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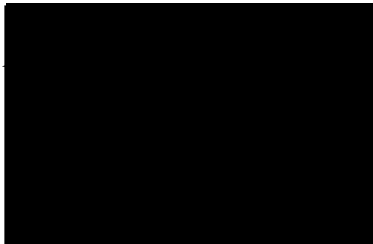
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VOCATIONAL CHOICE IN A PSYCHIATRIC  
NURSING PROGRAM  
A DESCRIPTIVE STUDY

by

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
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PROGRAM - A DESCRIPTIVE STUDY

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## ABSTRACT

The purpose of this study was to describe vocational behaviors of students and graduates of a particular psychiatric nursing program to determine whether graduates stayed in psychiatric nursing and to identify factors operating in selecting psychiatric nursing which may influence later vocational decisions.

Super's model of vocational development was chosen as the theoretical framework. The major concepts of vocational self-concept, vocational maturity and vocational exploration were used to develop three independent rating scales incorporating a two part questionnaire including a demographic section assessing program factors and a vocational development section assessing the vocational behaviors.

Subjects were 391 graduates, 69 withdrawals and 217 current students. Questionnaires were mailed to graduates and program withdrawals. Student questionnaires were administered during class. Response rate was 60% for graduates, 32% for withdrawals and 91% for students. The data were analyzed by means of chi-square tests and analyses of variance.

Of the graduates, 27% had obtained diplomas in general nursing qualifying them to work in psychiatric or general nursing. Of the graduates, 58% were working in psychiatric nursing; 16% in general nursing.

The predictions that clarity of vocational self-concept, degree of vocational maturity or amount of exploration would influence retention in psychiatric nursing were not supported.

Differences in vocational self-concept were found between applicants initially preferring psychiatric nursing and applicants preferring general nursing; and further between graduates working in psychiatric nursing and graduates working in general nursing. The proportion of graduates working in psychiatric nursing initially preferring general nursing was not signif-

icantly different from the proportion initially preferring psychiatric nursing.

Graduates who perceived that they received accurate information initially about psychiatric nursing were more frequently working in psychiatric nursing than graduates who thought they had received inaccurate information.

Findings suggest applicants who enter the program as an alternative to general nursing are as likely to remain in psychiatric nursing as applicants whose preference was psychiatric nursing. The program appears effective in altering the vocational self-concept of recruits towards psychiatric nursing. The provision of accurate information about psychiatric nursing has potential for improving the retention of the graduate.

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## INTRODUCTION

I don't like work - no man does -  
but I like what is in work - the  
chance to find yourself. Your own  
reality - for yourself, not for others  
- what no other man can ever know.  
They can only see the mere show and  
never can tell what it really means.

Joseph Conrad

Heart of Darkness

The concept of work as a means of self-expression is prevalent. The idea that through work one both expresses and develops one's self is fundamental to vocational development theory. Super particularly has focused his attention on determining how identity as a worker develops and how one enters and finds one's place in the work world. In vocational development terminology, Super (1963, 1969, 1977) has focused on the process of development of the vocational self-concept, has identified stages in the process and in doing so has come to view vocational development as a life long process.

This study, however, was not initiated by interest in testing vocational theory. Rather, interest in vocational theory grew out of a particular need. A need to find a framework from which to explore a psychiatric nursing program in relation to how individuals entered the program, what happened to them during the program and most importantly, what happened to them as graduates.



The Context of the Problem

The Psychiatric Nursing Program at the British Columbia Institute of Technology was the program of interest in this study. This program was established in 1972 with the phasing out of a long established psychiatric nursing program based in the large provincial psychiatric hospital (Riverview Hospital). As a new program issues and concerns of a broad nature were raised by students, faculty, employers and others in relation to the programs ability to attract applicants, to retain students and to meet the man power needs in the field of psychiatric nursing. A systematic evaluation of the program seemed indicated. The needed information related to the vocational choice process from prior to application to the program when vocational choices are made, through implementation of a choice to establishment in a vocation.

The developmental theories of vocational choice were selected as being the most appropriate to this study as they are considered to be "more inclusive, more concerned with longitudinal expressions of career behavior and more inclined to highlight the importance of the self-concept" (Herr & Cramer, 1979, p. 91). Of the developmental theories the work of Super stands out. Herr and Cramer (1979) assess his contribution as follows: "Probably the developmental approach which has received the most continuous attention, stimulated the most research, influenced most pervasively the field of vocational psychology, and is the most comprehensive is that promulgated by Super and his many colleagues" (p. 92).

The Problem

The purpose of the study was to determine the occupational roles acquired by graduates of the program and to attempt to identify factors

which increased the likelihood of applicants to the program ultimately becoming psychiatric nurses. Did certain vocational choice patterns exist that were more likely to culminate in graduation from the program and subsequent establishment in the field of psychiatric nursing?

Concepts central to vocational development theory as conceptualized by Super formed the basis for predicting relationships between different patterns or factors in the vocational choice process, and served as the frame work from which a questionnaire was developed to collect the pertinent data.

An extensive literature review of vocational development theory was undertaken as described in Chapter II. A description of psychiatric nursing as a vocation is also included. The development, testing and administration of the questionnaire is described in Chapter III. Findings of the study are reported and discussed in Chapter IV, and the conclusions, implications and limitations of the study are discussed in Chapter V.

## LITERATURE REVIEW

The purpose of the literature review is to provide background information concerning psychiatric nursing and to describe the vocational theory providing the framework from which vocational choice in a psychiatric nursing program was studied. The literature review is discussed under the headings of the vocation of psychiatric nursing, theories of vocational choice, Super's theory of vocational development, sexual stereotyping in vocational choice and formulation of the research questions.

The Vocation of Psychiatric Nursing

The vocation of nursing like teaching is long established and universal and one for which a common image is held. Psychiatric nursing in contrast is not universal and the title psychiatric nurse as a health manpower category conveys different meanings even within Canada.

For the purpose of clarification, and to provide a context, psychiatric nursing as is the meaning in this study is described in relation to role, educational preparation and status. A comparison is made between parallel categories of health care workers in the United Kingdom, the United States and Western Canada.

The Role of the Psychiatric Nurse

The psychiatric nurse in this study designates a member of the health care team whose primary role is in providing direct patient care to psychiatric patients. In the United Kingdom this care giver is called the Registered Mental Nurse. A report of changing patterns of psychiatric treatment and functions of psychiatric nursing in the United Kingdom ("Psychiatric Nursing", 1968), includes the following statement about psychiatric nursing:

There is no formula by which to describe the work of the psychiatric nurse. Psychiatric nurses have a round the clock responsibility for the care, comfort and well being of mentally ill people. These are people who enter hospital because they cannot cope with life in the community, or are a nuisance to others or are dangerous to themselves or other people. Nursing these patients requires special skill and understanding because the existence of mental illness complicates the provision of what would otherwise be straight forward nursing care and prevents patients from whole-hearted cooperation in their treatment (p. 14).

In the United States the direct care given for psychiatric patients was the attendant later established as the psychiatric technician (Bower, 1970). Recently, however a new category of worker has emerged called alternately mental health technicians, mental health workers or human service workers. The development of programs for mental health workers, as they are most commonly called, arose from recognition that current manpower needs could not be filled by "traditional professionals doing traditional things" (McPheeters, 1969) and in recognition of a serious gap in mental health manpower between the "highly-trained professional and the in-service trained aide or attendant" (Fuzessery, 1969, p. 13). The mental health worker is described as one who "relates to the patient longitudinally; becomes and remains a patient advocate...; becomes the integrator of the patient's activities and treatment such that no segment of his needs is disregarded; and becomes a cross disciplinary worker who under supervision can relieve... [professional] workers of less specialized portions of their work load and thus enable them, [professional workers] to use their skills more efficiently" (Felton, Wallach & Gallo, 1974,

p. 54). True, Young and Packard (1974) describe the mental health worker as a generalist "prepared to enter a variety of job roles in mental hospitals, community mental health centers, retardation facilities, geriatric settings, and other community agencies that need additional manpower" (p. 345).

In the four western provinces of Canada the category of worker providing direct care to psychiatric patients is the psychiatric nurse. A joint statement issued by a committee of the Registered Nurses' Association, the Licensed Practical Nurses' Association and the Registered Psychiatric Nurses Association of British Columbia (Note 1), defines the psychiatric nurse practitioner as a "Registered Psychiatric Nurse with required academic preparation and related experience engaged primarily in direct care of clients" and further that "the Registered Psychiatric Nurse is educationally prepared to work in a variety of mental health and mental retardation settings" (p. 16).

#### Educational Preparation

In the United Kingdom, training programs for Registered Mental Nurses date to the early 1900's. In the 1930's almost all mental hospitals trained psychiatric nurses. Registered mental nurses were permitted to do general training in reduced time and the double qualification was recognized as an asset in applying for administrative positions. The syllabus and standards of the General Nursing Council were adopted by the majority of training schools with the result that the model for the program closely followed the model in practice in the general hospitals ("Psychiatric Nursing", 1968). Concern has been expressed over the appropriateness of this model as stated by Nicolas and Gooderham (1982): "Criticism has been leveled at the Council's present mental nursing syllabus

for not emphasising the interpersonal and therapeutic skills required of the psychiatric nurse and for persisting in the inclusion of much general medical content" (p. 2). A new syllabus has recently been developed which is described as follows: "This new syllabus makes a firm bid to identify psychiatric nursing as primarily being rooted in the skills of interpersonal and intra-personal behaviour. .... An explicit intention of the syllabus is to develop models of care thus enabling nurses to function flexibly in a variety of clinical settings. .... The knowledge base of the new syllabus puts its roots clearly in sociology and psychology" (Coombes, 1982).

In the United States, in the early 1950's, formal training programs for attendants were set up in many state hospitals. Workers trained in these programs became known as psychiatric technicians. Training programs for psychiatric technicians were brought into being by nurses. The identification with and resemblance to nursing is attributed to this factor (Bower, 1970).

The mental health worker on the other hand is conceived of as a new category of worker, the first such program opening in 1965. This worker is described as a generalist "defined as a person with a core liberal arts university-level education with an emphasis upon the behavioral sciences and with specialized courses and field experiences related to mental retardation, emotional disturbance, community programs, and social welfare. The mental health generalist must have positive attitudes, human relationship skills, sensitivity, and broad knowledges" (Hadley, True & Kepes, 1970, p. 46). Programs are generally two years in length and award an associate degree on completion allowing for access to continuing university education.

Efforts have been made to bring these two categories of workers together and to develop common programs. However pressure has largely been directed at the restructuring of the role and function of the psychiatric technician, in particular the relinquishing of nursing functions (Fuzessery, 1969). The psychiatric technician is warned against the prospect of being regarded as "Junior nurses" with a resulting blocked mobility (Bower, 1969). Proposed role and program changes were not, however without resistance.

In the four western provinces of Canada, educational programs for psychiatric nurses have most closely resembled the British model. From 1932 to 1973, in British Columbia the major provincial mental hospital (presently known as Riverview Hospital) maintained a two year training program for psychiatric nurses. Graduates of this program staffed the large institutions (Note 2). The curriculum model paralleled that of general nursing programs.

With the phasing out of the Riverview program, in 1972 the two year psychiatric nursing program (the subject of this study) was opened in one of the major educational institutes in the province, the British Columbia Institute of Technology. The program, initially a graft on to an existing general nursing program with a common first year and no distinction made between students until the second year, in 1979 became separate both in curriculum and administration (Note 3).

The curriculum includes both the behavioral and biological sciences emphasizing integration and application of concepts. A general nursing component including basic nursing skills has been retained. An interpersonal relationships laboratory in which communication skills are taught and developed continues through the two years of the program.

Concurrent clinical experiences are provided in a variety of hospitals, health centers and community agencies. The most accessible route for further education is as is the pattern in the United Kingdom, through general nursing programs (Note 4).

#### Status and Recognition

The registered mental nurse, the psychiatric technician and the registered psychiatric nurse all have their roots in the large mental institutions. The public status and recognition of the psychiatric nurse is seen at least in part to be a reflection of the public image of the mental institution and attitudes towards mentally ill patients. Changes in attitudes and changes in psychiatric treatment, notably developments in community based care appear to be molding the role and increasing the recognition and status of the psychiatric nurse ("Psychiatric Nursing", 1968; Fuzessery, 1969). However, statistics compiled in 1981 by the Registered Psychiatric Nurses Association of British Columbia showed that of the 1,790 active Registered Psychiatric Nurses, a small portion, 5% were working in the community. The majority, 76% were working in large provincial or federal institutions. The remaining 19% were employed as psychiatric nurses in general hospitals or in long term care facilities (Note 5).

The degree to which these three groups of health care workers have become organized self regulating bodies varies. In the United Kingdom, State Registration was introduced as early as 1919. The psychiatric nurse qualified for registration as a Registered Mental Nurse, the general nurse as a State Registered Nurse granting different but equal professional status to each group ("Psychiatric Nursing", 1968).



In the United States, the California Society of Psychiatric Technicians was established in 1950. The National Association of Psychiatric Technology was an outgrowth of that group. Some mental health workers have shown interest in maintaining an association with, if not joining, the National Association of Psychiatric Technology (Simon, 1971).

In British Columbia, the Registered Psychiatric Nurses Act was approved in 1973 making the Registered Psychiatric Association an autonomous professional body with full responsibility for the standards and practise of its membership (Note 6). Despite this seemingly secure legislative position, the future role and professional status of the psychiatric nurse continues to be an issue. A recent major study of nursing education in British Columbia (Kermacks, 1979) recommended that the Registered Psychiatric Nurse be amalgamated with the Registered Nurse and psychiatric nursing programs be combined with their respective general nursing programs, in effect, eliminating the psychiatric nurse as a category of health care worker.

#### Summary

In describing the vocation of psychiatric nursing, parallels have been drawn between the registered mental nurse in Great Britain, the psychiatric technician and mental health worker in the United States, and the registered psychiatric nurse in Western Canada, specifically the province of British Columbia. Common features have been identified.

The role is described as that of a generalist, capable of functioning in a variety of psychiatric agencies, who maintains close association with, or provides direct care to the patient.

Educational preparation focuses on the behavioral sciences and the development of interpersonal skills. The degree to which the

biological sciences should be emphasised, and whether traditional nursing skills in relation to the provision of physical care should be included are areas of controversy.

The route of further education in the United States is through continuing university education. In Western Canada and Great Britain the usual access to further education is through nursing programs.

Status and recognition are thought to have been influenced by patterns of psychiatric treatment, all three groups having common roots in the large mental institutions. Changing patterns of psychiatric care, i.e. provision of care in the community is expected to be reflected in role and status changes for these workers.

Aspirations towards professional status on the health care team are in evidence and these health care workers are at various stages of becoming organized as professionals. The struggle for status however, appears to be marked by confusion and conflict over roles. Such a struggle is however, probably inevitable in the emergence and changing of a vocational role.

#### Theories of Vocational Choice

The way in which an individual becomes associated with a particular vocation has been studied from a number of perspectives and for a variety of reasons. From an economic perspective the thrust has been to assess the attributes of the individual in an attempt to match these to the requirements of a particular vocation. From a psychological perspective the focus has been to identify the personality characteristics of individuals in particular vocations. From a sociological perspective the emphasis has been to determine the role played by the society in which one lives in determining ones vocation. From a developmental perspective

the process by which individuals identify themselves with a particular vocational role has been the focus of interest. Vocational choice has alternately been suggested to be a matter of finding a vocation which matches one's interests and abilities, gravitating towards a vocation suited to one's personality characteristics, inheriting a vocation as the result of one's social circumstances, or developing a vocational identity as part of the process of human development.

A number of theoretical formulations have been devised to explain vocational behaviour. The theories have been classified in various ways. Crites (1969) uses three categories; 1) trait-factor theories, 2) psychodynamic theories and 3) vocational development theories (p. 13). Osipow (1968) uses similar categories but adds a fourth which he calls the sociological model (p. 11). The sociological model holds that circumstances beyond the individual's control largely account for career choices, and suggests that one of the primary tasks of youth is developing the means for coping with ones' environment (Hollingshead, 1949). Although sociological factors influencing vocational choice are acknowledged in vocational theory, the study of vocational choice from such a broad perspective is generally left to sociologists.

#### Trait-Factor Theory

The trait-factor approach has its origins in differential psychology and is based on matching traits possessed by an individual to job requirements. This approach peaked in popularity following the depression with the need to match people to jobs in large numbers, and during World War II with the need to rapidly select and classify men for duty. At their most optimistic, the assumptions underlying the trait-factor approach are that "a straight forward matching of an

individual's abilities and interests with the world's vocational opportunities can be accomplished, and once accomplished, solves the problem of choice for that individual" (Osipow, 1968, p. 11).

The view of matching people to jobs by matching traits to job requirements is criticized as being static and mechanistic. In reaction to this position Herr and Cramer (1979) state that "choice occurs not only as a function of relating an individual's traits to the characteristics of alternatives but also as a function of complex interactions between the person's developmental history and environment (p. 72). Super agrees that "people are differentially qualified for occupations ... .. and that people are likely to be more satisfied if they are in an occupation which requires a pattern of interests and abilities closely corresponding to their own characteristics". However he holds that "any given man possesses the potential for success and satisfaction in a variety of occupational settings" (Osipow, 1968, p. 119). Super also suggests that the static nature of trait-factor theory is not in keeping with the dynamic nature of the concept of vocational development.

