) Bureaucratic Image

Groups	n	Mean	S.D.	D.F.	T Value
Group I Age: 30 years or under	126	2.6065	.478	161	2.20**
Group II Age: 40 years or older	37	2.8041	.492		

H_{1A2} (Original) Professional Image

Group I Age: 30 years or under	125	3.4373	.486	161	-.36
Group II Age: 40 years or older	38	3.4035	.595		

** $p<.01$, 1 tail

TABLE 8

Age, Educational Level, and Occupational Image: One-way ANOVAs with Range Tests for U.S. Born

H_{1B1} (Original) Bureaucratic Image

D.F. = 2,120 F = 2.082

Group#:	II	III	I
Age:	30 years-	30 years-	40 years+
Highest Degree:	Associate	Bachelors	Diploma
Mean:	2.5449	2.5806	2.8194
	Subset I		

H_{1B6} (Original) Professional Image

D.F. = 2,121 F = .598

Group#:	I	III	II
Age:	40 years+	30 years-	30 years-
Highest Degree:	Diploma	Bachelors	Associate
Mean:	3.9471	3.4366	3.5769
	Subset I		

Range Test: Student-Newman-Keuls Procedure, alpha = .05

TABLE 9

Tenure in the Nursing Occupation and Occupational Image: T-tests for U.S. Born

Groups	n	Mean	S.D.	D.F.	T Value
H_{1A1} Bureaucratic Image					
Group I 13 years since licensing or greater	29	2.8103	.515	128	1.65*
Group II 4 years since licensing or less	101	2.6403	.483		
H_{1A2} Professional Image					
Group I 13 years since licensing or greater	30	3.4389	.563	129	-.06
Group II 4 years since licensing or less	101	3.4455	.501		
H_{1A3} Bureaucratic Image					
Group I 7 years tenure or more	26	2.8365	.473	125	2.57**
Group II 2 years tenure or less	101	2.5545	.505		
H_{1A4} Professional Image					
Group I 7 years tenure or more	27	3.3951	.539	126	.23
Group II 2 years tenure or less	101	3.3680	.554		

* $p<.05$, 1 tail
** $0<.01$, 1 tail
*** $p<.001$, 1 tail

TABLE 10 Continued

H_{1B4} Professional Image

P = .108

Group#:	I	II	III
Age of Degree:	> 13 years	≤ 4 years	≤ 4 years
Licensing Degree:	Diploma	Associate	Bachelors
Mean:	3.4127	3.4545	3.4730
	Subset I		

H_{1B5} Bureaucratic Image

P = 1.088

Group#:	II	III	I
Age of Degree:	≤ 4 years	≤ 4 years	> 13 years
Highest Degree:	Associate	Bachelors	Diploma
Mean:	2.6204	2.6223	2.8088
	Subset I		

H_{1B6} Professional Image

P = .135

Group#:	I	III	II
Age of Degree:	> 13 years	≤ 4 years	≤ 4 years
Highest Degree:	Diploma	Bachelors	Associate
Mean:	3.3611	3.4286	3.4444
	Subset I		

TABLE 10 Continued

H_{1B7} Bureaucratic Image

F = 2.805

Group#:	III	II	I
Hospital Tenure:	≤ 2 years	≤ 2 years	> 7 years
Highest Degree:	Bachelors	Associate	Diploma
Mean:	2.5160	2.6742	2.8444
	Subset I		

H_{1B8} Professional Image

F = .218

Group#:	I	III	II
Hospital Tenure:	> 7 years	≤ 2 years	≤ 2 years
Highest Degree:	Diploma	Bachelors	Associate
Mean:	3.3125	3.3767	3.4545
	Subset I		

TABLE 11

SES of Parents, Highest Degree of Respondent and Professional Image: T-Tests for U.S. Born

Groups	n	Mean	S.D.	T Value	D.F.
Group I Highest Degree Earned Respondent: Diploma or Associate Parents: Below Baccalaureate	36	3.4306	.537	1.21 (n.s.)	50
Group II Highest Degree Earned Respondent: Bachelors Parents: Baccalaureate or Above	16	3.2396	.491		

TABLE 12

Specialisation and Occupational Image:T-tests

H_{2A1} Bureaucratic Image

Groups	n	Mean	S.D.	T Value	D.F.
Group I Intensive Care Nurses	34	2.7255	.539	2.43**	39
Group II Treatment Room Nurses	7	3.2381	.282		

H_{2A2} Professional Image

Group I Intensive Care Nurses	34	3.2745	.627	-3.42**	33.64
Group II Treatment Room Nurses	7	3.7143	.185		

** $p<.01$, 1 tail

TABLE 13

Shift and Occupational Images: T-test for Evening and Night Shifts.

H_{2B1} (Original) Bureaucratic Image

Groups	n	Mean	S.D.	D.F.	T Value
Group I Evening Shift	16	2.8281	.683	62	1.45
Group II Night Shift	48	2.5833	.532		

TABLE 14

Shift and Occupational Image: T-test and One-way ANOVA with Range Test

T-Test

H_{2B1} Traditional Image

Groups	n	Mean	S.D.	D.F.	T Value
Group I Day and Evening Shifts	106	3.3789	.469	43.99	2.20*
Group II Night Shift	33	3.1212	.620		

* $p<.05$, 1 tail

One-way ANOVA

H_{2B1} Traditional Image

D.F. = 2,136 F = 3.860*

Group#:	III	I	II
Shift:	Nights	Days	Evenings
Mean:	3.1212	3.3584	3.5256
	Subset I	Subset II	

* $p<.05$
Range Test: Student-Newman-Keuls Procedure alpha = .05

TABLE 15

Occupational Image Types as Classified by Ideal Role and Their Preferences for Critical Tasks and Dirty Work: One-way ANOVAs with Range Tests to Verify Usefulness of Median Splits

Critical Tasks

D.F. - 3/180 F = 76.822****

	Subset I		Subset III	
Group#:	II	III	I	IV
Image Type (as classified (by ideal role subscales)	Bureaucrat	Utilitarian	Professional	Traditional
Mean:	3.0326	3.1709	3.7727	3.8226
		Subset II		

**** p<.0001

TABLE 16

Relationship between Subscale and Ideal Role Measures of Occupational Image: Pearson Correlations

	Ideal Role:	
	Critical Tasks	Dirty Work
Image Subscales:		
Traditional Image	.2033** n=196	.2224*** n=200
Bureaucratic Image	.0848 n=195	.4305*** n=199
Professional Image	.2807*** n=193	.1941** n=198

** p<.01
*** p<.001

TABLE 17

The Relationship between Criterion Variables by Image Type: Pearson Correlations

H_{4A1} Expectations for Rewards and Behavioral Intention to Leave

Professionals	-.3547* n=31	Traditionals	-.0664 n=57
Bureaucrats	-.2254 n=35	Utilitarians	-.0717 n=54

H_{4B1} Expectations for Rewards and Job Involvement

Professionals	.2994 n=29	Traditionals	.3121** n=55
Utilitarians	.3502** n=55		

H_{4C1} Behavioral Intention to Leave and Performance

Professionals	.1324 n=19	Traditionals	.2525 n=30
Utilitarians	.2304 n=34		

H_{4D1} Job Satisfaction and the Degree to Which Actual Role is Comprised of Dirty Work