A more general criticism of trait-factor theory as it is used in psychology and education is that test scores are wrongly interpreted as traits or enduring qualities (the test-trait fallacy), rather than as descriptions of performance on a particular test. Further, the information tends to become used to "segregate, stratify, and otherwise govern the lives of people" (Tryon, 1979, p. 404).

#### Psychodynamic Theory

The psychodynamic or personality theorists take the view that drives, desires and needs are the important determinants of vocational choice. The study of this approach focuses on determining which

personality types gravitate to which jobs. Of the vocational theorists, the research of Roe was most influenced by the psycho-analytical approach. Roe (1953) attempted to demonstrate the significance of early childhood experience in shaping the personality and subsequently determining adult vocational behavior. In her early investigations Roe identified common traits in various types of scientists relating these to differing childhood experiences and child-rearing practices (Osipow 1968).

Although this approach is no longer in the mainstream of vocational research, the study of vocational choice according to personality types remains a relatively popular trend (Holcomb & Anderson, 1977).

#### Developmental Theories

The developmental theories are said to represent a synthesis of earlier views and are based on the assumptions of both differential and dynamic psychology. Crites (1969) suggests that "all the major theories in the field today have, as one of their propositions, stated one way or another that vocational behaviour of the individual develops as he grows older" (p. 14). The basic view held is that a vocation is chosen on the basis of the individual's images of the occupational world and the individual's concept of self in the work world. The prominent developmental theorists are Ginzberg, Super and Tiedeman. Ginzberg can be considered to have instigated the move to a developmental view of vocational choice.

Ginzberg. Ginzberg's major contribution is the result of an exploratory study of the occupation choice patterns of adolescents (Ginzberg, Ginsburg, Axelrad & Herma, 1951). As a result of this study Ginzberg specified phases through which individuals move as they develop vocationally. Ginzberg, however, tended to view vocational development

as terminating in young adulthood, a view which was later challenged.

Ginzberg concluded that the process of vocational decision making was largely irreversible and inevitably had the quality of compromise. He also viewed many of the problems of vocational choice to be related to the storm and stress of adolescence viewing this stage of development from a psychoanalytical perspective as one of emotional turmoil (Ginzberg et al, 1951).

Super. Super is said to have formulated and published his first theoretical statements in response to the work of Ginzberg, which Super criticized on three accounts;

- 1) failure to take into account existing data on vocational behavior in developing a theoretical position,
- 2) limitations put on the process of vocational development and
- 3) Ginzberg's conclusion that the process of vocational decision making is largely irreversible and inevitably has the quality of compromise (Herr & Cramer, 1979, p. 92).

In response to the notion of compromise Super stated, "Surely this is the crux of the problem of occupational choice and adjustment: the nature of the compromise between self and reality" and further that "when wholesome development takes place the process is not so much one of compromise as one of synthesis" (Crites 1969, p. 123).

In contrast to Ginzberg, Super "interprets adolescence as a period of cultural adaptation during which the individual makes the transition from childhood to adulthood and engages in a process of exploration of the self and the world of work" (Crites, 1969, p. 183).

Super, in analyzing Ginzberg's theory and related research, in the light of the developmental plan of Charlotte Bueler, postulated

five stages of vocational development from childhood through to old age. Although developmental stages as outlined by Super would appear to be sequential and linear, Super acknowledges the cyclical process within the developmental progression and states, "The life stage processes continue more or less throughout life, repeating themselves in the sequence: initial - trial - stable - decline" (Super, 1969, p. 4). Super has consistently worked at synthesizing previous theories, and developing a theoretical framework which he as well as many colleagues have tested, refined, embellished and expanded over a period of 30 years.

Tiedeman. Tiedeman has not directed his attention at developing an integrated theory of vocational behavior. However, his research has been done in a developmental frame focusing on specific aspects of the process of vocational development.

Tiedeman focused on identifying stages in the decision-making process in relation to choosing a vocation. Tiedeman and his students have used various personality and developmental theories, notably Erikson's psycho-social crisis theory from which to analyse the decision making process (Tiedeman & O'Hara, 1963).

Tiedeman views adolescence as a period of identity development through the process of differentiation and integration, a process not, however, limited to the adolescent period. He stated, "Ego-identity is a psycho-social phenomenon. It is the crystallizing premises of existence which one forges both where one can and where one may in order to establish one's self in the world" (Tiedeman & O'Hara 1963, p. 4).

Tiedeman conceives of the steps in the decision making process of vocational choice as phases which recur at least in part with each decision. The pattern of recurrence is described by Tiedeman (1961)

as "first there is mostly exploration, crystallization, choice and specification. Next there is mostly a series of inductions. Then there may be several transitions. Finally, maintenance may dominate: "(p. 19).

Summary. The notion common to all three developmental theorists is that "decisions made in the selection of an occupation are made at a number of different points in the individual's life and ... they constitute a continuous process which starts in childhood and ends in early adulthood" (Crites, 1969, p. 100). More recently, Super particularly has elaborated on vocational development as a process continuing over the life-span. This view is in contrast to previous theories which assumed that vocational choice took place at a given point in time.

Borow (1964) compares the contributions of Super and Tiedeman in the following way. "In many respects Super is the Gesell of vocational behaviour: he is concerned with development, life stages, careful observation and cautious theorizing. Tiedeman is an eclectic who is concerned with the theoretical, the technical, and the mathematical problems of vocational development" (p. 177). Gibbons and Lohnes (1968) acknowledge Tiedeman's contribution to methodology, and in addition cite as his most outstanding contribution, his work on vocational self-concepts supplementing the work of Super.

#### Super's Theory of Vocational Choice

The developmental theories represent a logical progression of vocational choice theory. Super's theory is recognized as being the most comprehensive of the developmental theories and has been the most extensively researched. For these reasons vocational development theory as conceptualized by Super was chosen as the theoretical framework for this study.



The major test of Super's theory has been through the "Career Pattern Study" which began in 1951 and continues to date. The vocational development of a group of adolescents has been followed over a period of 25 years. Over the course of this study, Super has accommodated his theory to the findings. Consequentially, the theory itself is evolving in a developmental sequence, the subjects now having reached middle age.

Super and his students have elaborated on a number of concepts attempting to make the theory more explicit. In particular vocational self-concept, vocational maturity and exploration have received considerable attention. These concepts are central to this study. A more detailed description of these concepts is provided later in this chapter.

#### Stages of Vocational Development

Super's developmental orientation is evident in his postulation of the existence of discrete stages of vocational development, the occurrence of which can be predicted in time and sequence. For each stage, developmental tasks have been identified, the completion of which are prerequisite to success at the next life stage. As well, Super hypothesizes that vocational maturity can be assessed by determining the degree to which the individual has successfully completed the vocational tasks for the appropriate stage of development.

Herr and Cramer (1979) depict the life stages and developmental tasks of vocational development as currently conceptualized by Super as follows:

1. The growth stage extends from birth to 14 years. Substages are:
  - a) The fantasy stage (4-10 years) during which needs are dominant and role-playing is important;
  - b) the interest stage (11-12 years) during which likes are the major determinant of aspirations and activities;
  - c) the capacity stage (13-14 years) during which

abilities and job requirements are noted. The developmental tasks are developing a picture of oneself, an orientation to the work world and an understanding of the meaning of work.

11. The exploratory stage extends from 14 to 24. Substages are:
- a) The tentative stage (15-17 years). Needs, interest, capacities, values and opportunities are all considered, tentative choices are made and tried out in fantasy, discussion, courses, work, etc. Possible appropriate fields and levels of work are identified. The task is to crystallize a vocational preference.
  - b) The transition stage (18-21 years). Reality considerations are given more weight as the person enters the labour market and attempts to implement a self-concept. The task is to specify a vocational preference.
  - c) the trial-little commitment stage (22-24). A first job is found and tried out as a potential life work. Commitment is provisional. If the job is not appropriate, the person may reinstitute the process of crystallizing, specifying and implementing a preference. The task is to implement a vocational preference.
111. The establishment stage extends from age 24 to 44. Substages are:
- a) Trial-commitment and stabilization stage (25-30 years). Settling down, securing a permanent place in the chosen occupation. This may prove unsatisfactory resulting in one or two changes before the life work is found or before it becomes clear that the life work will be a succession of unrelated jobs.
  - b) Advancement stage (31-44 years). Effort is put forth to stabilize, to make a secure place in the world of work. For most persons these are the creative years, seniority is

acquired; clientele are developed; superior performance is demonstrated; qualifications are improved. The task is to consolidate and advance.

IV. The maintenance stage extends from age 44 to 64. The concern is how to maintain one's present status while being pressed by competition from younger workers in the advancement stage. The task is preservation of achieved status and gains.

V. The stage of decline extends from age 64 on. Substages are:  
a) deceleration (65-70 years). The pace of work slackens, duties are shifted, or the nature of work is changed to suit declining capacities. Many men find part-time jobs to replace their full-time occupations. b) retirement (71 years on). Variation on complete cessation of work or shift to part-time, volunteer, or leisure activities. The task is deceleration, disengagement and retirement (p. 95).

### Vocational Self-Concept

Self-concept theory is one of the major underpinnings of Super's theory of vocational development. The individual making the vocational choice is viewed as having a developing system of self-concepts made up of various self-concepts which may be different for different situations or role contexts and may vary in degree of organization. Each component of the self-concept is seen to have evolved through a developmental process. The vocational self-concept is viewed as one self-concept system. Super (1963) defines the vocational self-concept as "the constellation of self attributes considered by the individual to be vocationally relevant, whether or not they have been translated into a vocational preference" (p. 20).

An often quoted paragraph describes the relationship between self-concept and vocational choice as conceptualized and stated by Super (1953).

In expressing a vocational preference, a person puts into occupational terminology his idea of the kind of person he is; that in entering an occupation, he seeks to implement a concept of himself; that in getting established in an occupation he achieves self-actualization. The occupation thus makes possible the playing of a role appropriate to the self-concept (p. 185).

As well as describing the way in which self-concept is thought to influence vocational behaviour, Super specifies the process through which the vocational self-concept is seen to "form", be "translated" into vocational terms and become "implemented" in choosing a career (Super & Bohn, 1970). These three processes are described further with reference to related research.

Formation of the vocational self-concept. The process through which the vocational self-concept is formed is said to be basically one of reality testing involving exploration of the self and the environment, the differentiation of the self from others, the identification of the self with others who can serve as models and the playing of these roles with more or less conscious evaluation of the results. The vocational self-concept forms within a social context subject to many variables. Herr and Cramer (1979) refer to the process of "vocalionalization" which is influenced by psychological, sociological, cultural and economic factors which influence "effective career identity, decision-making ability and career maturity". More specifically, Lipsett (1962) identifies the following six social factors which interact with career development:

- a) Social class membership, e.g., occupation and income of parents, education of parents, place and type of residence, and ethnic background;
- b) Home influences, e.g., parental goals for the individual, influence of siblings, family values;
- c) School, e.g., scholastic achievements, relationship with peers and faculty, values of the school;
- d) Community - the "thing to do in the community", group goals and values, special opportunities and influences;
- e) Pressure groups - the degree to which an individual or his parents have come under any particular influence that leads him to value one occupation over another;
- f) Role perception - the individual's perception of himself as leader, follower, isolate, etc., the degree to which his perception of himself is in accord with the way others perceive him.

It has been suggested by Super (1969) that "the individual's starting point is his father's socioeconomic status; he climbs up the educational ladder at a speed fixed both by his psychological and social characteristics and by the resources provided by his family and environment (p. 3). Findings of Hollingshead (1949) in a major sociological study indicate that individuals from low socioeconomic classes may not aspire according to abilities but generally aspire to a level beyond that of their parents. Gibbons and Lohnes (1968) found a tendency to aspire to educational levels higher than one's parents but suggested that parent's values were

an important factor in the way in which the vocational self-concept becomes implemented. The significance of parents, particularly fathers, as role models in the son's vocational development in determining the choice (Jensen & Kirchner, 1955, Werts, 1968) and in influencing the son's ability to make a choice (Marr, 1965) is supported.

The status, value or prestige attached to an occupation may be shaped by the community in which one lives. Sewell & Orenstein (1965) found a relationship between the size of the community of the individual and the level of occupation aspiration. Youth reared on farms, rural areas or small towns aspired to lower prestige and lower paid occupations as compared to youth raised in large communities of higher population density.

Translation of the vocational self-concept. The translation of self-concepts into vocational terms is described as taking place through one or more of three processes (Super & Bohn 1970); identification with an adult role model, experience in a role in which one may be cast through circumstances, and learning through observation attributes which should make one fit a certain occupation. As the outcome of the process of translation one attains a clearer definition of one's vocational self, referred to as the crystallization of the vocational self-concept. The societal expectation would appear to be that the individual will have a clear definition of the vocational self prior to implementing a vocational choice. However, the age of crystallization of the vocational choice shows a wide range. The translation of the vocational self-concept

has become a recent focus of vocational development programs with emphasis being placed on work study programs, apprenticeship programs and experimental learning as ways of facilitating the transition from school to work (Super & Hall, 1978).

The degree to which the vocational self-concept becomes clearly defined during the translation process is seen to influence the stability of the vocational choice. Rogoff (1959) in a major study entitled "The Decision to Study Medicine" found that early deciders tended to be more certain of their choice, more enthusiastic about their choice and more likely to be influenced and encouraged by their families. Watley (1965) found that late deciders studying engineering were lower in achievement scores and withdrew more frequently.

Once translated, the vocational self-concept tends to be maintained. Stephenson (1961) found that medical student rejects tended to remain in medically related fields. Norrell and Grater (1960) found degree of self-awareness to be an important determinant in ability to predict one's vocational interests. Blocher and Schultz (1961) found that an individual's vocational self-concept description and description of ideal self tended to be similar to the stereotype of the occupation of interest. Oppenheimer (1966) as well found expressed occupational preferences to be consistent with self-concepts.

Implementation of the vocational self-concept. In implementing one's vocational self-concept "The individual seeks and obtains the specialized education or training needed for the occupation to which he aspires, or he seeks and finds

employment in it. Finding it. Finding it, he consolidates his concept of himself as a worker" (Super & Boh, 1970, p. 148).

The process of implementation has been studied by determining the amount of congruence between the translated vocational self-concept and the perception of the vocation the individual has chosen. Englander (1960) found that self-perceptions of education students tended to be in agreement with their perceptions of nursing students were more similar to nurses than to teachers.

In implementing a vocational self-concept, it is hypothesized that a perceived discrepancy between the vocational self-concept and the vocational role expectations will lead the individual to make some type of change to overcome this discrepancy. Warren (1961), in a study of students who had changed majors, found some indication that students whose vocational self-concept did not fit the vocational role expectations tended to change majors. However, in this study, grade point average seemed to be the overall most important factor. Kibrick and Tideman (1961) found some indication that persistence in nursing training was a function of role agreement between the supervisor and the trainee with respect to nursing. Gonyea (1961) in a study of job perceptions of college students found that where a discrepancy existed, there was a tendency to distort the concept of the role to be more in agreement with the individual's vocational self-concept. Brophy (1959) in a study of employed nurses found vocational satisfaction to be



inversely related to the discrepancy between vocational self-concept and vocational role. Interestingly, in this study, correlation between general satisfaction and vocational satisfaction was not significant.

In formulating and implementing a vocational preference, individuals seemingly are capable of fine distinctions in differentiating vocational selves, Anderson and Barry (1965) found that discrepancies in role perceptions were present even for closely related health professions.

Herr and Cramer (1979) support the view that "implementations of self-concept does not always just perpetuate the status quo, but rather in some instances it actualizes the self through exposing the self to experiences which will cause one's talents, capabilities and interests to be expanded" (p. 117). In fact a number of vocations and professions purposefully engage in bringing about a change in vocational self-concept. Merton describes the process through which medical students are socialized into a profession, behavior change is cultivated and a change in self-concept is anticipated (Merton, Reader & Kendall, 1959).

Summary. The process of development of one's vocational self-concept parallels the development of the self-concept. One's vocational self-concept can be viewed as one of the self-systems of the self-concept. Super refers to three processes in the development of the vocational self-concept; formation, translation and implementation. In the process of formation numerous variables which influence one's early socialization such as experiences in the family, school and community are perceived to shape vocational self-concept. One's socio-economic background is seen to influence the level of occupation to which one aspires. Findings suggest individuals aspire to an educational and occupational level beyond that of one's parents. However, in certain occupations, i.e.

the professions, males appear to follow in their father's footsteps. Size of community of origin appears to be an important variable in that individuals from urban centers appear to aspire to higher status occupations than do individuals from rural communities. In addition, individuals may tend to select occupations which carry status in the particular community in which they were raised.

The vocational self-concept becomes translated through a process of identification with role models, chance experience with occupations and/or learning through observation. Through the translation of the vocational self-concept one is able to specify an occupation with some certainty. It appears that individuals who have decided on a vocational preference with some certainty (crystallization of choice), prior to implementing a vocational self-concept, tend to persist in their chosen field and even if unsuccessful in pursuing their vocational preference, persist in related fields.

In implementing a vocational self-concept an individual can be viewed as selecting a vocation in which the occupational role will be congruent with the vocational self-concept. When this congruence does not occur it appears that individuals leave the occupation, distort their perception of the occupation or express dissatisfaction with the occupation. Another possibility however, is that an individual's vocational self-concept changes or develops through the process of implementing the vocational self-concept, as in fact some vocational and professional programs consciously set out to do in "socializing" the individual into a particular role.

Vocational self-concept and choice of psychiatric nursing. In the formation of the vocational self-concept in relation to psychiatric nursing, experiences which oriented the individual towards the helping professions or specifically generated the idea of psychiatric nursing as a vocation would be expected. Other social variables related to family or community background would be expected to have influenced the choice with respect to the status of the vocation.

In the translation of the vocational self-concept experiences which provided opportunities for identification with the helping professions or specifically with psychiatric nurses would be expected.

In implementing a vocational self-concept it would be expected that individuals are choosing a program and field congruent with their vocational self-concept. Where this does not occur as may be the case with applicants entering psychiatric nursing having first chosen general nursing, discrepancies between the vocational self-concept and the role expectations of the vocation of psychiatric nursing would be expected. Such discrepancies would be expected to result in the individual leaving the vocation of psychiatric nursing, or expressing dissatisfaction with their vocational choice. Alternately, in the process of implementing a vocational choice through experiences as students or graduates, individuals could be expected to undergo changes in their vocational self-concept.

#### Vocational Maturity

Vocational maturity can best be described as a measure of the appropriateness of the behavior to the vocational task to be completed at a particular stage of development. The concept of vocational maturity is closely linked to a number of other vocational concepts such

as vocational developmental stages and tasks, coping behaviors and vocational adjustment. The study of vocational maturity has been pursued in the interests of facilitating vocational development and thereby increasing vocational success and satisfaction. Super pioneered the study of vocational maturity and related vocational concepts. Super's work has been enhanced through the work of a number of colleagues as well as the work of Tiedeman and his associates through two major longitudinal studies. Research evolving from these major studies has focused on various aspects of vocational development, one of these being the measurement of vocational maturity.

The concept of vocational maturity has meaning only in relation to a frame work of vocational development. Since the concept has emerged largely from the work of Super, the stages of vocational development as described by Super are the usual reference point in assessing vocational maturity. As described previously, for each stage of vocational development there is a vocational task to be mastered. For example, during various sub stages of the exploratory stage (i.e. the tentative stage, the transition stage and the trial-little commitment stage) extending from 14 to 24, the tasks in sequence are to crystallize a vocational preference, to specify a vocational preference and to implement a vocational preference. Vocational maturity is determined by assessing the vocational task in relation to the expected behaviors for a particular stage of vocational development.

Research has been directed at determining the behaviors which can be considered to be indices of vocational maturity for a particular stage of development. Much of this research has focused on the exploratory stage of development with the result that there is greater clarity

concerning indices of vocational maturity for this stage than for subsequent stages of vocational development.

In attempting to determine and measure behaviors considered to be indices of vocational maturity, it has become apparent that individuals behave in a variety of ways when proceeding from one developmental stage to the next. The repertoire of behaviors utilized by individuals in proceeding or failing to proceed from one vocational developmental stage to the next are referred to as coping behaviors. The use of appropriate coping behaviors is said to lead to vocation adjustment. Super (1977) differentiates between vocational adjustment and vocational maturity by indicating that, "the vocationally adjusted person is one who is doing what he likes to do and is a success at doing it; the vocationally mature person is one who is coping with tasks appropriate to his life stage in ways which are likely to produce desired outcomes" (p. 294). Therefore it would be expected that the use of inappropriate coping behaviors would tend to result in failure or delay in resolving the vocational developmental task with subsequent vocational maladjustment.

Summary. The relationship between these concepts can be described as follows. In order to resolve successfully the vocational task for a particular stage of vocational development the individual engages in vocational behaviors appropriate to the vocational task. The resolution of the vocational task facilitates the transition from one developmental stage to the next. The vocational behaviors the individual engages in are considered to be indices of vocational maturity. Vocationally mature behavior is assumed to result in a successful transition from one developmental stage to the next and therefore vocational maturity is expected

to be a predictor of vocational adjustment.

In establishing the validity of the concept of vocational maturity research has been directed firstly at identifying behaviors which constitute indices of vocational maturity, secondly at demonstrating that these behaviors constitute a behavioral domain which both persists and shows growth or change over time and thirdly illustrating that the presence or absence of the behavior(s) is predictive of vocational adjustment.

Despite the concerns and difficulties inherent in studying a concept which is developmental in nature, the concept of vocational maturity has appeal largely because of the expected positive relationship to vocational adjustment.

Rationale for the study of vocational maturity. As a rationale for undertaking the major longitudinal study, the "Career Pattern Study". Super stated that "especially in years of political and social crisis, it is important to the individual and to society that time and resources not be wasted in unnecessary educational or vocational floundering" (Super & Overstreet, 1960, p.11). Although there is limited evidence to support the proposition that vocational maturity is predictive of vocational adjustment, a number of studies support the proposition that success with one stage of vocational development leads to success with the subsequent stage. (Findings in support of this proposition are discussed in the section to follow). The exploratory stage of vocational development focusing on the task of crystallizing, specifying and implementing a vocational preference has been the most researched.

In relation to the crystallizing of a vocational preference resulting in successful implementation of a vocational choice, Rogoff (1959) found that young deciders to medical school (i.e. those applicants who always

knew what they wanted to do) tended to be vocationally adjusted as students in that they expressed satisfaction with their choice. (Whether these early deciders remained vocationally adjusted is not answered by the study.) Watley (1965), in a study of students entering engineering found that late deciders tended to be maladjusted as students. Students who had decided on engineering during the final year of high school as compared to students who had decided during elementary school, junior high or earlier years of high school, obtained lower G.P.A. scores, withdrew more frequently, tended to be, in "scholastic trouble" when they left, had lower ability scores and had interests less appropriate to engineering. Holland and Holland (1977) found a negative correlation between vocational indecision and identity factors as well as with some career maturity variables as measured by the Career Maturity Inventory.

A different approach for examining the importance of successfully completing one developmental task in order to proceed with the next, has been to compare students who made vocational choices congruent with their aptitudes with students who made non-congruent choices or who were undecided. Spokane, Malett and Vance (1978) found that students who made choices congruent with their aptitudes made fewer curriculum changes, were more differentiated in interests and aptitudes and were more academically oriented. Walsh and Osipow (1973) found that male and female freshmen students who were congruent in their vocational choice reported "more specificity of occupational planning, implementation of vocational preferences, and planful daydreaming than undecided males and females." They also had "more knowledge and application of decision-making principles, awareness of sources of occupational information, and awareness of the role of abilities, interests, and values in

occupational choice" (p. 293). The behaviors reported by Walsh and Osipow have in previous studies been considered to be indices of vocational maturity.

These findings suggest that vocational maturity as indicated by the presence of certain behaviors or the resolving of the vocational task of crystallizing a vocational preference, leads to success in implementing a vocational choice (i.e. seeking and obtaining a specialized education or training or seeking and finding employment). The question of whether vocational adjustment during the early stages of implementing a vocation leads to vocational adjustment in later stages is not addressed by these studies.

Longitudinal support. The major test of vocational development theory and in particular the concept of vocational maturation has been through the longitudinal study beginning with the exploratory stage of vocational development. The two major longitudinal studies, the Career Pattern Study under the direction of Super, and Emerging Careers under the direction of Tiedeman, have focused on this theoretical issue.

The *Career Pattern Study* represents the major test of vocational development theory as conceptualized by Super. The study, beginning in 1951, follows the vocational development of a group of 200 males from the 9th grade through to career retirement. The 9th grade was selected as a starting point because in the structure of the school curricula this represents a choice point at which certain decisions have to be made. In this study an interview schedule was used which has since been developed into the Career Development Inventory. This interview schedule was developed from interview data obtained by counselors analyzed for content utilizing vocational development theory as



conceptualized by Super. Twenty indices of vocational maturity were selected which were classified in five categories as follows:

Orientation to vocational choice

- a) concern with choice
- b) use of resources in orientation

Information and planning about the preferred occupation

- a) specificity of information about the preferred occupation
- b) specificity of planning for the preferred occupation
- c) extent of planning activity

Consistency of vocational preferences

- a) within fields
- b) within levels
- c) within families (field and levels combined)

Crystallization of traits

- a) degree of patterning of measured interests
- b) interest maturity (Strong Blank Score)
- c) liking for work
- d) patterning of work values
- e) extent of discussion of rewards of work
- f) acceptance of responsibility for choice and planning
- g) vocational independence

Wisdom of vocational preference

- a) agreement between ability and preference
- b) agreement between measured interests and performance
- c) agreement between measured interests and fantasy preference
- d) agreement between occupational level of measured interests

and level of preference

e) socio economic accessibility of preference

These five categories formed the basis for an interview schedule which included a detailed scoring manual.

The first phase of the study involved intensive data collecting in relation to the characteristics, experiences and background of the subjects and an analysis of the employment opportunities in the area. IQ scores, grades and other standard tests such as The Strong Vocational Interest Blank were also used as sources of data. Scores were obtained for all subjects on the 20 indices of vocational maturity at the beginning of the study (the 9th grade), as subjects finished high school and again at age 25. Inter-item correlations were obtained on the 20 indices.

The indices which correlated with one another and were therefore considered to fit with the vocational tasks for the exploratory stage were; concern with choice, acceptance of responsibility, specificity of information and specificity of planning. Wisdom of preference did not correlate significantly with other indices. It appeared that over half of the 9th graders had made unwise choices as determined by discrepancies between measured abilities and vocational preferences. (Super & Bohn, 1970; Super & Overstreet, 1960).

Super (1969) in discussing this study specifies two major findings. "Firstly, the presumed indices of vocational maturity widely used by counselors did not correlate with each other as should measures of the same basic variable, whereas a series of novel indices assessing the planfulness and time perspective of the boys did have construct validity. Secondly, the level of vocational

development attained by these 9th grade boys strongly suggests that they were not ready to make sound vocational or prevocational decisions. They had not attained an understanding of themselves nor of the world of work which would justify deciding on curricula leading toward certain types of occupations rather than towards others. Vocational maturity did appear to be related to ability, to opportunity for the arousal of interests and for the use of abilities and to taking advantage of such opportunities" (p. 4).

The second phase of the Career Pattern Study involved the retesting of the subjects in the 12th grade on the 20 indices of vocational maturity. The factors which correlated from the 9th to the 12th grade were "factors of occupational information". Scores in relation to occupational information such as "training and hours, awareness of factors and of alternatives in occupational choice" tended to correlate over the three year period as did wisdom of preference measures, whereas factors related to "planning, acceptance of responsibility, information concerning other aspects of the preferred occupation and awareness of contingencies" were not reliable (Super 1969, p.5).

Educational and work histories were obtained on some 200 of the original subjects at age 25. At this time, work or educational histories were classified according to the quality of coping behaviors, identified as floundering, trial, instrumental, establishing or coping. Coping behaviors were dichotomized as stabilizing or floundering. "About 80% of the subjects were engaged in positive, stabilizing, coping behavior at age 25." Of the stabilizing group approximately 50% had "foundered" earlier but were progressing. The remaining 20% were considered to be not handling their developmental tasks well. Super (1969) concluded

that "The prevalence of floundering during the early twenties is clear, as is the fact that settling down does indeed begin in the mid-twenties" (p. 5).

In determining the ability of vocational maturity measures to predict vocational adjustment, "career development and career behavior measures, college grades if applicable and self-estimates of occupational and career success and satisfaction at age 25" were the criteria used for determining vocational adjustment. Those vocational maturity factors related to occupational information, planning, and interest maturity in the 9th grade were predictive of vocational adjustment at age 25. Agreement of preferences with personal characteristics, and consistency of vocational preferences were not predictive of vocational adjustment at age 25. In the 12th grade factors related to information about the preferred vocation were positively related to vocational adjustment. "Measures of awareness of choices to be made and of information and planning bearing on the choices, which seemed to have some construct validity in 9th grade, do have both 9th and 12th grade predictive validity for vocational development in young adulthood." Super is encouraged by the findings and states "By age 18 vocational development has progressed far enough so that information concerning the preferred occupation, planning and interest maturity are related to success, to vocational coping behavior, at age 25." (Super, 1969).

Other significant findings, however, relate to the predictive validity of the variables of "social status, intelligence, grades, and participation in school and community activities." Super (1969) tends to view these findings positively and suggests that the findings

indicate that individuals who have opportunities and make use of these opportunities in high school tend to also make good use of career opportunities. Holland and Whitney (1969), however imply that these findings do not support the concept of vocational maturity, suggesting that the study "was marred by unfriendly data", and indicating that "the investigators found that widely used standard measures in educational and vocational guidance, such as intelligence or parental occupation were better predictors of vocational development in young adulthood than the theoretical measures developed especially for that purpose" (p. 232).

More recently the focus of the Career Pattern Study has been on vocational maturity in mid-career (Super, 1977). One of the tasks of the researchers for this developmental stage has been to develop a tool to assess vocational maturity in adulthood. Because of the diversity of the group the measure of vocational maturity was required to either "cover only those aspects of vocational maturity which are common to most adults, or be designed for special target populations which have certain experiences and certain career development problems in common" (p. 298). For the purpose of the Career Pattern Study a tool which measured vocational maturity factors common to people in a variety of occupations was needed. Because planfulness had emerged as the most important group factor in several analysis, and because "it appeared to be a factor which could be assessed with content applicable to all types of occupations, at all literate socio economic levels" (p. 299) this factor was chosen in developing the tool known as the Career Development Inventory - Adult Form. Although no findings as yet are reported in relation to the subjects in the Career Pattern Study at mid-career, the Career Development Inventory is said to have been tested

on a variety of subjects. Findings as reported by Super indicate that "scores reflecting relative concern for the career development tasks of Exploration, Establishment, Maintenance, and Decline show expected relationships with job satisfaction, career satisfaction and career establishment, and career success" (p. 301).

The second major longitudinal study testing vocational development theory and the concept of vocational maturity was the study *Emerging Careers* (Gribbons & Lohnes, 1968). This study was undertaken as part of the Harvard Studies in Career Development under the direction of Tiedeman and was inspired by the theoretical formulations and research of Super setting out to complement the Career Pattern Study utilizing somewhat different methods. The study followed the vocational development of a selected sample of 57 boys and 54 girls from the 8th grade to 2 years past high school, measuring vocational development at two year intervals on the Readiness for Vocational Planning Scales. This tool was based on the indices identified in the Career Pattern Study and constructed from the scoring of interview material. The tool yielded eight scores as follows:

- I. Factors in Curriculum Choice
- II. Factors in Occupational Choice
- III. Verbalized Strengths and Weaknesses (and their relation to the vocational choice)
- IV. Accuracy of Self-Appraisal
- V. Evidence for Self-Rating (Quality)
- VI. Interests (awareness of them and their relation to choice)
- VII. Values
- VIII. Independence of choice

Correlation of scores for each of the 8 factors were determined from scores obtained at two year intervals from the eighth grade to two years after high school.

Findings indicated that vocational maturity scores increased from grades 8 to 10. Scores in the 8th grade were better predictors of 12th grade educational and occupational planning than were scores in grade 10. Scores in the 8th grade were also better predictors of educational and occupational aspirations in terms of field and level of actual occupation two years after high school as well as post high school career adjustment. However, findings were considered to be at odds with theory and Readiness for Vocational Planning scores from junior and senior high school had no relationship to subsequent differential career processes or behaviors.

Despite contradictory findings, Gibbons & Lohnes (1968) conclude that "vocational maturity is a most meaningful concept, that it is emergent with the passage of time, that it is persistent over time, and that it is differentiated into a multidimensional syndrome of traits, the kernel of which is informed planfulness" (p. 103).

Super (1969), indicates that factors in relation to vocational maturity were conceptualized and operationalized differently than in the Career Pattern Study and attributes discrepancies between studies to this difference.

In addition, Gibbons and Lohnes applied a Markov chain model to some of their longitudinal data in studying differential career processes by relating coping behavior at one point in time to the next (Super & Bohn, 1970, p. 128). Their findings indicated that close to half the subjects were making poor vocational adjustments two years after high

school and that success was significantly related to differential career processes such as emerging maturity (passage through the stages and tasks of Super's developmental model), or constant immaturity (persistent fixation on fantastic, unrealistic goals, with no advances in achieved level) while in high school.

Super (1969) however suggests that coping behaviors were incorrectly interpreted by Gribbons and Lohnes, as stages which the individual is expected to move through rather than alternative behaviors utilized in dealing with developmental tasks.

Although initially the plan was to continue the "Emerging Careers" study for a further five years, in attempting to clarify the basic concepts of vocational development, Tiedeman and colleagues reportedly found themselves constrained by current definitions and methods of research and were led away from the concept of vocational maturity (Field, Kehas & Tiedeman, 1963). The subsequent direction taken by Tiedeman was to work on sub plans within the developmental structure, focusing particularly on the decision-making process, and on developing a psychosocial model of his own. (Borow, 1964).