Professionals	-.2345 n=33	Traditionals	.0069 n=54
Bureaucrats	-.1287 n=32	Utilitarians	-.2278* n=55

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* $p<.05$
** $p<.01$

TABLE 18

Role Conflict, Role Ambiguity, and Occupational Image: T-tests for U.S. Born

H_{4F1} Role Conflict

Groups	n	Mean	S.D.	D.F.	T Value
Group I Professional (classified by image subscale method)	19	3.9211	1.146	210	2.34**
Group II Others (classified by image subscale method)	193	3.2254	1.245		

H_{4F1} Role Ambiguity

Group I Professional (classified by image subscale method)	21	4.9683	.981	217	-1.45
Group II Others (classified by image subscale method	198	5.2786	.928		

H_{4F1} Role Conflict

Group I Professional (classified by ideal role method)	31	3.5968	1.594	35.83	1.21
Group II Others (classified by ideal role method)	181	3.2348	1.179		

H_{4F1} Role Ambiguity

Group I Professional (classified by ideal role method)	33	5.2475	.971	217	-.01
Group II Others (classified by ideal role method	186	5.2491	.932		

** $p<.01$, 1 tail

TABLE 19

Relationships among Measures of Prevocational Contact with the Nursing Occupation: Pearson Correlations

	Number of Role Models	Tenure as Volunteer	Tenure in Prior Health Care Occupation
Tenure as Hospital Volunteer	.0411 n=221		
Tenure in a Health Care Occupation prior to Nursing	.1977** n=217	.0733 n=215	
Amount of Time Spent Caring for Ill Friends or Relatives	.0073 n=217	.0626 n=215	.0746 n=211

TABLE 20

Individual Attributes and the Congruence between Ideal and Actual Role: Pearson Correlations

Individual Attributes	Congruence between Ideal and Actual Role
Number of Health Care Role Models	.0177 n=215
Tenure as a Hospital Volunteer	.0445 n=207
Tenure in a Health Care Occupation Prior to Becoming a Nurse	-.0295 n=150
Time Spent Caring for Ill Friends and/or Relatives	.0693 n=150
Age at the Time the Decision Was Made to Be a Nurse	-.0483 n=149

TABLE 21
Role and Occupational Image: One-way ANOVAs with Range Tests and T-tests

H_{6A1} Congruence between Actual and Ideal Role

D.F. - 2/102 F = 2.732

Group#:	II	I	III
Image Type (as classified (by ideal role subscales)	Bureaucrat	Professional	Utilitarian
Mean:	5.0769	-.1333	2.2449
	⊢	———	⊣
		Subset I	

H_{6B1} Actual Role and Occupational Image

D.F. - 3/173 F = 5.687***

		Subset I		
Group#:	III	II	I	IV
Image Type (as classified (by ideal role subscales)	Utilitarian	Bureaucrat	Professional	Traditional
Mean:	1.7074	1.8324	1.8815	2.0813
		⊢	———	⊣
			Subset II	

H_{6C1} Dirty Work

Groups	n	Mean	S.D.	D.F.	T Value
Group I Bureaucrats (classified by the image subscales)	20	1.3273	.364	30.58	1.22
Group II Professionals (classified by the image subscales)	21	1.2121	.216		

H_{6C2} Critical Tasks

Group I Bureaucrats (classified by the image subscales)	19	3.3045	.412	38	1.13
Group II Professionals (classified by the image subscales)	21	3.4728	.519		

*** p<.001

TABLE 22

Relationship of Behavioral Intention to Leave to Role Conflict, Role Ambiguity, Performance, and Job Satisfaction by Image Type: Pearson Correlations

	Role Conflict	Role Ambiguity	Rated Performance	Job Satisfaction
Behavioral Intention to Leave:				
Professionals	-.5871*** n=31 (a)	-.4133** n=33	-.1324 n=19	-.4377** n=33
Bureaucrats	.2038 n=34	-.4999*** n=34 (b)	-.3656* n=23	-.4522** n=35
Utilitarians	.0715 n=53	-.0939 n=54	.2304 n=34	-.4486*** n=55

* p<.05
** p<.01
*** p<.001
(a) Correlation significantly different from that of utilitarian between role conflict and behavioral intention to leave (p<.05)
(b) Correlation significantly different from that of utilitarian between role ambiguity and behavioral intention to leave (p<.05)

TABLE 23

Relationship between Job Involvement and Rated Performance: Pearson Correlation

H_9

	Job Involvement
Rated Performance	-.0244 n=123

DISCUSSION

Overall, the data analysis supported very few hypotheses. Interpretations of the findings will be offered by groups of hypotheses. In addition, the two approaches that were used to operationalize occupational image will be evaluated.

INDIVIDUAL ATTRIBUTES AND OCCUPATIONAL IMAGE

Hypotheses concerning measures of age, tenure in the occupation, and type of degree as predictors of occupational image received only partial support. Stronger support had been anticipated. The expectation was that a moderate amount of work experience in organizations would be associated with the intertwining of organizational and occupational experience such that the nature of the occupation would be described in terms that are descriptive of organizational imperatives rather than occupational characteristics. Afterall, work in an occupation is often experienced through enacting an organizationally defined role. What is surprising, however, is the rather weak support that these hypotheses received.

The partial rather than strong support might be a function of market demand for nurses as well as the predominance of women in the occupation. Because nursing skills are in high demand, nurses are a highly mobile group with an established pattern of frequent job changes. Moreover, nurses tend to work intermittently, which is a pattern typical of married women and women with children (Nieva and Gutek, 1981). Approximately 15 percent of the nurses in this sample were rehired at least once after leaving the hospital for a period of time. Breaks in service were found for individuals with lengthy tenure. Moreover, because voluntary turnover among staff nurses is high (24.4 percent annually for the population in this study) hospitals might be disinclined to enforce rules and regulations with this occupational group.

Thus, there may be little incentive for nurses to embrace bureaucratic norms.

The second pattern of findings in this group of hypotheses was the lack of support for any of the hypotheses concerning professional image. Two possible explanations might be offered, but both explanations suggest that the professional image subscale is a poor operationalization of the conceptual model. The first problem with the measure is that although it might reflect the degree to which the occupation is viewed as a profession, the degree to which the individual has a professional value orientation might be a confounding influence. For example, an individual with an intensely professional value orientation might be most disparaging of the nursing occupation as a profession in that the nature of the nursing role does not meet his/her standards for a professional role. In contrast, those who are less professionally-oriented, might view nursing as highly professional because their expectations for professional work are lower. The second problem is a possible exogenous confound. Nursing administrators in all the hospitals that were prospective samples for this study informed the researcher that they had been attempting to implement a professional model of nursing practice in their hospitals and that their principal interest in this study was to learn how to instill a professional view of nursing in their staff members and to evaluate to what extent the staff currently embraced professional norms. The mean and median for this measure, 3.4 and 3.6 respectively on a four-point scale, as well as a low standard deviation, suggest that individuals may have learned correct responses to questions about the nursing occupation. These responses probably indicate neither values for professionalism nor the degree to which nursing is viewed as a profession.