Colleagues of Super, however, have continued to focus on the refinement and measurement of vocational maturity.

The measurement of vocational maturity. In both the Career Pattern Study and Emerging Careers a major focus of researchers was the measurement of vocational maturity. In the Career Pattern Study the tool initially used was referred to as The Interview Schedule, later refined into the *Career Development Inventory* (CDI). (An adult form has since been devised.) Gribbons and Lohnes developed an interview schedule known as the *Readiness for Vocational Planning* scale (RVP) for use in



the study *Emerging Careers*. Crites (1965) focusing particularly on the measurement of vocational maturity in adolescents developed an extensive attitude scale initially known as the Vocational Development Inventory and later as the *Career Maturity Inventory* (CMI). Westbrook and Mastie (1973), have contributed the *Cognitive Vocational Maturity Test* (CVMT).

Norton (1970) in a discussion of these four tools found considerable overlap in the behaviors measured and indicated that some of Gibbons' and Lohnes' criteria and all of Crites' and Westbrook's criteria fit with Super's indices. Westbrook and Mastie (1973), however, in comparing the Crites' Career Maturity Inventory (CMI), Super's Career Development Inventory (CDI) and Westbrook's Cognitive Vocational Maturity Test (CVMT) indicate that the measures "differ substantially in areas covered, item content, and methods of development"(p. 15). A criticism of vocational maturity scales levelled specifically at the scale of Crites has been that scores do not rise monotonically from grade to grade (i.e. 12th graders tend to make lower mean scores than 11th graders). Super takes this finding to mean that development does not proceed evenly. Other critics point out that "the most notable pattern is that younger respondents say 'yes' while older (mature?) respondents say 'no' to more of the questions". (Norton, 1970, p. 168). In the newer version of the Crites scale (Crites, 1978) this problem has been addressed and scores are said to increase monotonically with age.

In comparing the former Crites' CMI attitudinal scale with the Super CDI scale (both the cognitive and attitudinal section), Westbrook and Mastie (1973) report that the CMI correlates much higher with the cognitive portion of the CDI ( $r = .42$ ) than with the attitudinal portion

( $r = .13$ ). Westbrook and Mastie (1973) suggest that the CDI is yielding very different kinds of information and possibly a more accurate picture of the subjects' attitudes. The CDI is also reported to correlate highly with Gribbons' and Lohnes' Readiness for Vocational Planning (RVP) scale. This instrument is stated to have some predictive validity. Concerns over the Cognitive Vocational Maturity Test (CVMT) are related to the high inter-correlation of the subtests raising the question of the uniqueness of the subtests, as well as the high correlation between CVMT scores and mental ability. Scores on the CMI also are shown to have a fairly high correlation with mental ability, achievement and grade point average. This raises the question of to what degree these two tests are measuring something distinct from cognitive strengths. The most accurate description of the vocational maturity measure would seem to be that these "measures are an attempt to assess 'the readiness of the individual to make decisions that are called for at given decision points'" (Herr & Cramer, 1979, p. 344).

Despite the attention directed at the measurement of vocational maturity the questions of what it is, how it is best measured and its predictive validity as a concept persist. As concluded by Westbrook and Mastie (1973), "more research studies are needed to relate these vocational maturity measures to a variety of vocational adjustment indicators. And more studies should be designed to shed light on the entire construct of vocational maturity" (p. 15).

Summary. The concept of vocational maturity is complex. The focus of research has been to identify the particular behaviors which can be considered to be the indices of vocational maturity. This is complicated by the additional criteria that these behaviors must be

demonstrated to constitute a behavioral domain which persists over time but which also develops or shows some growth. Consistent with the notion of vocational development, vocational tasks are expected to differ according to one's stage of vocational development. Vocational maturity is a measure of the appropriateness of the vocational behavior to the vocational task to be completed at a particular stage of development.

The major longitudinal studies of vocational development (The Career Pattern Study and Emerging Careers) validate the concept to some degree by demonstrating the persistence of certain qualities or characteristics of behavior which are emergent over time in relation to the process of vocational development. A number of behaviors have been identified as factors in vocational maturity determined by the study of individuals during the exploratory stage of vocational development. Of the factors identified (Super & Overstreet, 1960), the factors which correlated with one another were concern with choice, acceptance of responsibility, specificity of information and specificity of planning. These items are collectively referred to as an "informed planfulness" and would seem to constitute vocational maturity in the exploratory stage of vocational development. The study of what constitutes vocational maturity in the adult is much more recent and limited in its findings. However it appeared that "informed planfulness" is a useful index of vocational maturity in the adult as well as the adolescent.

The predictive validity of the concept of vocational maturity is not clearly established. Although there is evidence to suggest that success with one vocational development task increases the likelihood of success with the successive developmental task, whether this is

predictive of vocational adjustment is not established.

A substantial number of individuals appear to not progress in the expected pattern from one developmental task to the next. Findings from the major longitudinal studies suggest that there is considerable variation in coping behaviors used in dealing with the vocational tasks at various stages of development.

A number of tools have been developed to measure vocational maturity. Although there is an area of overlap in the factors the tools are presumed to measure, there is considerable breadth in areas and in the content of items in the various tests. Lack of agreement as to what the tools are measuring is evident and concern is expressed that certain measures may not be measuring a unique factor in vocational maturity but may be measuring a coexisting factor such as mental ability. Assuming that these tools are measuring vocational maturity, the ability of these measures to predict vocational adjustment is not established.

#### Vocational maturity and the vocational choice of psychiatric nursing.

In order to successfully implement a vocational choice, individuals entering psychiatric nursing would be expected to have definitely decided on psychiatric nursing as a vocation and have engaged in the necessary planning to enter the program. This planning would be expected to have begun well in advance of entering the program and would involve such things as completion of the necessary pre-requisites, completion of application forms, financial planning, etc. In addition, assuming responsibility for vocational planning would be expected to relate to vocational maturity as would past achievement, age and previous work experiences.

Individuals who made last minute decisions, who had not engaged in

appropriate planning or who did not assume responsibility for determining and implementing a vocational choice would be expected to be less successful in implementing a vocational choice and not persist in the chosen vocation.

### Vocational Exploration

Vocational exploration is described as both a stage in vocational development and as behaviors engaged in by an individual at any life stage in choosing, adjusting to, or progressing in an occupation. Super has outlined the exploratory stage of vocational development as one beginning in adolescence at age 14, and extending to young adulthood, age 24 (Herr & Cramer, 1979). Jordaan (1963), although in agreement with the theoretical framework of Super, has focused on exploratory behavior in a broader context, and not solely as a behavior related to a particular stage of vocational development. Jordaan has focused on the nature of vocational exploration attempting to make the concept explicit.

These two positions are complimentary rather than mutually exclusive and are described in more detail.

Exploration as a stage of vocational development. Exploration as described by Super is a stage of vocational development during which time the adolescent is increasing his understanding of reality through searching out new perspectives and testing himself in new experiences. Super interprets adolescence as "a period of cultural adaptation during which the individual makes the transition from childhood to adulthood and engages in a process of exploration of the self and the world of work". The exploration is said to take place in the "three primary areas of socialization, the home, the school and the work setting".

Experiences in these settings are used "to clarify impressions of self gained in childhood, to increase information about occupations and to achieve a synthesis of these conceptions of self and work in the expression of a vocational choice . Having gained a tentative idea of vocational choice, the individual "enters the transition period between school and work characterized by reality testing" (Crites, 1968, p. 183). Exploration is considered to be essential to the adolescent for the completion of the task of crystallizing and eventually specifying a vocational choice which can be embarked upon with confidence.

Exploration as a vocational behavior. In defining exploration Jordaan (1963) states, "Vocational exploratory behavior refers to activities, mental or physical, undertaken with the more or less conscious purpose or hope of eliciting information about oneself or one's environment, or of verifying or arriving at a basis for a conclusion or hypothesis which will aid one in choosing, preparing for, entering, adjusting to or progressing in, an occupation" (p. 59). Jordaan indicates that exploratory behavior occurs at anytime in the life cycle and is likely to occur proceeding and following entry into a new life stage, whenever there is a change in the individual's biological, social or occupational status and during periods of uncertainty and complexity.

Exploratory behavior can be systematic or random, intended or fortuitous, self-oriented or environment-oriented, self-initiated or other-initiated. However, purposeful exploratory activities with external aspects are considered to be more beneficial than random exploration existing only in mental processes.

Jordaan suggests that there is a complex relationship between the individual's exploratory behavior and the individual's knowledge of

self in that the individual must be able to take in new information for exploration to be useful. He describes this interaction in detail in attempting to make the concept of exploration explicit enough to be studied empirically.

The anticipated outcomes of vocational exploratory behavior are increased self knowledge and increased and more specific knowledge of occupations. Knowledge gained through exploration can be expected to result in a change in a vocational or educational objective, clearer formulation of objectives or more realistic or specific plans for reaching the objective.

Research findings. The exploratory stage of vocational development has been the initial focus of major longitudinal studies of vocational development and has been described by Super, Gribbons and Ginzberg (Super & Overstreet, 1960, Gribbons & Lohnes, 1968, Ginzberg et al 1951). In both the *Career Pattern Study* and *Emerging Careers* a prevalence of floundering in the transition from school to work was found. Findings of the "National Assessment of Educational Progress" also indicated that "high school students have not explored the world of work adequately, lacked needed information, and typically do not know what information to seek or how to seek it" (Super & Hall, 1978, p. 346).

In recognition of the difficulties encountered in the transition from school to work a number of programs have been introduced into the school system to facilitate vocational exploration classified by Super as "intended and other initiated" exploratory experiences. (Super & Hall 1978). In relation to this type of program Super states "intentional, other-initiated, systematic exploratory activities thus planned, carried out, and evaluated have in several studies, in several different

settings proved effective" (p. 346). However, Super also indicates that the effects of most programs have been difficult to assess because they have not been systematically planned, have not been implemented as an integral part of the education system and have not been systematically evaluated.

Despite the research framework developed by Jordaan, empirical testing of the concept of vocational exploration has gone virtually unnoticed. Super suggests that "studies are needed which analyze programs and activities in those terms to make it possible to isolate each type of exploratory behavior and thus to evaluate its contribution to vocational maturity and adjustment" (Super & Hall, 1978, p. 349).

A number of studies are cited by Super which demonstrate that job applicants who received realistic information about the job they were considering showed later lower turnover rate than those who received traditional positive information (Super & Hall 1978). Katzell (1968) in a study involving nursing students found a lower drop-out rate for students who received realistic information.

In summary, findings in relation to exploratory behavior appear to be limited. The exploratory stage of development has been described by several theorists. Vocational floundering has been identified as a relatively frequent occurrence in the transition from school to work. There is some evidence to suggest that programs in the school system which promote vocational exploration are successful in facilitating the transition from school to work. Realistic job information appears to have the effect of reducing later turnover.

Exploratory behavior and choice of psychiatric nursing. In order to determine the choice of psychiatric nursing with confidence,



individuals would be expected to have engaged in some exploration of their own abilities, of the program and of the field of psychiatric nursing. Individuals who entered the program without having engaged in exploration would be expected to be uncertain of their choice and possibly not persist with their choice.

Individuals entering the program just out of high school would be expected to engage in more trial and floundering and possibly utilize the program as a source of vocational exploration. Whereas individuals making mid-career changes or first implementing a vocation in later life would be expected to have engaged in more exploration by virtue of their life experiences.

#### Sex-Role Stereotyping and Vocational Choice

Current research in relation to sex-role stereotyping of vocations has focused on determining if differential career development patterns exist for the sexes, and in determining what factors influence the individual to break with the traditionally expected vocational role. The major focus has been on sexual stereotyping in relation to female vocations.

Research Findings. In relation to the question of whether a differential vocational development pattern exists for the sexes, Zytowski (1969) tested a number of hypotheses in relation to the vocational development of females concluding that a differential pattern did exist. However, he expressed the hope that social change would ultimately render such a theoretical formulation obsolete. Lunnenborg (1978) found no difference in career decision making styles between males and females suggesting that differential career counselling on the bases of sex difference was not indicated.

In comparing women who chose female dominated careers with women who chose male dominated careers, Crawford (1978) found that women who chose traditional female careers were more conservative in relation to their perception of the female role, and their maternal models were less educated and less likely to work outside the home. Findings also suggested that a role model or strong motive was needed to break with the traditional pattern. Harren as well found that females with liberal views of appropriate female role behavior were more likely to choose male-dominated careers. As well males and females who self-ascribed feminine sex-role characteristics tended to choose female dominated occupations (Harren, Kass, Tinsley & Moreland, 1979).

Sex-role stereotyping and choice of psychiatric nursing. Assuming that psychiatric nursing is characteristic of traditional female vocations, females entering the program would be expected to have maternal role-models who are less educated and less likely to work outside the home. Males entering the program would therefore be entering a non-traditional male vocation and would be expected to have been influenced by role-models and possibly have a more liberal view of appropriate male-role behavior.

#### Formulation of the Research Questions

Super's theory of vocational development and the related concepts of vocational self-concept, vocational maturity and vocational exploration, and findings in relation to sex-role stereotyping in vocations have been described to provide a framework for determining vocational choice patterns and behaviors of subjects in this study. The concepts have been described in relation to their implications for individuals choosing and entering the vocation of psychiatric nursing. From this discussion, the following research questions have been formulated.

The four central research questions are:

- 1) Do graduates persist in the field of psychiatric nursing?
- 2) Is there a relationship between vocational self-concept of applicants in relation to psychiatric nursing and persistence in the program and in the field of psychiatric nursing?
- 3) Is there a relationship between vocational maturity of applicants and persistence in the program and in the field of psychiatric nursing?
- 4) Is there a relationship between vocational exploration of applicants and persistence in the program and in the field of psychiatric nursing?

In addition the following questions are asked in relation to the three vocational concepts: vocational self-concept, vocational maturity and exploration, and the influence of sex-role stereotyping.

- 1) Is there a difference in the vocational self-concept of applicants who initially apply to general nursing in comparison with those who apply directly to psychiatric nursing?
- 2) Is there a relationship between social variables such as occupation and education of parents, size of community of origin, or status of a particular vocation in community of origin and vocational self-concept?
- 3) Is there a relationship between completion of age appropriate vocational tasks and vocational maturity?
- 4) Does vocational maturity increase monotonically with age?
- 5) Is there a relationship between vocational maturity and achievement?
- 6) Is there a relationship between accuracy of information obtained

during vocational exploration and persistence in the field of psychiatric nursing?

- 7) Do female applicants have characteristics of females entering traditional female vocations?
- 8) Do male applicants have characteristics of individuals breaking with traditional sex-role appropriate vocations?

In this chapter the selection of subjects is described as is the development of the questionnaire, the procedures for administering the questionnaire and the method by which the questionnaire was scored.

### Subjects

The population surveyed in this study was the graduates of the Psychiatric Nursing Program in the British Columbia Institute of Technology from the years 1974 to 1979 inclusive. This was the group of primary interest in relation to predicting persistence in the field of psychiatric nursing on the basis of vocational choice behaviour.

In addition to the graduates, the students in the program as well as former students who had entered with the classes presently enrolled but had since withdrawn were included for purposes of comparison. The hypotheses were based on vocational development theory which predicts changes in behaviour over time. Therefore subjects at various stages of progression towards becoming a psychiatric nurse were included.

Graduates. The entire population of 391 graduates from 1974 to 1979 was surveyed in the study. Within the group were two subgroups; a) single diploma graduates who having completed a psychiatric nursing program, were eligible for registration as a Registered Psychiatric Nurse (R.P.N.) and for employment in the field of psychiatric nursing, and b) double diploma graduates who having completed a second diploma, were eligible for registration as both an R.P.N. and an R.N. and for employment in other fields of nursing. The proportion of single diploma to double diploma graduates was not known prior to the study. However, at the time of the study, 23.02% of the graduates were known to have subsequently obtained a second diploma in general nursing from B.C.I.T. In addition, 1.28% of the graduates of the

program had completed a general nursing program prior to entry. The proportion of single to double diploma graduates who participated in the study are indicated in the findings under demographic data. Because the graduates could be considered to be "members of a special group" a reasonable response rate was anticipated for those who could be located (Baily, 1978).

Procedures for locating graduates and for increasing the response rate are described under Administration of Questionnaire. The response rate for graduates is also shown in that section.

Students. The entire population of 217 students enrolled in the program on August 11, 1980, the time of the study, were surveyed. The program was five terms in length extending over a 2½ year time period. Student enrollment and the response rate for students by term is shown under Administration of Questionnaire. (Procedures for obtaining student participation are also described in that section.)

Program withdrawals. The withdrawals were determined by comparing class lists on initial registration day for all classes presently enrolled with the class lists for all terms at the time of initial data collection. Students who had registered at one time but whose names no longer appeared on any class list comprised the withdrawals. This group may have included individuals who had registered but had not actually attended classes. All withdrawals were included regardless of their reason for leaving the program including unsatisfactory progress. Locating the withdrawals was hampered by lack of alternative sources of addresses. This group was expected to be the least interested and therefore have the lowest response rate (Bailey, 1978). The response rate is discussed under Administration of Questionnaire.

#### Development of the Questionnaire

Despite the disadvantages of a mailed questionnaire, particularly in

relation to low response rate and lack of control over the research setting, the mailed questionnaire was considered to be the most viable alternative in this study. The mailed questionnaire has the advantage of "a substantial saving of time and money, greater assurance of anonymity, lack of interview bias and accessibility", (Bailey, 1973, p. 143) all of which are important considerations given the size of the population to be surveyed, the expected geographic distribution and the limited resources available for conducting the survey.

Further, a decision was made to develop a two part questionnaire reflecting the two types of data to be collected, a) the demographic program related data, and b) the data to measure vocational choice behaviours. In relation to the latter, consideration was given to the use of an existing tool, specifically the Career Maturity Inventory (Crites, 1973). However the limitations of this and other similar tools are that they are designed for a particular population (i.e., high school students), whereas the population in this study was known to be more heterogeneous in terms of age and past vocational experience. As well, the Career Maturity Inventory is lengthy to administer, requiring more than one regular class period. Also, conditions for administering the test could not be readily met through a mail out procedure. "Career development tests" measure knowledge of careers in general and skills in relation to deciding on and planning for careers (Westbrook, 1974). Because of this generality, such tests are not useful for testing the specific hypotheses investigated in this study. It was for the purposes of this study important to try to measure specifically the knowledge of the field of psychiatric nursing. A high proportion of students entering the psychiatric nursing program appeared to lack knowledge of the field and it was hypothesized that this would be a factor in

vocational choice behaviour which would influence persistence in the field of psychiatric nursing. For these reasons, an original questionnaire was developed including a rating scale which was based on vocational development theory but was designed to measure vocational choice behaviours specifically in relation to the field of psychiatric nursing.

The first step in the development of the questionnaire was establishing a theoretical framework. Three major concepts were identified and defined. These were vocational self concept (V.S.C.), vocational maturity (V.M.), and exploration (EXP). These concepts formed the basis of three scales for the measurement of three aspects of vocational choice behaviour. Further steps in the development of the questionnaire included a) interviewing a sample of respondents, b) developing a questionnaire blueprint, c) developing a draft questionnaire, d) pilot testing, e) final revisions. A more detailed account of these steps follows.

Interview sample. A sample of 8 students from a class of 50 who were enrolled in the first term of the psychiatric nursing program were interviewed to assist in the identification of relevant questionnaire content. The sample was randomly selected with steps taken to ensure that males and females were proportionately represented. Seven females and one male participated. Interviews were of approximately 20 minutes duration and were taped and transcribed. An interview outline (Appendix A) was used to guide the interview in the direction of the theoretical concepts to be tested. However, the interview was basically non-structured, allowing the interviewee to elaborate or diverge according to what information he or she thought relevant for vocational choice. The content of the interviews was used to generate relevant questionnaire items relating to the three theoretical concepts previously described.



Questionnaire blueprint. A blueprint of the entire questionnaire was developed which outlined the demographic data to be collected as well as content areas to be tested in relation to each of the three theoretical concepts. The major components of each concept were identified and the related theory outlined so as to suggest items to be tested for each aspect of the theory. In addition, the program data necessary for a description of the population was outlined. The blueprint is included in Appendix B. Questionnaire items for both Part I (the demographic data and Part II (the rating scale) were developed directly from the blueprint.

Draft questionnaire. The draft questionnaire consisted of two parts. Part I consisted of 38 open ended questions relating to demographic and program data. Part II consisted of three rating scales, the VSC scale having 55 items, the VM scale 46 items, and the EXP scale 40 items for a total of 141 items. Each item constituted a statement to which the respondents were to indicate the degree to which they agreed with the statement. A five point Likert scale, rating the items from strongly agree to strongly disagree was adopted for this purpose.

Questionnaire pilot test. The draft questionnaire was administered to 26 students of a class of 37 who were then enrolled in Term IV of the program. Selection of a group for pretesting was made on the basis of accessibility. At the time of the pilot test, the program at BCIT was the only psychiatric nursing program in operation in the province.

Students were advised that participation was voluntary. However, class time was allocated to facilitate participation. In addition to completing the questionnaire, participants were asked to comment on wording, clarity and appropriateness of the questions and items. Completion of the questionnaire took from 30 to 50 minutes.

Questionnaire revisions. Information from two sources was used to refine the draft questionnaire: the responses of pilot subjects, and a validation procedure utilizing expert vocational counsellors.

The responses to the open ended questions in Part I were categorized by recording each response and the frequency of each answer category. Using this information the format of this section was revised by precoding major categories of responses from which the respondent could select the most appropriate response. This was done to simplify responding to the questionnaire and to facilitate the tabulation of the demographic data.

At this stage of development, the Head of the Department of Psychiatric Nursing was approached to determine if there was any additional data the department would be particularly interested in obtaining. One additional question was added to the demographic section on that basis.

The 141 items in Part II were subjected to a consensual validation procedure utilizing practising vocational counsellors. Three vocational counsellors were given a written description of the three vocational concepts (Appendix C) of vocational self-concept, vocational maturity and exploration, and were asked to sort independently the 141 items into which of the three categories the item related. Consensus between counsellors was used to select best items. However the placement of items by counsellors was not the over riding criterion for placement or selection of items. Redundant items were deleted retaining the item having greatest clarity. The items in Part II of the questionnaire were reduced to 20 for each of the three vocational scales to achieve uniformity of length of scales and to establish a workable length for the questionnaire. Ultimately content validity of the item in relation to the underlying theoretical concept became the over riding consideration in selecting the item for

the final questionnaire.

In the final questionnaire some items were reworded for clarity. The 60 items from the three vocational scales were combined in random order. Questions in the demographic section were carefully ordered and worded so that the same questionnaire would suffice for students, graduates and withdrawals. The student version of the questionnaire consisted of the first 47 questions in Part I. Former students having withdrawn from the program were instructed in the covering letter to complete only the first 42 questions of Part I. An additional 20 questions were included in the graduate version bringing the total number in Part I for graduates to 67 questions. All three groups of respondents were directed to complete all 60 items in Part II. In consideration of the length of the questionnaire, careful attention was given to the layout to facilitate ease of completion and of tabulation and scoring of the data. The final complete version of the questionnaire is included in Appendix D.

#### Administration of the Questionnaire

The assistance of the Department of Psychiatric Nursing at B.C.I.T. was solicited in administering the questionnaire to students and in obtaining the addresses of graduates (Appendix E). The questionnaire was administered to the students during the week of August 11, 1980, this being the first week of classes. Since there are two groups of students admitted each year, in August and in January, and the year is divided into two equal terms, at any time during the academic year there are students in each of the five terms in the program. At the time of administration of the questionnaire, Term I students had been in the program a matter of days. Term V students were in a two week class block prior to commencing field experience. The program graduates and the withdrawals were identified as of

the week of August 11, 1980 as well.

To facilitate student participation and ease of administration, a one hour class period was set aside for completion of the questionnaire. Prior to this time, term instructors had given a brief explanation of the research to the students. They emphasized that participation was voluntary and anonymous and would not affect their student status. However, the instructors made clear the importance of having full participation for the success of the study. The questionnaire was administered by the author to each term giving a brief description of the purpose of the research, basically reiterating the explanation given on the face sheet. The response rate for students by term is shown in Table 1.

Table 1  
Student Response Rate by Term

	Term 1	Term 2	Term 3	Term 4	Term 5	Totals
Student Enrollment	49	44	35	47	37	217
Student Participants	49	42	35	43	29	198
*Excluded Questionnaires		4	4	2		10
Questions Used in Study	49	38	31	41	29	188
**Response Rate in Percentage	100	95.24	100	91.11	78.38	90.82

\*Questionnaires of "direct entry" students who had been credited with one or more terms on entry into the program, on the basis of their credentials, were excluded from the analysis.

\*\*"Direct entry" students are excluded in the calculation of response rates.

Addresses for graduates were obtained from department files. The address list was updated with the assistance of the Psychiatric Nurses Association of British Columbia. The Registered Nurses Association of British Columbia provided assistance in reaching "double diploma" graduates. Each graduate for whom an address could be obtained was mailed a packet containing a long version of the questionnaire, a stamped addressed return envelope and a covering letter (Appendix F), during October 1980. Questionnaires were coded for identification purposes prior to mailing to facilitate followup of non respondents. The identification code was subsequently used to group respondents according to year of graduation.

In January 1981 a second packet including a questionnaire, a stamped addressed return envelope and a second covering letter (Appendix G) was mailed to graduates who had not responded to the initial mailing. The response rate for graduates is shown in Table 2.

Table 2  
Response Rate: Graduates and Withdrawals

	Graduates	Withdrawals
Total number	391	69
Addresses Unavailable	11	7
Questionnaires returned, address unknown	38	12
Possible participants	342	50
Respondents after initial mailing	164	16
Response rate in percentage	47.95	* 32
Respondents after second mailing	42 (+ 2 received too late to include in analysis)	
Final response rate for graduates in percentage	*60.23	

\*Response rate are calculated on basis of possible participants, (i.e., participants assumed to have received questionnaires).

Addresses for student withdrawals were obtained from department records. The shorter student version of the questionnaire was mailed to the withdrawals during January 1981. A stamped addressed return envelope and a covering letter (Appendix H) were included in the packet. Due to time restraints there was no followup of nonrespondents in this group. The response rate for withdrawals is shown in Table 2.

### Scoring the Questionnaire

All incoming questionnaires were checked for coding errors, (i.e., use of letters rather than numerals or selection of more than one response). These were recoded as indicated in Appendix D. One question was recoded to accommodate for a spacing error in the questionnaire since only one column had been allowed for a possible two digit response. In this case two digit responses were recoded to one digit responses. Two questions had purposely been left open ended. Six other columns had been left for further categorization of responses. These responses were coded according to the procedure used in coding the responses to Part I in the draft questionnaire as described in that section. The questions subjected to post coding are indicated in the questionnaire (Appendix D). The coding key for these questions is included.

For purposes of scoring the questionnaire all missing data in Part I were coded as -9. A response of 0 was treated as not applicable to the respondent as respondents had been instructed to enter "0" if a question or item did not apply to them. For the rating scales in Part II, items were scored on a scale of 1 to 5, i.e., strongly disagree = 1, disagree = 2, uncertain or neutral = 3, agree = 4, strongly agree = 5. Items where scoring was reversed are indicated in the questionnaire (Appendix D). For purposes of scoring the rating scales, all missing data and "0" responses

were recoded to "3" (uncertain or neutral).

Reliability coefficients on each rating scale were calculated separately for graduates and students. The internal consistency estimates for graduates were .76 for VSC, .56 for VM, and .77 for EXP. Internal consistency estimates for students were .70 for VSC, .49 for VM, and .71 for EXP.

This chapter reports the findings of the study under the headings of demographic data, hypothesis testing, further exploration of the hypothesis, and additional findings. Readers primarily interested in program statistics are referred to the demographic data which follows. Readers whose interest is in developmental theory are referred to the section on hypothesis testing beginning on page 85.

(Note. Tables in this chapter correspond to items in the questionnaire [Appendix D]. The number of the question is designated by the letter Q. Response alternatives parallel the alternatives as stated in the questionnaire. Exceptions to this rule [e.g. alternatives that have been recategorized] are indicated in the tables by numbers in parentheses following the description of the response category. The numbers correspond to the number of the response alternative in the questionnaire. Non-respondents on a particular item are designated as missing data. Other irregularities in relation to sample sizes are noted in the respective tables.)

#### Demographic Data

The characteristics of the sample are discussed under the following headings: general characteristics, status on entry, present status-graduates, present status withdrawals, and future plans. Where applicable comparative data are given for graduates, students, and withdrawals.

#### General Characteristics

Since its inception the program has consistently enrolled fewer students than can be accommodated. Applicants have been recruited from other programs, particularly the general nursing program. When selection of applicants for the general nursing program has been completed, unsuccessful applicants are recruited for the psychiatric nursing program. Table 3 shows the proportion



of applicants recruited from general nursing and other programs and the sources of information which alerted applicants to the program.

As shown in Table 3 the pool of unsuccessful candidates to the general nursing program is a notable source of recruits. Over one third of the applicants to the psychiatric nursing program are from this source and this proportion has remained constant. Applicants are most likely to become aware of the program through B.C.I.T. counsellors or B.C.I.T. program publications. A relatively small number of applicants become aware of the program through school counsellors or through the media suggesting a need for increased attention to these areas of recruitment.

In the recruitment and selection of applicants, financial plans of applicants and prior educational preparation are two areas of concern. Table 4 shows the financial resources of the subjects. Table 5 shows educational background.

As shown in Table 4 close to one half the graduates indicated that health bursaries were their major source of funds. Due to policy changes these bursaries were not available to students currently in the program. Students relied more on personal savings and financial support from family members. Although a low percentage of graduates, students and withdrawals indicate part time employment as a primary source of finances, a high percentage of both students and withdrawals indicate they did work or anticipated working and close to 70% of the withdrawals indicate it was necessary to work during the program. The mental health bursary and health stipend appeared to make it less necessary to work during the course of the program (57% of graduates did not work compared to 11% of the students). However program changes occurring at approximately the same time bursaries were withdrawn also made it feasible for students to work during the summer

Table 3

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Source of Program Information and  
Initial Program Choice

Source of Program Information (Q2)	Program Status		
	Graduates	Students	Withdrawals
Career counsellors, high school or other <i>1+3*</i>	23 <i>11.1**</i>	13 <i>6.9</i>	4 <i>25.1</i>
BCIT, counsellors, brochures <i>2+4</i>	86 <i>41.8</i>	79 <i>42.0</i>	4 <i>25.1</i>
Radio, T.V., Newspaper <i>5,6,+7</i>	15 <i>7.3</i>	22 <i>11.7</i>	1 <i>6.3</i>
Friends, family <i>8</i>	57 <i>27.5</i>	55 <i>29.3</i>	5 <i>31.3</i>
Other sources <i>9</i>	23 <i>11.2</i>	19 <i>10.1</i>	2 <i>12.5</i>
Missing data	2 <i>1.0</i>	0 <i>0.0</i>	0 <i>0.0</i>
Initial Program Choice (Q3)			
Psychiatric Nursing	130 <i>63.1</i>	117 <i>62.2</i>	13 <i>81.3</i>
General Nursing	71 <i>34.5</i>	64 <i>34.0</i>	3 <i>18.8</i>
Other	5 <i>2.4</i>	7 <i>3.7</i>	0 <i>0.0</i>

\* Figures in italics are the response alternatives in the questionnaire.

\*\* Figures in italics are in percentages.

Source of Program Finances  
While Enrolled

Primary Sources of Finances (Q11)	Program Status		
	Graduates	Students	Withdrawals
Mental health bursary and/or health stipend 1+2*	72 <i>44.7</i> **	8 <i>4.3</i>	2 <i>12.5</i>
B.C. student assistance loan and/or grant 3, 4+5	23 <i>11.2</i>	31 <i>16.5</i>	5 <i>31.3</i>
Personal savings 6	38 <i>18.4</i>	62 <i>33.0</i>	5 <i>31.3</i>
Personal loans 7	1 <i>0.5</i>	2 <i>1.1</i>	0 <i>0.0</i>
Family 8	32 <i>15.5</i>	49 <i>26.1</i>	2 <i>12.5</i>
Part-time employment 9	14 <i>6.8</i>	18 <i>9.6</i>	1 <i>6.3</i>
Missing data	6 <i>2.9</i>	18 <i>9.6</i>	1 <i>6.3</i>
Employment During Program (Q39)			
No employment 1	117 <i>56.8</i>	20 <i>10.6</i>	4 <i>25.0</i>
Occasional part-time employment 5	26 <i>12.6</i>	20 <i>10.6</i>	2 <i>12.5</i>
Summer employment 2	10 <i>4.9</i>	90 <i>47.9</i>	8 <i>50.0</i>
Regular part-time employment 3+4	47 <i>22.8</i>	58 <i>30.8</i>	2 <i>12.5</i>
Necessity of Employment (Q40)			
Not necessary 1+2	150 <i>72.9</i>	107 <i>56.9</i>	5 <i>31.3</i>
Necessary 3+4	48 <i>23.3</i>	79 <i>42.0</i>	11 <i>68.8</i>

\* Figure in italics are the response alternatives in the questionnaire.

\*\* Figures in italics are in percentages.

Table 5

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## Educational Background

Q35	Program Status		
	Graduates	Students	Withdrawals
No educational preparation beyond high school	84 <i>40.2**</i>	53 <i>28.2</i>	5 <i>31.3</i>
Took prerequisite courses to enter program	26 <i>12.6</i>	30 <i>16.0</i>	5 <i>31.3</i>
Vocational training	17 <i>8.3</i>	27 <i>14.4</i>	1 <i>6.3</i>
Bible School Diploma	1 <i>0.5</i>	4 <i>2.1</i>	0 <i>0.0</i>
One year or more of university (No degree)	68 <i>33.0</i>	55 <i>29.3</i>	3 <i>18.8</i>
Bachelors Degree	6 <i>2.9</i>	13 <i>6.9</i>	2 <i>12.5</i>
Masters Degree	2 <i>1.1</i>	1 <i>0.5</i>	0 <i>0.0</i>
Missing data	3 <i>1.5</i>	0 <i>0.0</i>	4 <i>2.1</i>

\*\* Figures in italics are in percentages.