The last set of findings in this section that ought to be discussed is the effect of removing the non-U.S. born/educated from the sample. Although the removal of this subsample attenuated the relationships between individual attributes and occupational image for the entire sample, a close look at group means and sample sizes indicates that statistical significance was lost due to the loss of degrees of freedom rather than changes in group means. Magnitudes of the difference in group means, which were not particularly impressive for the entire sample, were not greatly affected by the exclusion of the foreign-born/educated. Unfortunately, the subsample of foreign born/educated was too small to permit a direct test of these hypotheses. Therefore, no conclusion can be drawn concerning the similarities and differences between the two subsamples with respect to occupational image.

In summary, three patterns of results emerged. First, individual attributes which were expected to be strongly related to bureaucratic image were only mildly related. Second, differences in individual attributes were not related to differences in professional image and very little variance in the professional image measure was found. Third, indirect testing of relationships between occupational image and individual attributes for foreign-born/educated nurses yielded inconclusive results.

Clearly, this set of results does not strongly support the model. The lack of confirmatory evidence, especially in the case of professional image, suggests an inadequate operationalization rather than a faulty conceptual framework.

ROLE ATTRIBUTES AND OCCUPATIONAL IMAGE

Two hypotheses were not supported in this section. The first hypothesis, that ICU nurses would have a higher mean score on the professional image subscale than the Treatment Room nurses, was not only disconfirmed but the differences were significant in the opposite direction. This finding lends

some support to the explanations offered in the previous section concerning the failure to find differences in professional image. This result might be interpreted as indicating that the Treatment Room nurses, as individuals with higher bureaucratic mean scores than those of ICU nurses, had adopted the hospital mandated responses to the professional image measure to a greater extent than the ICU nurses because, as bureaucrats they did what they perceived their organization required of them. Alternatively, the finding may be interpreted as confirming that because Treatment Room nurses were more bureaucratic than ICU nurses, their professional role orientation was weaker. Therefore, they tended to view nursing as highly professional because they had lower expectations relative to ICU nurses for professional work. This result lends only limited support to these two interpretations of the behavior of the professional image subscale in that the finding is based on a T-test performed with only seven cases in the Treatment Room group.

The second set of findings that ought to be discussed are those relating to shift. The lack of significant differences between evening and night shifts with respect to bureaucratic image as well as the small magnitude of difference in traditional image between night shift nurses and those on days and evenings might be partially attributed to nursing vacancy patterns in the hospital. The researcher discovered, while collecting data from employee files that 63 individuals on night and evening shifts had requested transfer to the day shift, but only 50 of those requests had been implemented. It appears that the hospital has a higher vacancy rate on shift than on day tours. New employees opt to work initiaally on a less preferred shift and request transfer later as day nurses resign. The researcher had originally intended to select those who had worked on their particular shift for at least one year for intershift comparisons, but the small number of evening nurses precluded

this additional subsampling procedure. Therefore, a confounding factor in this set of hypotheses might be that shift worked is not necessarily shift preferred.

The second structural confound in making intershift comparisons is that evening shifts on several units were only recently eliminated. Therefore, some proportion of night and day nurses are recent transfers from the evening shift. This might attenuate intershift differences. Thus, hospital characteristics with respect to turnover and the resulting placement patterns as well as schedule conversions might have obfuscated the distinctions among shifts to some degree.

As in the first section, the model was partially supported. In ths case, the lack of support appears to be a function of sample characteristics which severely constrained analyses of the relationship between role attributes and occupational image. Thus, the mild support might be due to sample characteristics rather than an inadequate model. On the other hand, the model, or at least its derived hypotheses might be inadequate to the extent that conventional clinics are disappearing from state-of-the-art health care institutions. In other words, the inability to test the differences in imagery between clinc and ICU nurses may not be due to sample characteristics but rather to characteristics of the population. Similarly, the dissolution of evening shift might represent another change in nursing practice which would make that particular hypothesis obsolete.

OCCUPATIONAL IMAGE AND ITS CRITERION VARIABLES

Most of the hypotheses in this section were not supported. One received partial support. The lack of support for the first four hypotheses is probably due primarily to the criterion measures used, particularly the measures of expectation for rewards, and to a lesser extent, behavioral intention to leave

and job satisfaction. Three limitations for using these measures ought to be made explicit. First, all three, as operationalized, fail to distinguish between the effects of working for the employer and those of working in the occupation. With respect to rewards, although the respondents were instructed to answer from the point of view of occupational rewards, some of the listed rewards might be viewed as specific to the employment situation. Similarly, the behavioral intention to leave measure does not distinguish between looking for work outside the occupation and searching for another nursing job. Likewise, with respect to job satisfaction, the term job might refer to either the nursing occupation or the specific job provided by the employer. Because this conceptual distinction was not considered in designing the study and therefore not accounted for, the usefulness of these concepts is somewhat limited. The second and third limitations concern the expectations for rewards measure exclusively. The measure is probably a weaker predictor than it would have been had it been paired with a set of valences for the listed rewards. Third, a factor analysis of the measure's dimensionality coupled with more specific hypotheses which refer to a particular subset of rewards might have improved the variable's predictive power.

INTERRELATIONSHIPS BETWEEN INDIVIDUAL ATTRIBUTES AND INTERNAL CAREER

Neither prevocational contact with nursing nor age at the time of vocational decision was found to be significantly related to the congruence between ideal and actual role. Before deleting these two predictors from the model, several other alternatives for using these individual attributes ought to be explored. First, the separate prevocational contact measures ought to be refined and perhaps combined into a more meaningful index. There is a wide

variation within each measure of actual exposure to the nursing role which cannot be captured by the separate measures as presently constructed. For example, the measure of prevocational contact which refers to tenure in a health care occupation prior to becoming a nurse weights working as a laboratory technician for two years as comparable exposure to the nursing role as working as a nurses' aide for two years. Second, these two individual attributes might belong in the model, but not as predictors of role congruence. Role congruence is a function of both ideal role and perceived actual role. Because prevocal contact and age at the time of vocational decision are probably related only remotely to actual role, if at all, they ought not to be used as predictors of role congruence. On the other hand, they might be more useful as predictors of occupational image or role conflict and ambiguity.

In summary, in the case of age at the time of vocational decision, its placement in the model as a predictor of role congruence was not supported. This variable as well as prevocational contact ought to be used as a direct predictor of occupational image or of role conflict/role ambiguity. In the case of prevocational contact with the nursing occupation, the separate measures ought to be refined, aggregated, and reanalyzed. If the results are disappointing, the model ought to be revised.

RELATIONSHIPS BETWEEN ROLE AND OCCUPATIONAL IMAGE

None of the hypotheses in this section were supported. The primary difficulty in testing these hypotheses is the limitations imposed by the image subscales. Unfortunately, the role-specific method of classifying primary image types could not be used because it creates differences based on the differences that the hypotheses propose to test.

The use of the image subscales as a classification method produces very

small numbers of cases in each image type, precludes the testing of hypotheses concerning utilitarians because no subscale is available, and uses the professional image subscale which appears to suffer from a social desirability response bias. Thus, given the difficulties inherent in the measures of the non-task facet of occupational image used in this study, the analyses of these hypotheses are inadequate to constitute a proper test of the model.

PREDICTORS OF BEHAVIORAL INTENTION TO LEAVE BY IMAGE TYPE

Although these hypotheses could not be tested due to insufficient sample size, preliminary analyses using differences among the correlations by image type were promising in that they suggest that interrelationships among the consequents are moderated by image type, as clasified by the ideal role method. This offers some support for the model and the importance of the occupational image construct for for understanding work attitudes and work behavior. Multiple regression analyses using the critical task and dirty work subscales of ideal role as moderators of work attitudes and behavior ought to be undertaken.

RELATIONSHIPS AMONG CONSEQUENTS

No significant association was found between job involvement and performance. Unlike the relationship between job satisfaction and behavioral intention to leave which was found to be similar across image groups, this relationship might be one which must be examined differentially by image type. Previously, relationships between job involvement and self-reports of performance were found to be positive and significant. Examinations of this relationship using supervisory ratings of performance have not been widely published in the behavioral science literature. To the extent that an individual has relatively strong beliefs about what constitutes appropriate

tasks for a particular occupation and to the extent that the employing organization does not agree, the relationship between job involvement and rated performance might be moderated by the task-specific measures of occupational image.

EVALUATION OF THE TWO OPERATIONALIZATIONS OF OCCUPATIONAL IMAGE

The two operationalizations of occupational image ought to be viewed as reflecting different facets of the image construct. In fact, they are derived from two different conceptualizations of the construct. The image subscales are derived from Caplow's work. They refer to beliefs about the meaning of the occupation on an abstract level. The bureaucratic subscale defines the occupation in organizational terms while emphasizing security. The traditional image subscale defines the occupation as service-oriented and includes an affiliative component. The professional image subscale reflects quality of performance. Such measures provide desirable operationalizations of the construct in that there exists a literature which links bureaucratic and professional images of nurses to attitudinal variables. Moreover, shared beliefs about the meaning of occupational membership is a possible way of identifying occupational subgroups. Unfortunately, the results of this study indicate that there are serious limitations to using these measures. First, the professional image subscale appears to be subject to a social desirability response bias. Second, the image items do not yield a utilitarian type. Third, these subscales, when used as a classification technique to determine primary type, classify very few cases. The traditional and bureaucratic measures seem to be somewhat useful, but are probably insufficient to tap the full richness of the construct at the abstract level.

The ideal role measures of occupational image are derived from Hughes'

model of task status. The critical task and dirty work subscales reflect beliefs about the nature of the work that an occupation ought to entail. Although their use offers certain advantages such as the ability to identify utilitarians and the ability to classify a large proportion of the sample as a particular type, there are also some limitations that ought to be mentioned. First, the two subscales are not direct measures of this task-related facet of image, but rather, are classificatory criteria. Therefore, they are capable of classifying people into types but they do not provide interval scales of occupational image as the image subscales do. Second, because this method is unique to this study, there is no prior literature linking this classification scheme to other measures. Thus, the validity of this classification scheme has yet to be established. Furthermore, the peculiar behavior of the professional image subscale has not permitted any conclusions to be drawn as to the relationship between this classification scheme and the better established image subscales. Third, this classificatory method is sample dependent in that primary types are produced relative to others within the sample. The grand mean and standard deviation for this sample are used to identify critical tasks and dirty work while the median is used to identify individuals. The items in the two ideal role subscales might vary greatly across samples as might the cutoff scores. Until more research is conducted with varying populations within the nursing occupation, the questions of validity and generalizability cannot be resolved.

Clearly, both image measures ought to be explored further. A better measure of professional image might be developed for the abstract concept of occupational image by incorporating some of the work on the components of professions in the sociological literature. With respect to the ideal role subscales, the relationship of these measures to work attitudes and work

behavior ought to be further explored. Moreover, the variance in items appearing in each scale across population ought to be investigated as well. To have measures of occupational image on both the abstract and the task level would be desirable.

SIGNIFICANCE

This study has potential significance as a framework for classifying occupational members into four distinct subgroups, each with homogeneous occupational images. Such a classification scheme might be both theoretically and practically useful.

As a theoretical approach, the usefulness of an occupational image typology can be illustrated by considering its similarity to another typological framework, that of needs. A typical strategy for understanding individuals' reactions to their jobs has been to categorize individuals into predominant need types and to classify jobs according to the degree to which they contain certain "enriching" characteristics. The job design and task characteristics literatures, for example, have attempted to differentially predict attitudes and behavior based on the strength of particular needs and the characteristics of the job. This proposed study uses a similar approach. In this framework, occupational image is used to categorize individuals while actual role and positional attributes are used to classify jobs. Comparisons and differential predictions for job attitudes and behaviors are then made.

There are, however, several key differences. First, occupational image is a cognitive, value-based concept, in contrast to needs. Second, image can be conceptualized and measured at two levels. On the abstract level it is concerned with the value-orientation toward the occupation. At the task level, it refers to work which is viewed as epitomizing the occupation. These two conceptual levels represent different although related facets of occupational image. Such a conceptual distinction has not evolved in the needs literature. Third, it is specific to an occupation and cannot be used across occupations without modification. This framework, however, is based

on value concepts: professionalism, traditionalism, utilitarianism, bureaucratization, that can be generalized to many occupations, but specific measures would have to be developed for each occupation. In contrast, the needs typology is thought to apply to individuals across occupational groups without modification. Fourth, the needs framework has been used in conjunction with task characteristics measures, another scale that can be generalized across occupations. The role measures used in this study are specific to nursing, but the critical-incidental dichotomy of Hughes' framework can be generalized to other occupations. Therefore, the form of this approach is theoretically similar to the needs approach, but the content is different.

The use of this occupational image framework as opposed to a needs approach offers two possible advantages. First, occupational image has a potential advantage in predicting job attitudes in that it is directly related to work issues at both conceptual levels. In addition, at the task level, it provides specific, practical information regarding the work the individual believes the organization expects him/her to perform, the work s/he believes s/he ought to be doing, and the differences between the two. Second, it avoids one of the major dilemmas of the needs approach, that of determining the importance or salience of particualr needs within a work context. Presumably, once subgroup membership by image type is determined, image salience is not a significant issue.

The intention of this research was to first determine whether these image classification schemes are useful. The next step is to perform some additional analyses as indicated in the discussion section, replicate the results with other types of nursing populations, and to use these measures and analyses to study the evolution of occupational image, longitudinally,

preferably from the point of vocational choice. Through longitudinal study, the causal sequence of the interrelationships between individual attributes, occupational image, role attributes, and tasks might be specified.