(5% of graduates indicated they worked during the summer compared to 48% of the students). The high incidence of withdrawals who indicated a need to work during the course of the program may indicate a problem in this area worthy of further investigation.

As shown in Table 5 about one third of the graduates, students and withdrawals had one year or more university preparation prior to entering the program. In contrast approximately one third in each category had no educational preparation beyond high school.

#### Status on Entry

Although male applicants are encouraged, the program continues to attract predominately female applicants. The applicants represent a wide age range with a number who are married and raising families. Figure 1 shows the age distribution of the graduates, students and withdrawals on entering the program. Table 6 shows the sex, the marital status and numbers of dependants for graduates, students and withdrawals.

As shown in Table 6 the ratio of females to males in the program is approximately 9 to 1 for both graduates and students. For withdrawals in this sample, approximately one third are males suggesting that as well as there being a low proportion of male recruits, a higher proportion appear to withdraw. The large majority of graduates, students and withdrawals are single. A small proportion of the graduates, students and withdrawals (under 10%) have dependants. Marital status or presence of dependants does not appear to be a factor in attrition.

The age range for graduates and students on entering the program was from 17 years to 50 years. The age range for withdrawals was less broad. However, the modal age (18 years) and the mean age (22 years) were identical for all three groups.

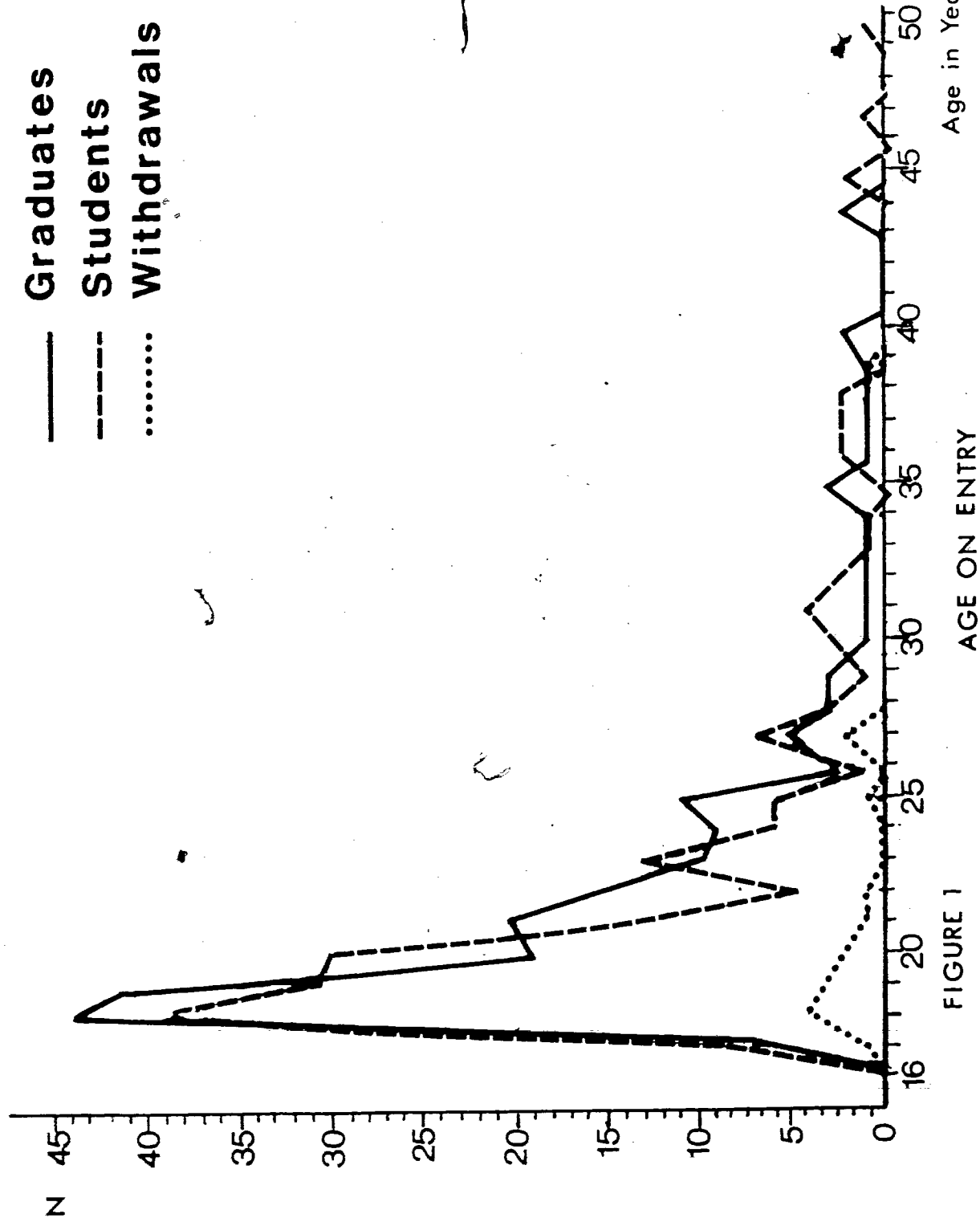


FIGURE 1

## Status on Entry: Sex, Marital, Dependents

Sex (Q12)	Program Status		
	Graduates	Students	Withdrawals
Male	25 <i>12.1**</i>	21 <i>11.2</i>	5 <i>31.3</i>
Female	178 <i>86.4</i>	166 <i>88.3</i>	11 <i>68.8</i>
Missing data	3 <i>1.5</i>	1 <i>0.5</i>	0 <i>0.0</i>
Marital Status (Q8)			
Single	166 <i>80.6</i>	161 <i>85.6</i>	15 <i>93.8</i>
Married	27 <i>13.1</i>	19 <i>10.1</i>	1 <i>6.3</i>
Divorced, Separated or Widowed	9 <i>4.4</i>	8 <i>4.3</i>	0 <i>0.0</i>
Missing Data	4 <i>1.9</i>	0 <i>0.0</i>	0 <i>0.0</i>
Dependents (Pre-school age) (Q9)			
None	196 <i>95.1</i>	183 <i>97.3</i>	16 <i>100.0</i>
One or two	10 <i>4.9</i>	5 <i>2.7</i>	0 <i>0.0</i>
Q10 Dependents (School age)			
None	190 <i>92.2</i>	177 <i>94.1</i>	15 <i>93.8</i>
One or more	16 <i>7.8</i>	11 <i>5.9</i>	1 <i>6.3</i>

\*\* Figures in italics are in percentages.

Present Status - Graduates

The following tables give a profile of the graduates as to education since graduation, membership in the professional association and field of employment.

Table 7 shows educational preparation since graduation. Of particular significance is the proportion of graduates who obtain "General Nursing Diplomas" as this diploma enables the graduate to become a member of the Registered Nurses Association as well as the Registered Psychiatric Nurses Association, and gives access to employment in nursing other than the specialized field of psychiatric nursing.

As shown in Table 7 approximately one third of the graduates had obtained or were in the process of obtaining R.N. diplomas. The R.N. diploma appears to be the most popular avenue of further education. Twelve percent were attracted to university courses. Close to 50% indicated they had taken no further education since graduating. However this 50% includes graduates who had completed R.N. diplomas.

Since graduates become eligible to register with the RPNABC after having passed licensure exams and since current membership with one of the nursing associations is a requirement for employment in most settings, a high incidence of membership in a nursing association would be expected. As shown in Table 8 only 3% of the graduates had not obtained or maintained professional registration. Of the 60 graduates eligible for dual registration (refer to Table 7), only 9 graduates opted for registration with the RNABC to the exclusion of the RPNABC and 45 graduates were maintaining dual registration.

Of the graduates who belong to the RPNABC, a large majority (70%) indicate they do not participate actively in the association. Most of the participation takes place at the local level with 15% of the members



Table 7

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Education Since Graduating  
from Program

Q57 RN Diploma	Graduates	
	N	%
Have not obtained R.N. Diploma <i>1*</i>	135	65.5
Have obtained R.N. Diploma <i>2, 3+5</i>	56	27.2
In the process of obtaining R.N. Diploma <i>4</i>	9	4.4
Had R.N. qualifications previously <i>6</i>	4	1.9
Missing data	2	1.0
Q60**Other Courses (Excluding RN Diploma)		
Short courses related to psychiatric nursing <i>1</i>	41	19.9
Community Nursing <i>2</i>	9	4.4
Supervisory Management <i>3</i>	11	5.3
University courses related to psychiatric nursing <i>5</i>	11	5.3
Short courses related to general nursing <i>4</i>	9	4.4
University courses in nursing <i>9</i>	2	1.0
Short courses unrelated to nursing <i>7</i>	3	1.5
University courses unrelated to nursing <i>6</i>	11	5.3
None <i>8</i>	101	49.0
Missing data	8	3.9

\* Figures in italics are the response alternatives in the questionnaire.

\*\* Coding of responses for Q60 are shown in Appendix D.

Graduate Involvement in the  
Professional Associations

Q55 Nursing Association Membership	Graduates	
	N	%**
Registered Psychiatric Nurses Association of British Columbia (RPNABC)	133	64.6
Registered Nurses Association of British Columbia (RNABC)	9	4.4
RPNABC and RNABC	45	21.8
Not currently registered	6	2.9
Other	13	6.3
<hr/>		
Q56 Participation in the RPNABC		
Hold membership - No participation <i>1 *</i>	143	77.3
Attend <i>some chapter meetings 2</i>	32	17.3
Attend annual meetings or education sessions <i>3+4</i>	4	2.1
Participate in committee work <i>5+6</i>	5	2.7
Hold office <i>7</i>	1	0.5

Note: Total N indicating membership in the RPNABC = 178

Total N indicating participation in the RPNABC = 185

This discrepancy might be accounted for by graduates having in-active status in the RPNABC answering these items inconsistently.

\* Figures in italics are the response alternatives in the questionnaire.

\*\* Percentages have been recalculated on the basis of total N for each sample.

indicating some involvement in chapter meetings.

As shown in Table 9 the majority of graduates (58%) categorized their field of employment as psychiatric nursing and over 40% of the graduates had worked in psychiatric nursing for two or more years. It appears that 15% of the graduates (n=31) had left nursing for other fields. However, as shown in Appendix D, a number of these graduates were working in related fields or were currently students.

As shown in Table 10 the single largest group of graduates working in psychiatric nursing were employed in psychiatric units in general hospitals. However employment in the large provincial institutions (combining figures for provincial psychiatric hospitals and institutions for the developmentally handicapped) accounted for over 50% of the graduates working in psychiatric nursing.

Graduates were most frequently working in acute psychiatry (40%). However the degree to which the distribution of graduates according to specialty of psychiatric nursing reflects self selection rather than employment opportunities is not apparent from this data.

#### Present Status - Withdrawals

Students who withdraw are of interest for information they may provide regarding retaining students in programs. Table 11 depicts the withdrawals as to reasons for leaving the program, what they are presently doing and whether they continue to consider psychiatric nursing as a vocation. Interpretation of these findings, however must be considered in light of the small sample size (n=16).

As shown in Table 11 approximately one third of the withdrawals in the sample indicated they left the program because they made a wrong career choice. Approximately one third of the withdrawals continued to work or

Table 9  
Employment Status of Graduates

Q48 Field of Employment	Graduates	
	N	%
Psychiatric nursing	119	57.8
General nursing	32	15.5
Other	31	15.0
Not in the work force	23	11.2
Missing data	1	0.5
Q54a Length of Employment in Psychiatric Nursing		
None	10	4.9
Less than 1 year	21	10.2
1 to 2 years	75	36.4
2 to 3 years	47	22.8
Over 3 years	39	18.9
Missing data	14	6.8

Place and Field of Employment: Graduates  
Working in Psychiatric Nursing

Q50	Place of Employment	N	%*
	Provincial Mental Hospital	35	28.0
	Provincial Institute for the Developmentally Handicapped	28	22.4
	Psychiatric In-patient Unit (Provincial)	3	2.4
	Psychiatric In-patient Unit in a General Hospital	39	31.2
	Community Care Team or Mental Health Centre	5	4.0
	Other	15	12.0
Q51	Field of Employment		
	Acute Psychiatry	51	40.2
	Long Term Care	15	11.8
	Geriatric	11	8.7
	Child Psychiatry	1	0.8
	Mental Retardation	26	20.5
	Forensic Psychiatry	9	7.1
	Community	6	4.7
	Other	8	6.3

Note: Total N for graduates working in psychiatric nursing (Q48, Table 9) = 119

Total N for place of employment of graduates working in psychiatric nursing (Q50) = 125

Total N for field of employment of graduates working in psychiatric nursing (Q51) = 127

Differences appear to be related to inconsistencies in the responses of graduates who on Q48 categorized themselves as "not in the work force" or "other" (e.g. student) but who are working part time.

\* percentages recalculated on the basis of Total N for Q50 and Q51 independently.

Table 11

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## Program Withdrawals

Q15 Reason for Leaving the Program	Withdrawals	
	N	%
Wrong career choice	6	37.5
Unsatisfactory achievement	3	18.8
Financial problems	0	0.0
Family problems	0	0.0
Health problems	2	12.5
Other	4	25.0
Missing data	1	6.3
Q17 Present Vocation		
Working in a related field	4	25.0
Working in a non-related field	6	37.5
Studying in a related field	1	6.3
Studying in a non-related field	2	12.5
Other	3	18.8
Q16 Plans for Completing a Psychiatric Nursing Program		
No plans to complete	4	25.0
Plans to complete	7	43.8
Uncertain	4	25.0
Missing data	1	6.3

study in related fields. A surprisingly high proportion (44%) indicated that they retained their career goals and were anticipating completing a psychiatric nursing program. Students in this sample withdrew for a variety of reasons, not necessarily indicating they had abandoned psychiatric nursing as a possible vocation.

#### Future Plans

Tables 12 and 13 show projections into the future for graduates and students in relation to their educational and occupational goals.

As shown in Table 12, 21% of the graduates indicated obtaining an R.N. diploma as their top educational priority. An additional 27% had obtained an R.N. diploma (see Table 5), for a total of 48% of the graduates. Of the students, 31% selected the R.N. diploma as the priority educational goal. The most frequent reason for interest in obtaining an R.N. diploma was "increased job mobility" selected by 42% of the graduates and 45% of the students. A small percentage (3% of graduates and 1% of students) indicate reasons for their interest in an R.N. diploma were to change their vocation. Of the graduates, 32% indicated no interest in obtaining an R.N. diploma as compared to 23% of the students.

The interest of the graduates apart from their interest in the R.N. diploma appeared to be in some form of university education. A total of 28% of graduates selected university degrees as priority educational goals, split equally between those interested in nursing degrees and those interested in other degrees.

Although only 8% of the graduates selected diploma courses in specialty areas of psychiatric nursing, only 17% of the graduates indicated no interest. The most popular specialty area for diploma courses was community psychiatric nursing selected by 36% of graduates and 30% of students.

Table 12

Educational Goals: Students  
and Graduates

Q43	Types of Programs of Interest	Program Status			
		Graduates		Students	
		N	%	N	%
	R.N. diploma	43	20.9	59	31.4
	Diploma in a specialty area in psychiatric nursing	17	8.3	60	31.9
	Short courses (workshops)	28	13.6	3	1.6
	Health care management	6	2.9	2	1.1
	University degree in nursing	29	14.1	14	7.4
	University degree in other than nursing	29	14.1	5	2.7
	Other or uncertain	50	24.3	43	22.9
	Missing data	4	2.0	2	1.0
Q46	Reasons for Interest in R.N. Diploma				
	Change vocations	6	2.9	2	1.1
	Increased job mobility	87	42.2	84	44.7
	Upward mobility	12	5.8	13	6.9
	Broader education	19	9.2	25	13.3
	Other	15	7.3	21	11.2
	Not applicable	66	32.0	43	22.9
	Missing data	1	0.5	0	0.0
Q44	Interest in Diploma in Specialty Area in Psychiatric Nursing				
	Forensic Psychiatry	19	9.2	17	9.0
	Geriatric Psychiatry	7	3.4	9	4.8
	Community Psychiatry	75	36.4	57	30.3
	Mental Retardation	12	5.8	23	12.2
	Child Psychiatry	31	15.0	43	22.9
	Other	26	12.6	23	12.2
	Not applicable	34	16.5	14	7.4
	Missing data	2	1.0	2	1.1



Table 13

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Employment Goals: Students  
and Graduates

Q47	Desired Future Field of Employment	Program Status			
		Graduates		Students	
		N	%	N	%
	Acute psychiatry	28	13.6	42	22.3
	Long term care	2	1.0	3	1.6
	Geriatric psychiatry	3	1.5	9	4.8
	Mental retardation	7	3.4	20	10.6
	Community psychiatry	64	31.1	70	37.2
	General nursing	35	17.0	10	5.3
	Other	61	29.6	34	18.1
	Missing data	6	2.9	0	0.0

Table 14

Graduates Not Currently Working in Psychiatric Nursing:  
Intent to Return to Psychiatric Nursing

Q48	Present Field of Employment	Q67 Intent to Return to Psychiatric Nursing			N(row)*
		Likely to return	Uncertain	Unlikely to return	
	General Nursing	9 32	9 32	11 37.9	39
	Other	10 32.3	8 25.8	13 41.9	31
	Not in the work force	8 34.3	9 39.1	6 26.1	23
	N (column)	27	26	30	83

Missing data 4

\* row percentages add to 100%

Psychiatric nursing in the field of geriatrics was the least frequently chosen for both groups.