The practical significance of this study derives from the possibility that the placement of individuals with particular images into particular positions might have consequences for work attitudes and behavior. If certain image types are better performers, less likely to turn over or transfer, more job satisfied, and more job involved when placed in certain types of positions, than they would be in others, then individuals might be better matched to positions to attain more positive outcomes. Therefore, when positions need to be filled, recruitment can be targeted toward the image type that will best fit the open positions. In addition, disaffected role incumbents might be channeled into more satisfying positions. Moreover, to the extent that individual attributes such as type of degree and age predict image type, appropriate individuals can be recruited based on demographic information without the administration of an image questionnaire. This sort of classification scheme might be useful for hospital and nursing administrators, nurse recruiters, educators, and vocational counselors.

LIMITATIONS

The cross-sectional design of the study precludes inferences as to causal direction of the relationships among internal and external career, individual attributes, career themes, job attitudes, and job behavior. As indicated in the discussion of the formal model, the relationships between internal and external career and individual attributes are complex. Role attributes, and some of the individual attributes, may be both antecedents and consequents of occupational image. Although particular occupational images are associated with certain individual and role attributes, this study can not determine whether images are causes or effects of these attributes because the cross-sectional design does not permit an examination of the extent to which image is stable over time. The design of the study does permit, however, identification and classification of occupational subgroups on the basis of individual attributes, internal and external career as well as an examination of their associated job attitudes and work behaviors.

The second consideration, that of external validity, refers to the sampling procedures of the study. Because this study used a convenience sample of nurses in one hospital, no claim as to the representativeness of the sample, and hence, the generalizability of the results can be made. Although the researcher attempted to decrease non-respondent bias by both distributing information emphasizing the importance of the study and the confidentiality of the responses and by collecting data at the convenience of the respondents and the institution, the fact that those who voluntarily participated were required to identify themselves probably inflated the non-response bias somewhat. In fact, the higher educational level for respondents coupled with the wide range in participation across units indicate that this is what occurred. Moreover, because data collection was

confined to sampling nurses in a large urban hospital specializing in treating and researching cancer and allied diseases, the results can not be generalized to nurses working in other types of health care facilities without attempting to replicate the findings in other kinds of settings.

Dear Participant:

This is a study of the occupational imagery of nursing, its development, and its implications for work attitudes and work behavior. The intent of this research is to promote a better understanding of the different images nurses have of their occupation across different types of roles, hospitals, and occupational members.

Your cooperation in this project is vital to its validity and usefulness. Participants are requested to complete the attached survey which should take approximately 30 minutes. The questions ask about your beliefs about the nursing occupation, the work nurses do, your feelings about your job, and some background information about you. There are no right or wrong answers. Prior research has shown that an immediate reaction to a statement is usually reflective of basic opinion and that lengthy deliberation does not add much information.

At the end of the questionnaire, you will be requested to provide your employee identification number so that future data collection can be coupled with your present responses. This identification number will be detached from the questionnaire, discarded, and replaced with a randomly assigned number to ensure anonymity. No one at the hospital will see these questionnaires and no individual responses will be reported. The data will be aggregated and only group data will be released.

This is an opportunity to provide group feedback to your peers and to the hospital. The nursing staff will be provided with a full report of the findings. In addition, a presentation for the purpose of addressing participants' questions will be arranged at the request of the nursing staff.

Your cooperation in this study is greatly appreciated. In addition to any comments, questions, or suggestions you wish to make on the last page of the questionnaire, I will look forward to meeting you after you complete the survey and hearing about your reactions to the study.

Sincerely,
Dee Birnbaum
City University of New York

TENURE: How long have you worked in this hospital? ——yrs., ——mos.

JOB TITLE: a) Clinical Nurse 1 ( )
b) Clinical Nurse 2 ( )
c) Clinical Nurse 3 ( )
d) Advanced Practice Clinician ( )

Length of Time in Present Position ——yrs., ——mos.

WORK SCHEDULE:

Do you work full-time?

a) Yes ( )
1) How long have you worked full-time? ——yrs., ——mos.

b) No ( )
1) How long have you worked part-time? ——yrs., ——mos.
2) How many days per week do you usually work? ——days

Shift:

a) Day ( )
1) 8 hours ( )
2) 10 hours ( )
3) 12 hours ( )

b) Evening ( )
1) 8 hours ( )
2) 10 hours ( )

c) Night ( )
1) 8 hours ( )
2) 10 hours ( )
3) 12 hours ( )
4) 16 hours ( )

How long have you worked on your present shift? ——yrs., ——mos.

Are you required to work weekends?

a) Yes ( )
1) How many weekends per month are you required to work? —— weekends

b) No ( )

WORK LOCATION: Are you assigned to a particular unit?

a) Yes ( )
1) Name of the unit where you regularly work. ————————————————
2) Length of time you have worked on this unit? ——yrs., ——mos.
3) How many days per year are you assigned off-unit? ——— days

b) No ( )

Were you born in the U.S.?

a) Yes ( )

b) No ( )

1) In what country were you born? ——————————————————

2) At what age did you come to the U.S.? ———— yrs. old

Did you study nursing in the U.S.?

a) Yes ( )

b) No ( )

In what country did you study nursing? ——————————————————

Have you worked as a nurse in other countries?

a) Yes ( )

In what countries have you worked? ——————————————————

b) No ( )

EDUCATIONAL BACKGROUND:

What is the highest amount of formal education that you have had?

a) Associate Degree ( )

b) RN Diploma ( )

c) Bachelors Degree ( )

d) Masters Degree ( )

What was the highest amount of formal education that you had when you first began working as a nurse?

a) Associate Degree ( )

b) RN Diploma ( )

c) Bachelors Degree ( )

d) Masters Degree ( )

Are you pursuing a degree at this time?

a) Yes ( )

a) Bachelors Degree ( )

b) Masters Degree ( )

c) Doctorate ( )

b) No ( )

HOUSEHOLD: Number of household members (including self) ———

Do you have children?

a) Yes ( )

1) Ages of children ——, ——, ——, ——, ——, ——, ——, ——, ——, ——,

2) Number of children living at home ——

b) No ( )

Total household income (approximate) for Jan., 1983 to Jan., 1984?

$10,000 or under ( )
$11,000 - $15,000 ( )
$16,000 - $20,000 ( )
$21,000 - $25,000 ( )
$26,000 - $30,000 ( )
$31,000 - $35,000 ( )
$36,000 - $40,000 ( )
$41,000 - $45,000 ( )
$46,000 - $50,000 ( )
over $50,000 ( )

MARITAL STATUS: a) Single ( )
b) Married ( )
c) Divorced, Widowed, or Separated ( )

PERSONAL DATA:

Sex: a) Male ( )
b) Female ( )

Age: under 25 years old ( )
26 - 30 years old ( )
31 - 35 years old ( )
36 - 40 years old ( )
41 - 45 years old ( )
46 - 50 years old ( )
51 - 55 years old ( )
56 - 60 years old ( )
over 60 years old ( )

With which group do you identify yourself?

a) Black ( )
b) Hispanic ( )
c) Oriental ( )
d) White ( )
e) Other ( )

The statements below represent values which people consider important in their work. These are satisfactions which people often seek in their jobs or as a result of their jobs. Please circle the response that best indicates how important each value is for you.

Unimportant	Of little importance	Moderately important	Important	Very important
1	2	3	4	5

1	2	3	4	5	Having to keep solving new problems.
1	2	3	4	5	Helping others.
1	2	3	4	5	Getting a raise.
1	2	3	4	5	Being your own boss.
1	2	3	4	5	Knowing your job will last.
1	2	3	4	5	Leading the life you most enjoy.
1	2	3	4	5	Knowing by the results when you've done a good job.
1	2	3	4	5	Having a boss who is reasonable.
1	2	3	4	5	Using leadership abilities.
1	2	3	4	5	Having a good place in which to work (good lighting, quiet, clean, enough space, etc.).
1	2	3	4	5	Not doing the same thing all the time.
1	2	3	4	5	Adding beauty to the world.
1	2	3	4	5	Forming friendships with your fellow employees.
1	2	3	4	5	Knowing that others consider your work important.
1	2	3	4	5	Trying out new ideas and sugestions.

People have certain ideas about the characteristics of the occupation in which they work. Please circle the number of the response on the scale that best reflects how much you believe each statement describes what being a nurse means to you.

Not at all	To a limited extent	To a moderate extent	To a large extent
1	2	3	4

1	2	3	4	Demonstrating care and concern for others.
1	2	3	4	Clear cut lines of authority.
1	2	3	4	Job security.
1	2	3	4	An occupation highly respected in the community
1	2	3	4	Meticulousness.

1	2	3	4	Scientific judgment.
1	2	3	4	Order and routine.
1	2	3	4	Working at the bedside.
1	2	3	4	Exercise of imagination and insight.
1	2	3	4	Close supervision and direction.
1	2	3	4	Frequent innovation in the solution of problems.
1	2	3	4	Clearly defined work tasks.
1	2	3	4	Commitment to knowledge.
1	2	3	4	A means for acquiring financial security.
1	2	3	4	Record-keeping.
1	2	3	4	Understanding patients' hostilities and fears.
1	2	3	4	Originality and creativity.
1	2	3	4	Maintenance of professional standards.
1	2	3	4	Devotion to the patient.
1	2	3	4	Strict rule following.
1	2	3	4	Active membership in nursing organizations.
1	2	3	4	Making decisions about patients' emotional welfare.
1	2	3	4	Taking a personal interest in patients.
1	2	3	4	Dedicated service.
1	2	3	4	Becoming close to patients.
1	2	3	4	A job to be done.
1	2	3	4	Demonstrating loyalty to the hospital.

These questions concern the rewards offered by a nursing career. Please circle the number of the response on the scale that best reflects how much you believe each statement describes the rewards offered by a nursing career.

Not at all	To a limited extent	To a moderate extent	To a great extent
1	2	3	4

1	2	3	4	Financial rewards.
1	2	3	4	Variety in work activity on the job.
1	2	3	4	Educational experience.
1	2	3	4	Knowledge about one's self.
1	2	3	4	Opportunity to be of assistance to others.
1	2	3	4	Prestige.

1	2	3	4	Opportunity for self-direction in one's work.
1	2	3	4	Flexible work schedules.
1	2	3	4	Security.
1	2	3	4	Respect of the public.
1	2	3	4	Contact with people.
1	2	3	4	Good part-time occupation.
1	2	3	4	Convenient work location.
1	2	3	4	Gratitude of other people.
1	2	3	4	Choice in type of work.
1	2	3	4	Opportunity to have responsibility.
1	2	3	4	Oppportunity to hold positions of authority.
1	2	3	4	Independence in planning one's personal life.
1	2	3	4	Preparation for raising a family.
1	2	3	4	Opportunity for professional advancement.
1	2	3	4	Opportunity to earn supplementary income.
1	2	3	4	Opportunity to work with worthwhile people.
1	2	3	4	Opportunity to give service needed by society.

The following questions ask about the work a nurse does. To the left of each statement, please circle the number of the response that best indicates how frequently your job requires you to perform the listed tasks. To complete the scale at the right of each statement, imagine an ideal job in which nurses had complete discretion in determining nursing practice. Please circle the number of the response that best indicates how frequently your ideal job would require you to perform the listed tasks.

Rarely	Occasionally	Quite often	Nearly all the time
1	2	3	4

Actual Frequency of Activity					Ideally Should Be			
1	2	3	4	Measure and record vital signs, intake, and output.	1	2	3	4
1	2	3	4	Assist with bath, grooming, and routine hygiene.	1	2	3	4
1	2	3	4	Administer medications; observe and record response.	1	2	3	4
1	2	3	4	Feed or assist patients with meals.	1	2	3	4
1	2	3	4	Pass and collect meal trays and nourishments.	1	2	3	4
1	2	3	4	Administer treatments; observe and record response.	1	2	3	4

1	2	3	4	Provide recreation, exercise, and diversion for patients.	1	2	3	4
1	2	3	4	Talk with patients' families.	1	2	3	4
1	2	3	4	Sit and talk with patients about topics unrelated to their illnesses.	1	2	3	4
1	2	3	4	Explain diagnostic and therapeutic procedures to patients.	1	2	3	4
1	2	3	4	Orient patients to hospital routine and surroundings.	1	2	3	4
1	2	3	4	Teach patients necessary self-care skills in preparation for discharge.	1	2	3	4
1	2	3	4	Collect specimens for fractionals and laboratory tests.	1	2	3	4
1	2	3	4	Obtain and record patient history.	1	2	3	4
1	2	3	4	Assess patients' conditions upon admission and record.	1	2	3	4
1	2	3	4	Record patients' progress in medical charts.	1	2	3	4
1	2	3	4	Read medical literature and or consult with other health providers to develop patient treatment plans.	1	2	3	4
1	2	3	4	Prepare and record patients' treatment plans.	1	2	3	4
1	2	3	4	Arrange and coordinate diagnostic and treatment services for patients.	1	2	3	4
1	2	3	4	Review patients' diagnostic reports.	1	2	3	4
1	2	3	4	Prepare patients for surgical procedures.	1	2	3	4
1	2	3	4	Assist physicians.	1	2	3	4
1	2	3	4	Orient new colleagues.	1	2	3	4
1	2	3	4	Attend continuing education classes, meetings, and staff conferences.	1	2	3	4
1	2	3	4	Make beds.	1	2	3	4
1	2	3	4	Transcribe physicians' orders.	1	2	3	4
1	2	3	4	Greet and direct visitors.	1	2	3	4
1	2	3	4	Prepare and lead educational seminars for other health care providers and/or patients.	1	2	3	4
1	2	3	4	Sort and/or deliver patients' mail.	1	2	3	4
1	2	3	4	Request routine repairs of unit equipment.	1	2	3	4
1	2	3	4	Conduct and/or participate in research.	1	2	3	4
1	2	3	4	Order and put away supplies: medication, stationery, linen, and equipment.	1	2	3	4
1	2	3	4	Protect patients' skin: give backrubs, turn, and position.	1	2	3	4
1	2	3	4	Transport patients and run errands.	1	2	3	4
1	2	3	4	Answer incoming phone calls	1	2	3	4

1 2 3 4	Sort and/or file diagnostic reports.	1 2 3 4
1 2 3 4	Assemble medical records upon admission and discharge.	1 2 3 4

These questions ask you about your work situation. Please circle the number of the response on the scale that best describes how you feel about your job.