Table 13 shows that consistent with educational goals in relation to specialty areas in psychiatric nursing, the most frequently selected field of employment for both graduates and students was community psychiatry (31% for graduates, 37% for students). Long term care and geriatric psychiatry were least frequently selected as desired fields of employment. Of the graduates, 17% indicated general nursing as a future field of employment. Since 16% of the graduates were currently working in general nursing (see Table 9), it is assumed that of the 17% some were graduates in general nursing indicating their intent to continue in that field of nursing.

Table 14 gives a comparison of graduates not currently working in psychiatric nursing as to their plans for returning to this field of nursing. Of the three categories (general nursing, other and not in the work force). Approximately one third in each category indicated they planned to return to the field of psychiatric nursing. Another one third indicated they were uncertain if they would return.

Table 15 indicates the desired types of occupational changes for graduates working in psychiatric nursing and for graduates working in general nursing. As shown in Table 15, 24% of graduates working in psychiatric nursing as compared to 56% of graduates working in general nursing indicated there were no changes they wished to make. However the majority of graduates working in psychiatric nursing wished to make changes within their present field of employment (33%), or advance within their present field of employment (16%). A similar proportion of graduates working in both fields indicated they wished to leave their present field of nursing (13%

Table 15

Desired Occupational Changes: Graduates Working  
in Psychiatric Nursing and Graduates  
Working in General Nursing

Q64	Field of Employment			
	Psychiatric Nursing		General Nursing	
	N	%	N	%
No change at present	30	24.4	20	55.6
Change within present field of employment	41	33.1	2	5.6
Change field of nursing	16	12.9	6	16.7
Advance to more senior position	20	16.1	2	5.6
Leave nursing	17	13.7	6	16.7
Total N	124		36	

Note: Percentages are calculated on the basis of Total N. As discussed in Table 10, these totals deviate slightly from figures given in Table 9 (Field of Employment).

in psychiatric nursing, 17% in general nursing), or leave nursing entirely (14% in psychiatric nursing, 17% in general nursing).

#### Hypothesis Testing

In this section the findings are presented in relation to the following research questions:

- 1) Is there a relationship between vocational self-concept of applicants, in relation to psychiatric nursing and persistence in the program and in the field of psychiatric nursing?
- 2) Is there a relationship between vocational maturity of applicants and persistence in the program and in the field of psychiatric nursing?
- 3) Is there a relationship between vocational exploration of applicants and persistence in the program and in the field of psychiatric nursing?

In order to answer the research questions, ratings were obtained on each of the 3 scales, vocational self-concept, vocational maturity and exploration for 12 independent groups including withdrawals, students in each term, graduates working in psychiatric nursing varying lengths of time and graduates not currently in the field of psychiatric nursing (see Table 16). A one-way analysis of variance indicated a significant between-groups difference for all three scales:  $F(11,397)=5.48$ ,  $p < .01$  for vocational self-concept;  $F(11,397) = 1.87$ ,  $p = .04$  for vocational maturity and  $F(11,397) = 4.37$ ,  $p < .01$  for exploration. (See Table 17 for means and standard deviations.) In order to localize the between-group differences a Newman-Keuls post hoc test was conducted. The results of this post hoc test are indicated by lines joining means on Table 17. Any means not connected by a line are considered to be different,  $p < .05$ .

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Table 16

Sample Sizes for 12 Independent  
Groups

Group	Descriptor	Sample Size (N)
1	Program Withdrawals	16
2	Term I Students	49
3	Term II Students	38
4	Term III Students	31
5	Term IV Students	41
6	Term V Students	29
7	Graduates working in psychiatric nursing one year	36
8	Graduates working in psychiatric nursing two years	24
9	Graduates working in psychiatric nursing three years or more	59
10	Graduates working in general nursing	32
11	Graduates working in other fields	31
12	Graduates not in the work force	23

VSC, VM and EXP and Persistence in Psychiatric Nursing

VSC		VM		EXP	
Group	mean <i>SD</i>	Group	mean <i>SD</i>	Group	mean <i>SD</i>
10	59.53 <i>10.49</i>	1	63.25 <i>9.04</i>	11	59.90 <i>10.43</i>
11	61.29 <i>9.09</i>	5	63.8 <i>7.27</i>	12	60.57 <i>10.73</i>
1	62.00 <i>10.83</i>	6	64.48 <i>6.78</i>	10	61.81 <i>8.51</i>
12	62.00 <i>8.69</i>	12	64.70 <i>6.00</i>	5	63.24 <i>7.89</i>
8	65.08 <i>11.00</i>	11	64.94 <i>7.19</i>	8	63.75 <i>11.90</i>
9	65.85 <i>9.57</i>	8	65.29 <i>8.97</i>	6	64.38 <i>9.70</i>
5	66.29 <i>8.18</i>	9	65.78 <i>7.93</i>	9	65.29 <i>8.51</i>
7	66.50 <i>10.45</i>	7	66.11 <i>7.74</i>	7	65.50 <i>8.80</i>
6	66.72 <i>9.80</i>	10	66.16 <i>6.74</i>	1	65.56 <i>9.17</i>
4	69.35 <i>8.50</i>	3	67.11 <i>6.94</i>	4	66.45 <i>8.90</i>
3	69.55 <i>7.18</i>	4	67.94 <i>6.94</i>	3	68.97 <i>8.60</i>
2	71.29 <i>7.66</i>	2	69.08 <i>6.69</i>	2	70.71 <i>8.74</i>

$F(11, 397) = 5.48 **$

$F(11, 397) = 1.87 *$

$F(11, 397) = 4.37 **$

Note: VSC = vocational self-concept; VM = vocational maturity; EXP = exploration means not connected by a line are considered to be different,  $p < .05$  S.D. in italics.

\*  $p < .05$

\*\*  $p < .01$

### Findings in Relation to Vocational Self-Concept

Contrary to expectations, scores of graduates overall were lower than scores of students. Scores of graduates working in general nursing and graduates working in fields other than psychiatric nursing were significantly lower than Term V students, Term II students and Term I students. According to predictions, graduates who had left the field of psychiatric nursing scored lower than graduates working in the field. However the difference between groups was statistically significant only between graduates working in general nursing and graduates working in the field of psychiatric nursing 3 years or more; and between graduates in general nursing and graduates working in psychiatric nursing after one year. Student withdrawals scored low consistent with theoretical predictions. However student withdrawals differed significantly from Term I students only.

No clear relationship emerged between VSC scores and the length of time a particular group had been in the program or in the field of psychiatric nursing. VSC scores failed to distinguish between graduates and students in the expected direction. VSC scores did however, tend to distinguish between graduates who were working in psychiatric nursing and graduates not working in psychiatric nursing (scores were significantly higher for most graduate groups working in psychiatric nursing compared to graduates working in general nursing), possibly indicating that as theoretically predicted, individuals whose vocational self-concept differed from the role expectation of the vocation would leave the vocation.

### Findings in Relation to Vocational Maturity

For VM there was no significant difference between any of the groups. VM scores were not predictive of who would persist in the program or in the field of psychiatric nursing. Withdrawals scored the lowest as

expected. Term I students scored the highest consistent with their VSC scores.

#### Finding in Relation to Exploration

EXP scores were not predictive of who would persist in the program or in the field of psychiatric nursing. EXP scores failed to distinguish between graduates and students. Term I students scored highest consistent with their VSC and VM scores. Withdrawals scored towards the middle suggesting that amount of exploration was not the major factor in leaving the program. Graduates not working in psychiatric nursing had the lowest scores as expected suggesting that lack of exploration could be a factor in leaving the field of psychiatric nursing. However interpretation of the data for EXP is speculative since differences between any graduate groups did not reach statistical significance.

For all three scales Term I students scored highest. It is interesting to speculate on this finding in light of the criticism made of the Crites' Vocational Development Index that younger respondents tended to answer positively while older respondents tended to answer negatively (Norton 1970).

#### Further Exploration of the Hypotheses

In this section findings are presented and discussed related to further analysis of the concepts: vocational self-concept, vocational maturity, vocational exploration and vocational sex-role stereotyping.

#### Vocational Self-Concept

In order to answer the question of whether there is a difference in the vocational self-concept of applicants initially choosing psychiatric nursing in comparison with those initially choosing general nursing, these two groups were compared on vocational self-concept.



Table 18 shows VSC scores of graduates and students who initially selected general nursing in comparison with those initially selecting psychiatric nursing. A one way analysis of variance indicated a significant between-groups difference on vocational self-concept:  $F(1,199)=8.41, P<.01$ , for graduates and  $F(1,179)=8.67, P<.01$ , for students, and on exploration:  $F(1,199)=8.28, p<.01$ , for graduates and  $F(1,179)=9.78, p<.01$ , for students (see Table 18 for means and standard deviations). VSC scores of graduates and students initially preferring psychiatric nursing differed significantly from those preferring general nursing suggesting that the vocational self-concept of the former groups were more oriented towards psychiatric nursing.

A chi-square test however, indicated no significant relationship between program preference and field of employment. Graduates who initially preferred general nursing were found to be working in psychiatric nursing as frequently as those preferring psychiatric nursing. Conversely graduates preferring psychiatric nursing were as frequently working in general nursing (see Table 19).

Since employment in general nursing is restricted for graduates holding a single diploma in psychiatric nursing, a chi-square test excluding graduates holding single diplomas in psychiatric nursing was conducted for field of employment and program preference. For this group as well there was no significant relationship between initial program preference and subsequent field of employment (see Table 20).

In comparing graduates who had obtained a double diploma (psychiatric nursing and general nursing) with those having a single diploma (psychiatric nursing) on vocational self-concept, a one-way analysis of variance indicated no significant difference on VSC scores (see Table 21). The

Table 18

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## VSC and Program Preference

	Preferred Psychiatric Nursing	Preferred General Nursing	
Graduates	n=130	n=71	<i>F (1,199)</i>
Vocational self-concept	65.32 <i>10.49</i>	61.06 <i>8.94</i>	8.41**
Vocational maturity	66.72 <i>7.97</i>	63.93 <i>6.14</i>	6.54**
Exploration	64.64 <i>9.81</i>	60.61 <i>9.04</i>	8.28**
Students	n=171	n=64	<i>F (1,179)</i>
Vocational self-concept	70.51 <i>8.47</i>	66.77 <i>7.65</i>	8.67**
Vocational maturity	67.05 <i>7.21</i>	65.01 <i>7.44</i>	1.19
Exploration	68.60 <i>8.69</i>	64.27 <i>9.30</i>	9.78**

\*\*  $p < .01$ Note: *S.D.* in italics

Table 19

Field of Employment and  
Program Preference

Q48 Field of Employment	Q3 Program Preference		
	Psych. Nsg.	Gen. Nsg.	N (row)
Psychiatric Nursing	80 <i>67.2</i>	36 <i>62.1</i>	116
General Nursing or other	39 <i>32.8</i>	22 <i>37.9</i>	61
N (column) *	119	58	117

 $\chi^2 = .46; d.f. = 1, p > .05$ 

\* column percentages add to 100%

Table 20

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Field of Employment and Program Preference  
(Graduates with Gen. Nsg. Diploma)

Q48 Field of Employment	Q3 Program Preference		N (row)*
	Psych. Nsg.	Gen. Nsg.	
Psychiatric Nursing	12 42.9	16 7.1	28
General Nursing	5 29.4	12 70.6	17
N (column)	17	28	45

$$\chi^2 = .81; d.f. = 1, p > .05$$

\* row percentages add to 100%

Table 21

## VSC and Diploma Held

	Single Diploma	Double Diploma	
Graduates	n=135	n=56	$F(1, 189)$
Vocational self-concept	64.56 <i>9.94</i>	61.96 <i>10.70</i>	2.59
Vocational maturity	65.83 <i>7.76</i>	65.55 <i>6.32</i>	0.05
Exploration	63.79 <i>9.17</i>	61.53 <i>10.35</i>	2.22

Note: *S.D.* in italics

prediction that graduates who subsequently obtained a general nursing diploma would differ in vocational self-concept from those who had not obtained the general nursing diploma was not supported.

A chi-square test for graduates according to initial program preference and subsequent diploma obtained showed no significant relationship (see Table 22). Initial program preference did not appear to be a major factor determining whether the graduate would obtain a second diploma.

A chi-square test for graduates according to diploma held and field of employment showed a significantly higher proportion of graduates with single diplomas were working in psychiatric nursing:  $\chi^2=69.78$ ;  $d.f.=3$ ;  $p < .01$  (see Table 23). However this finding is likely to reflect employment opportunities for single diploma graduates in comparison to double diploma graduates rather than vocational choice in accordance with the graduates vocational self-concept.

A chi-square test indicated a significant relationship between initial program preference and reason for choosing the vocation of psychiatric nursing:  $\chi^2=76.79$ ;  $d.f.=3$ ;  $p < .05$  for graduates and  $\chi^2=63.73$ ;  $d.f.=3$ ;  $p < .05$  for students (see Table 24). A significantly higher proportion whose initial program preference was psychiatric nursing gave as the reason for their choice, "helping individuals with emotional and developmental problems" in comparison with those whose initial preference was general nursing. In contrast, students and graduates whose program preference was general nursing most frequently gave as their reason for choosing the vocation of psychiatric nursing "an available alternative to general nursing".

VSC and social variables. The following tables provide data in

Table 22

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## Diploma Held and Program Preference

Q57 Diploma Held	Q3 Program Preference			N (row)
	Psych. Nsg.	Gen. Nsg.	Other	
Single Diploma	89 74.2	42 63.6	2 80.0	135
Double Diploma	31 25.8	24 36.4	1 20.0	56
N (column)*	120	66	5	191

$$\chi^2 = 2.49; d.f. = 2; p > .05$$

\* Column percentages add to 100%

Table 23

## Diploma Held and Field of Employment

Q57 Diploma Held	Q48 Field of Employment		N (row)*
	Psych. Nsg.	Ge. Nsg.	
Single Diploma	98 97.0	3 3.0	101
Double Diploma	17 37.0	29 63.0	46
N (column)	115	32	147

$$\chi^2 = 66.97; d.f. = 1, p < .01$$

\* row percentages add to 100%

Reason for Selecting Psych. Nsg. and  
Program Preference

Q1 Reason for Selecting Psych. Nsg. Graduates	Q3 Program Preference		
	Psych. Nsg.	Gen. Nsg.	N (row)
Learning about human behavior 1, 2 or 3	19 14.8	4 5.7	23
Helping individuals with emotional or developmental problems 4 or 5	70 54.7	7 10.0	77
An available alternative to Gen. Nsg. 6	10 7.8	44 62.9	54
Financial gain, job se- curity or other 7, 8 or 9	29 22.7	15 21.4	44
N (column) *	128	70	198

$$\chi^2 = 76.79; d.f. = 3; P < .05$$

\* column percentages add to 100%

Q1 Reason for Selecting Psych. Nsg. Students			
Learning about human behavior	10 8.6	8 12.5	18
Helping individuals with emotional or developmental problems	84 72.4	19 29.7	103
An available alternative to gen. nsg.	3 2.6	32 50.0	35
Financial gain, job se- curity or other	19 16.4	5 7.8	24
N (column) *	116	64	180

$$\chi^2 = 63.73; d.f. = 3; P < .05$$

\* column percentages add to 100%

relation to social variables influencing the formation of the vocational self-concept with respect to psychiatric nursing. The presence of relatives in the field of nursing, particularly psychiatric nursing was expected to be a significant variable.

A one-way analysis of variance indicated a significant between-group difference for graduates on VSC scores according to relatives in nursing;  $F(3,201)=3.24$ ;  $P=.02$  (see Table 25 for means and standard deviations). In order to localize the between group differences a Newman-Keuls post hoc test was conducted. The results of this post hoc test are indicated by lines joining means on Table 25. Any means not connected by a line are considered to be different,  $P<.05$ . Graduates having relatives in both general nursing and psychiatric nursing scored significantly higher than graduates having relatives in general nursing only or having no relatives in nursing suggesting that presence of relatives in nursing was an influence in the formation of the graduates vocational self-concept. This however, was not supported by findings for students.

A significant between-group difference for graduates was found on VM scores;  $F(3,201)=4.65$ ,  $P<.01$  and as well on EXP scores;  $F(3,201)=3.40$ ,  $P=.02$ . These findings are discussed under additional findings.