Not at all true 1 2 Somewhat true 3 4 5 6 Very True 7

1	2	3	4	5	6	7	I feel certain about how much authority I have.
1	2	3	4	5	6	7	Clear, planned goals and objectives for my job.
1	2	3	4	5	6	7	I know that I have divided my time properly.
1	2	3	4	5	6	7	I receive an assignment without the manpower to complete it.
1	2	3	4	5	6	7	I know what my responsibilities are.
1	2	3	4	5	6	7	I have to buck a rule or a policy in order to carry out an assignment
1	2	3	4	5	6	7	I receive an assignment without adequate resources and materials to execute it.
1	2	3	4	5	6	7	I work with two or more groups who operate quite differently.
1	2	3	4	5	6	7	I know exactly what is expected of me.
1	2	3	4	5	6	7	I receive incompatible requests from two or more people.
1	2	3	4	5	6	7	I do things that are apt to be accepted by one person and not accepted by others.
1	2	3	4	5	6	7	Explanation is clear of what has to be done.
1	2	3	4	5	6	7	I work on unneccessary things.
1	2	3	4	5	6	7	I have to do things that should be done differently.

Listed below are statements that may or may not describe the way you feel about your work. Please circle the response on the scale that best reflects the extent to which you agree or disagree with each statement.

Strongly disagree SD Disagree D Not sure or "so-so" N Agree A Strongly agree SA

SD	D	N	A	SA	The most important things that happen to me involve my work.
SD	D	N	A	SA	I have other activities more important than my work.

SD	D	N	A	SA	Most of my real interests are centered outside my job.
SD	D	N	A	SA	I am very much personally involved in my work.
SD	D	N	A	SA	Most things in life are more important than work.
SD	D	N	A	SA	I used to care more about my work, but now other things are more important to me.
SD	D	N	A	SA	I work because I have to, not because I really want to.
SD	D	N	A	SA	I would keep working even if I didn't need the money.
SD	D	N	A	SA	My work is one of the most important aspects of my life.
SD	D	N	A	SA	I would be "lost" without my work.
SD	D	N	A	SA	I used to be more concerned with other activities, but now my work is more important to me.
SD	D	N	A	SA	Most of my time and energy is willingly devoted to my work.
SD	D	N	A	SA	My job is merely a means to other important ends.
SD	D	N	A	SA	The best description of who I am would be based on the job I have.
SD	D	N	A	SA	Non-work activities occupy a great deal of my time and energy.

The following questions ask about the way you feel about your job. Please put a check mark in front of the statement which best describes the way you feel about your job.

All in all, how satisfied would you say you are with your job?

—— Very satisfied.
—— Somewhat satisfied.
—— Not too satisfied.
—— Not at all satisfied.

If you were free to go into any type of job you wanted, what would your choice be?

—— Would want the same job you have now.
—— Would want to retire and not work at all.
—— Would prefer some other job to the job you have now.

Knowing what you know now, if you had to decide all over again whether to take the job you now have, what would you decide?

—— Decide without hesitation to take the same job.
—— Have some second thoughts.
—— Decide definitely not to take the same job.

In general, how well would you say your job measures up to the sort of job you wanted when you took it?

—— Very much like the job you wanted.
—— Somewhat like the job you wanted.
—— Not very much like the job you wanted.

If a good friend of yours told you he or she was interested in working in a job like yours for your employer, what would you tell him or her?

—— Would strongly recommend it.
—— Would have doubts about recommending it.
—— Would advise the friend against it.

These questions ask you about your efforts to search for another job within the past year. Please answer by checking either yes or no after each question.

During the PAST YEAR have you:

Yes—— No—— Read a book about getting a new job?
Yes—— No—— Revised your resume?
Yes—— No—— Sent copies of your resume to a prospective employer?
Yes—— No—— Contacted an employment agency or executive search firm to obtain a job with another organization?
Yes—— No—— Read the classified/help wanted advertisements in the newspaper?
Yes—— No—— Gone on a job interview?
Yes—— No—— Talked to friends or relatives about getting a new job?
Yes—— No—— Sought to transfer to a new job within your organization?
Yes—— No—— Talked to co-workers about getting a job in another organization?
Yes—— No—— Made any telephone inquiries to prospective employers?
Yes—— No—— Since you have worked for your organization, have you ever looked for another job?

PREVOCATIONAL CONTACT WITH NURSING

Were you influenced by relatives or friends employed in the health care field to choose nursing as an occupation?

a) Yes ( )

	Relationship of person to you	Person's occupation
1)	———	———
2)	———	———
3)	———	———
4)	———	———

b) No ( )

Did you ever work as a hospital volunteer?

a) Yes ( )

1) Length of time? ——yrs., ——mos.

2) Your age at the time? ———

b) No ( )

Did you have a paid job in a health care setting before becoming a nurse?

a) Yes ( )

1) What was your job title? ———

2) Age at time of employment? ——yrs.

3) Length of employment? ——yrs., ——mos.

b) No ( )

As a child and/or adolescent were you ever hospitalized for longer than 3 days?

a) Yes ( )

1) Age(s) at time of hospitalization(s)? —— —— —— —— ——

2) Length of stay(s) in hospital? —— days, —— days, —— days, ——days

b) No ( )

As a child and/or adolescent did you ever visit a sick friend or relative in the hospital over an extended period of time?

a) Yes ( )

1) Approximately how many times? ———

2) How old were you? ——— yrs. old

3) Relationship of person to you? ———

b) No ( )

Before becoming a nurse, did you ever take care of a friend or relative who was ill for an extended period of time?

a) Yes ( )

1) How long did you take care of him/her? —— mos., ——yrs.

2) How old were you? —— yrs.

b) No ( )

How old were you when you decided to become a nurse? —— yrs.

Did you have another occupation before becoming a nurse?

a) Yes ( )

1) Former Occupation ————————————————————

b) No ( )

PARENTS' EDUCATION:

What is the highest amount of formal education your father has had?

High School Diploma	( )
Some College, but no degree	( )
Associate Degree	( )
Bachelors Degree	( )
Masters Degree	( )
Doctorate	( )
Other ————————	( )

What is the highest amount of formal education your mother has had?

High School Diploma	( )
Some College, but no degree	( )
Associate Degree	( )
Bachelors Degree	( )
Masters Degree	( )
Doctorate	( )
Other ————————	( )

Please provide your identification number here ——————————————————

This number will be used only for the purpose of coupling responses with future data collection. Confidentiality will be maintained. This sheet will be discarded and the number will be replaced by a randomly assigned subject number. The information will be stored on computer tape by subject number so that complete anonymity will be assured.

Name _____

Employee No. _____ Unit _____ Date _____

CLINICAL NURSE II - PERFORMANCE APPRAISAL

DIRECTIONS: *Using the following scale, rate each item on the Performance Appraisal Form by placing a check mark (✓) in the appropriate column. A rating for each item should be made on the 7-point scale provided which allows a rating from* ***1 (much lower than average nursing practice)*** *to* ***7 (much higher than average nursing practice).*** *A position of* ***4*** *indicates the most commonly observed* ***(average)*** *level of nursing practice. Place a check (✓) under "not applicable" or "not observed" when appropriate.*

I. PATIENT CARE	1	2	3	4	5	6	7	Not applicable	Not observed		COMMENTS
A. Responsibility to Patient											
1. Level of knowledge of cancer nursing demonstrated in decisions about patient care.										(1)	
2. Level of cancer nursing skills demonstrated in implementing patient care procedures.										(2)	
3. Accuracy in implementing patient care.										(3)	
4. Ability to assume responsibility for the unique physical and psychological needs of each patient.										(4)	
B. Assessment of Patient											
5. Astuteness in identifying patient care needs, symptoms, behavioral changes and deviations from normal.										(5)	
6. Ability to anticipate patient care problems.										(6)	
7. Ability to assess relative importance (set priorities) in caring for patients.										(7)	
8. Ability to communicate with other health care personnel in evaluating patient care needs (including sharing observations, knowledge, rationale) etc.										(8)	

I. PATIENT CARE	1	2	3	4	5	6	7	Not applicable / Not observed		COMMENTS
C. Implementing Patient Care										
9. Ability to select or create nursing interventions which are specific and individualized to patient.									(9)	
10. Ability to prepare for alternate treatment strategies when appropriate.									(10)	
11. Ability to utilize appropriate resources, personnel, and equipment in patient care.									(11)	
12. Demonstrated level of mastery of assigned specialty.									(12)	
D. Teaching/Counseling Patients & Family										
13. Ability to identify patient and family needs for learning about treatment, care plans, and self-care.									(13)	
14. Ability to plan and implement needed teaching and counseling activities in an effective manner.									(14)	
15. Demonstrated level of knowledge about teaching and counseling resources available to the nurse (literature, personnel, equipment,etc.)									(15)	
16. Ability to use basic concepts of psychology and communications in teaching and counseling interactions with patients.									(16)	
E. Recording Skills										
17. Ability to use established standards in charting patient care.									(17)	
18. Degree to which a sense of responsibility for documenting nursing care has been demonstrated.									(18)	
19. Level of ability to incorporate appropriate terms, complexity, evaluation, completeness of observations, and knowledge of cancer nursing in documentation.									(19)	
20. Degree to which the recording of nursing care is adequate for the needs of all health care personnel.									(20)	

II. LEADERSHIP	1	2	3	4	5	6	7	Not applicable / Not observed			COMMENTS
A. Leading Staff											
21. Level of participation in the ongoing development and implementation of the philosophy and objectives of the hospital and division of nursing.										(21)	
22. Level of initiative shown in decision-making and in assuming responsibility.										(22)	
23. Ability to utilize human relation skills to promote an environment in which staff members can work cooperatively.										(23)	
24. Relative ability to serve as a model of excellence in cancer nursing by demonstrating cancer nursing knowledge and skills.										(24)	
B. Teaching/Counseling Staff											
25. Level of ability in identifying teaching and counseling needs of staff.										(25)	
26. Degree of skill demonstrated in sharing expertise about current trends and concepts relative to professional nursing practice with staff.										(26)	
27. The degree to which responsibility is assumed for assisting the Head Nurse and Clinical Instructor in meeting learning needs of staff.										(27)	
28. The degree to which teaching and counseling staff is performed in a manner which encourages initiative and self-development.										(28)	
C. Evaluating Staff											
29. Ability to apply job descriptions of all unit personnel and performance standards of the division of nursing in assessing staff.										(29)	
30. Ability to identify strengths, weaknesses, and developmental needs of CN I's and other nursing personnel.										(30)	
31. Ability to provide effective "on the spot" feedback to team members regarding strengths and weaknesses in performance.										(31)	

II. LEADERSHIP (cont'd)	1	2	3	4	5	6	7	Not applicable / Not observed			COMMENTS
C. Evaluating Staff (cont'd)											
32. Ability to identify performance abilities of nursing assistants and base patient assignment on this.										(32)	
III. SELF-DEVELOPMENT											
A. 33. Degree of participation in professional activities.										(33)	
B. 34. Degree of participation in independent study.										(34)	
C. 35. Degree of participation in educational programs.										(35)	
D. 36. Capacity for self-assessment and goal setting.										(36)	
IV. RESEARCH APTITUDE											
A. 37. Ability to use knowledge of specialty to assess relevance and effectiveness of nursing care procedures.										(37)	
B. 38. Degree to which problems associated with patient care and the work environment are communicated.										(38)	
C. 39. Degree to which interest is expressed in studying nursing problems/issues in a scientific, systematic manner.										(39)	
D. 40. Potential ability to work in a collaborative, effective manner with a group to meet research objectives.										(40)	

EMPLOYEE COMMENTS

(Self appraisal may be appended):

Signature (Employee) *Date*

SCORING FORM:
Clinical Nurse II - Performance Appraisal

Directions:

1. In the box on the right end of the scale for each item (1-40), place the number of the rating which has been checked for the item.
2. In the box provided for each sub-section, enter the total of numerical ratings for each sub-section (add numerical scores for 0 to 4 items in the sub-section). Transpose the sub-section numerical totals in the boxes under column **(a)**.
3. Multiply the figure in column **(a)** by the number in column **(b)**. Place the result in column **(c)**.
4. In column **(d)**, place the number which indicates how many items received a rating for each sub-section (from 0 to 4).
5. Divide the figure in column **(c)** by the number in column **(d)**. Place the answer in column **(e)**. Column **(e)** figures are sub-scores for each section.
6. In order to obtain the **Final Score**, add the numbers in column **(e)** and place the total at the bottom. Below this figure, place the number which indicates how many sub-sections received a score (from 0 to 10). Divide the **total of sub-section final scores** by the **number of sub-sections applied.** The result is the final score.

Sub-section		Sub-section Raw Total **(a)**		Weight **(b)**		Adjusted Sub-section Raw Score **(c)**		No. of Items Used in Sub-section **(d)**		Sub-section Final Scores **(e)**
I	A		×	4	=		÷		=	
	B		×	4	=		÷		=	
	C		×	4	=		÷		=	
	D		×	3.5	=		÷		=	
	E		×	2.5	=		÷		=	
II	A		×	4	=		÷		=	
	B		×	3	=		÷		=	
	C		×	2.5	=		÷		=	
III			×	3	=		÷		=	
IV			×	1.5	=		÷		=	

Total sub-section final scores = _____ =

Number of sub-sections applied =

Final Score

Appraised by: _____ _____ **Reviewed by:** _____ _____
Name and Title *Date* *Name and Title* *Date*

Clinical Instructor _____ **Discussed with Employee** _____
Date

Goals: _____

Additional Comments: _____

Attendance: Total days absent _____ No. of occasions of illness _____

No. of ill days associated with scheduled days off _____

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