A chi-square test showed no relationship between presence of relatives in general nursing and subsequent field of employment, nor between presence of relatives in psychiatric nursing and field of employment (see Table 26 and 27). A chi-square test as well, including only graduates with double diplomas, showed no significant relationship between relatives in psychiatric nursing and field of employment. The field of nursing of relatives of the graduate did not appear to influence the graduate towards one field of nursing over the other, there being proportionately no

Table 25  
VSC and Relatives in Nursing

	No Relatives in Nursing	Relatives in Gen. Nsg.	Relatives in Psych. Nsg.	Relatives in Gen. Nsg. + Psych. Nsg.	F(3, 201)
	n=39	n=73	n=13	n=26	
Graduates					
Vocational self-concept	62.81 <i>10.85</i>	62.78 <i>8.97</i>	67.15 <i>10.85</i>	68.77 <i>8.26</i>	3.27*
Vocational maturity	65.24 <i>7.85</i>	64.10 <i>6.65</i>	68.31 <i>6.02</i>	69.85 <i>7.51</i>	4.65**
Exploration	63.14 <sup>a</sup> <i>10.11</i>	61.59 <i>9.02</i>	63.00 <sup>a</sup> <i>11.04</i>	68.54 <i>7.98</i>	3.40*
Students					
Vocational self-concept	68.51 <i>7.53</i>	70.08 <i>8.82</i>	64.88 <i>9.75</i>	69.45 <i>8.22</i>	1.21
Vocational maturity	67.74 <i>6.97</i>	66.05 <i>6.87</i>	61.75 <i>8.68</i>	66.59 <i>7.79</i>	2.08
Exploration	67.21 <i>8.48</i>	67.34 <i>9.93</i>	60.0 <i>7.39</i>	68.05 <i>8.01</i>	1.74

Note: means not connected by a line are considered to be different  $p < .05$ .  
 a designates a subset with no significant difference between means  
 S.D. in italics

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



Relatives in Nursing and Field  
of Employment

Q48 Field of Employment	Q22 Relatives in Gen. Nsg.		
	Graduates	Relatives in Gen. Nsg.	No Relatives in Gen. Nsg.
Psychiatric Nursing	58 <i>58.6</i>	61 <i>58.7</i>	119
General Nursing	11 <i>11.1</i>	21 <i>20.0</i>	32
Other	17 <i>17.2</i>	14 <i>13.3</i>	31
Not presently in work force	13 <i>13.1</i>	9 <i>8.6</i>	22
N (column) *	99	105	204

$$\chi^2 = 4.05; d.f. = 3; p > .05$$

Q48 Field of Employment	Q23 Relatives in Psych. Nsg.		
	Graduates	Relatives in Psych. Nsg.	No Relatives in Psych. Nsg.
Psychiatric Nursing	25 <i>65.8</i>	94 <i>56.6</i>	119
General Nursing	5 <i>13.2</i>	27 <i>16.3</i>	32
Other	6 <i>15.8</i>	25 <i>15.1</i>	31
Not presently in work force	2 <i>5.3</i>	20 <i>12.0</i>	22
N (column)*	33	166	204

$$\chi^2 = 1.97; d.f. = 3; p > .05$$

Note: percentages in italics

\* column percentages add to 100%

Table 27  
 Relatives in Psychiatric Nursing and Field of  
 Employment (Double Diploma Graduates)

Q48 Field of Employment Double Diploma Graduates	Q23 Relatives in Psych. Nsg.		N (row)
	Relatives in Psych. Nsg.	No Relatives in Psych. Nsg.	
Psychiatric Nursing	3 <i>17.6</i>	5 <i>17.2</i>	8
General Nursing	14 <i>82.4</i>	24 <i>82.8</i>	38
N (column) *	17	29	46

$$\chi^2 = 0.0; d.f. = 1; p > .05$$

Note: percentages in italics

\* column percentages add up to 100%

difference in choice of field of nursing according to field of nursing of relatives.

The role of vocationally related experience in the formation and translation of the vocational self-concept is explored in the following analyses.

A one way analysis of variance indicated a significant between-group difference for graduates on VSC scores according to experience related to the field of psychiatric nursing;  $F(5,198) = 6.91, p < .01$  (see Table 28 for means and standard deviations). A Newman-Keuls post hoc test was conducted to localize the differences. Result of the test are shown in Table 28.

VSC scores were significantly lower for graduates with no related experience than for all other categories with the exception of experience with "normal children". Graduates with experience with persons with "psychiatric problems" scored highest overall. These findings would tend to support the role of experience in shaping the vocational self-concept. Between-group differences for students, however did not reach a significant level.

A significant between-group difference was found for graduates on EXP;  $F(5,198) = 8.59, p < .01$  and for students on VM;  $F(5,180) = 2.23, p = .01$  and EXP;  $F(5,180) = 6.04, p < .01$ . These findings are discussed under additional findings.

A chi-square test showed no significant relationship between previous experience related to the vocation of psychiatric nursing and subsequent field of employment for graduates (see Table 29). However, of the graduates who had previous experience with individuals with psychiatric problems, the highest proportion were working in psychiatric nursing (88%).

Table 28

VSC and Previous Experience Related to Psychiatric Nursing

	Psychiatric Illness	Previous Experience						F(5, 198)
		Developmental Handicaps	Physical illness or Handicaps	Other Children	Normal Children	No related experience		
Graduates	n=18	n=26	n=36	n=56	n=30	n=39		
VSC	68.39 8.71	65.65 8.27	63.89 8.66	67.54 9.94	58.97 10.69	58.46 9.24	6.91**	
VM	66.94 6.19	65.04 7.20	65.37 7.19	66.43 7.27	67.43 7.90	62.51 7.56	2.06	
EXP	68.50 7.99	64.42 6.93	63.03 9.38	66.64 9.33	62.30 10.89	55.74 7.57	8.59**	
Students	n=15	n=18	n=32	n=31	n=27	n=31	F(5, 180)	
VSC	68.20 7.49	70.94 7.06	70.34 8.88	70.43 8.22	68.85 7.49	65.03 8.84	2.23	
VM	65.73 5.66	63.0 6.90	66.5 6.17	68.87 6.79	66.41 7.55	64.55 7.61	2.96*	
EXP	70.87 7.61	62.67 7.52	67.94 9.24	69.83 8.68	67.0 8.60	60.97 8.59	6.04**	

Note: means not connected by a line are considered to be different  $p < .05$   
 a, b, + c designate subsets with no significant difference between means.  
 SD in italics  
 \*  $p < .05$   
 \*\*  $p < .01$

Table 29

Previous Experience Related to Psychiatric Nursing and  
Present Field of Employment

Q32 Previous Related Experiences	Q48 Field of Employment			N (row)*
	Psych. Nsg.	Gen. Nsg.	Other	
Physical illness or handicaps	18 60.0	7 23.3	5 16.7	30
Developmental handicaps	16 69.6	4 17.4	3 13.0	23
Psychiatric illness	14 87.5	1 6.3	1 6.3	16
Normal children	18 64.3	6 21.4	4 14.3	28
No related experience	18 52.9	6 17.6	10 29.4	34
Other	34 69.4	8 16.3	7 14.3	49
N (column)	118	32	30	180

$$\chi^2 = 9.10; d.f. = 10; p > .05$$

\* row percentages add to 100%

A one way analysis of variance indicated a significant between-group difference on VSC scores according to previous work experiences:  $F(2,199)=5.43$ ,  $p<.01$  for graduates and  $F(2,180)=3.67$ ,  $p<.05$  for students. (See Table 30 for means; standard deviations and between-group differences as determined by Newman-Keuls post hoc test.) Graduates with previous work experience in medically related fields scored significantly higher on VSC than graduates with other types of work experience or no work experience suggesting that medically related work experience influenced the formation and translation of the vocational self-concept. Findings for students, however did not support this in that although students with medically related work experience scored highest on VSC, the score was not significantly higher than students with no work experience.

In relation to community of origin, 51% of graduates and 56% of students were from cities (see Table 32) indicating no particular relationship between status of chosen vocation and size of community of origin. Fifty-four percent of graduates and 62% of students were aware of their being psychiatric facilities in the community in which they grew up (see Table 33). This finding gives no particular support to the influence of prevalent vocations in ones community of origin.

#### Vocational Maturity

The following analyses explore the research questions in relation to vocational maturity. To determine the relationship between the age at which one definitely decides on a vocation (crystalization of choice) and vocational maturity, VM scores were compared according to the age at which the graduate or student reported that he/she definitely decided to enter psychiatric nursing.

VSC and Previous Medically Related  
Work Experience

	Work Experience			
	Medically related	Non-medically related	No work experience	
Graduates	n=80	n=72	n=50	$F(2, 199)$
VSC	66.31 <i>9.19</i>	63.00 <i>10.40</i>	60.00 <i>10.22</i>	5.43**
VM	65.18 <i>6.01</i>	64.86 <i>7.84</i>	67.34 <i>8.90</i>	1.84
EXP	65.46 <i>9.19</i>	61.69 <i>9.10</i>	61.56 <i>10.83</i>	3.84*
Students	n=72	n=78	n=33	$F(2, 180)$
VSC	70.57 <i>8.55</i>	67.27 <i>7.27</i>	70.52 <i>8.23</i>	3.67*
VM	<sup>a</sup> 67.29 <i>5.87</i>	65.56 <i>7.73</i>	<sup>a</sup> 66.60 <i>9.24</i>	1.42
EXP	68.65 <i>8.83</i>	66.60 <i>9.24</i>	64.76 <i>8.95</i>	2.29

Note: means not connected by a line are considered to be different  $p < .05$ .

a designates a subset with no significant difference between means

S.D. in italics

\*  $p < .05$

\*\*  $p < .01$

Table 31  
 Previous Medically Related Work Experience and  
 Present Field of Employment

Q37 Previous Experience	Q52 Present Employment					N (row)
	Psych.	Gen.	Relate to Nsg.	Not Related to Nsg.	Not in work force	
Medically related	52 43.3	11 33.3	2 28.6	4 33.3	6 33.3	79
Not medically related	42 35.0	10 30.3	3 42.9	6 50.0	6 33.3	67
No work experience	26 21.7	12 36.4	2 28.6	2 16.7	6 33.3	48
N (column)*	120	33	7	12	18	190

$$\chi^2 = 5.44; d.f. = 8, p > .05$$

\* column percentages add to 100%



Table 32

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## Q24 Community of Origin

	Program Status			
	Graduates		Students	
	N	%	N	%
Rural Community	25	12.1	29	15.4
Small Town	51	24.8	41	21.8
Large Town	21	10.2	13	6.9
Small City	29	14.1	32	17.0
Large City	76	36.9	73	38.8

Table 33

Q25 Presence of Psychiatric Facilities in  
Community of Origin

	Program Status			
	Graduates		Students	
	N	%	N	%
Yes	111	53.9	117	62.2
No	70	34.0	47	25.0
Uncertain	23	11.2	24	12.8
Missing data	2	1.0		

Age groupings paralleled stages of vocational development. A one way analysis of variance indicated a significant between-groups difference on VM scores for graduates:  $F(5,200)=2.76, p=.02$  and for students;  $F(6,181)=4.36, p<.01$ . (See Table 34 for means, standard deviations and between-group differences as determined by Newman-Keuls post hoc test.) Graduates who decided on psychiatric nursing between the ages of 15 and 17 scored highest on the VM scale. Since this is the age during which the task of crystallizing a vocational choice is theoretically expected to occur, this finding appears to have a theoretical basis. However, students who decided on psychiatric nursing between 15 and 17 were not significantly higher on the VM scale than for any other age group. For both students and graduates vocational maturity scores did not rise monotonically in relation to age of crystallization of vocational choice.

A chi-square test showed no significant relationship between age of decision to enter psychiatric nursing and subsequent field of employment. Of the 20 working graduates who had crystallized their vocational choice between the ages of 15 and 17, 85% were working in psychiatric nursing, the single highest proportion of any age group. However this proportion was not statistically significant (see Table 35).

In determining whether older applicants were more vocationally mature, VM scores for subjects (graduates and students) under 25 years on entering the program were compared with scores for subjects 25 years and older. An analysis of variance indicated no significant between-group difference on VM (see Table 36). No relationship between vocational maturity and chronological age was determined through the VM scale used in this study. However a significant between-group difference was found on EXP scores;  $F(1,407)=10.34, p<.01$ . This finding is discussed

Table 34

VM and Age of Decision to Enter  
Psychiatric Nursing

Graduates	Age of Decision in Years (Crystallization of Choice)						F(5, 200)
	13-14	15-17	18-21	22-24	25-30	31-44	
	n=2	n=22	n=112	n=38	n=19	n=13	n=0
VSC	50.0 1.41	63.59 10.42	64.20 9.96	61.45 10.36	66.00 6.89	66.00 12.88	1.52
VM	66.0 18.38	70.91 9.80	65.05 7.46	64.92 4.94	63.79 5.76	66.23 7.46	2.76*
EXP	48.0 1.41	62.86 10.99	62.49 9.51	63.87 9.82	67.79 8.07	64.38 9.39	2.08
Students	n=4	n=26	n=98	n=24	n=19	n=13	n=4
VSC	78.0 2.71	70.42 8.15	68.46 8.23	67.83 7.73	67.95 9.22	72.08 5.36	1.53
VM	77.75 6.29	70.15 7.97	65.10 6.86	67.00 6.12	64.89 6.30	68.31 6.07	4.36**
EXP	68.0 8.76	67.85 8.76	64.92 9.14	69.79 8.38	68.79 7.71	73.38 8.60	2.60*

Note: means not connected by a line are considered to be different  $p < .05$   
a, b, c, + d designate subsets with no significant difference between means  
S.D. in italics

\*  $p < .05$

\*\*  $p < .01$

Table 35  
Age of Decision to Enter Psychiatric Nursing  
and Field of Employment

Q4 Age of Decision (in years)	Q48 Field of Employment			N (row)*
	Psych. Nsg.	Gen. Nsg.	Other	
13-14	1 100.0	0 0.0	0 0.0	1
15-17	17 85.0	1 5.0	2 10.0	20
18-21	58 57.4	23 22.8	20 19.8	101
22-24	20 64.5	5 16.1	6 19.4	31
25-30	13 76.5	2 11.8	2 11.8	17
31-44	10 83.3	1 8.3	1 8.3	12
N (column)	119	32	31	182

$\chi^2 = 9.84; d.f. = 10; p > .05$

\* row percentages add to 100%

Table 36

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VM and Age on  
Entering Program

	Age on entry in years		
	Under 25	25 and over	
Graduates and Students	n=325	n=84	F 1,407
VSC	65.88 <i>9.53</i>	67.43 <i>9.47</i>	1.07
VM	66.10 <i>7.67</i>	65.73 <i>6.24</i>	0.17
EXP	64.34 <i>9.58</i>	68.19 <i>8.10</i>	10.53**

Note: *S.D.* in italics

\*\*  $p < .01$

Table 37

Age on Entering Program and  
Field of Employment

Q5 Age of Decision (in years)	Q48 Field of Employment (Graduates)				N (row)*
	Psych. Nsg.	Gen. Nsg.	Other	Not in work force	
Under 25	90 <i>54.3</i>	28 <i>17.1</i>	27 <i>16.5</i>	19 <i>11.6</i>	164
25 and over	29 <i>72.5</i>	4 <i>10.0</i>	4 <i>10.0</i>	3 <i>7.5</i>	40
N (column)	119	32	31	22	204

$\chi^2 = 4.12; d.f. = 3; p > .05$

\* row percentages add to 100%

under additional findings.

A chi-square test showed no significant relationship between age on entering the psychiatric nursing program and subsequent field of employment for graduates (see Table 37). However 73% of graduates 25 years and older on entering the program were working in psychiatric nursing in comparison with 55% of graduates under 25 years, possibly indicating a higher rate of retention in the field for older applicants.

Vocational maturity scores for graduates and students were compared according to high school grades. A one way analysis of variance indicated a significant between groups difference on VM for graduates;  $F(3,200) = 4.23, p < .01$ . (See Table 38 for means and standard deviations.) VM scores for graduates followed the expected pattern in that graduates with the highest high school marks had significantly higher VM scores. Scholastic achievement appeared to relate to vocational maturity. Newman-Keuls post hoc test, however failed to localize the between-group differences. Between-group differences for students did not reach a statistically significant level.

A chi-square test indicated a significant relationship between achievement in high school and achievement in the program for graduates and students:  $\chi^2 = 34.20; d.f. = 9, p < .01$  for graduates;  $\chi^2 = 37.45; d.f. = 9; p < .01$  for Term II and Term III students and  $\chi^2 = 22.91; d.f. = 9; p < .01$  for Term IV and V students (see Tables 39, 40 and 41). Graduates and students achieving high marks in high school continued to achieve high marks in the program.

A chi-square test showed no relationship between achievement in the program and length of employment in psychiatric nursing for graduates (see Table 42). Low achievers in the program appeared as likely to stay in the field of psychiatric nursing as high achievers.

Table 38  
 VM and Achievement  
 in High School

	Average High School Marks (in percentage)				
	80-100	70-79	60-69	50-59	
Graduates	n=51	n=97	n=49	n=7	$F(3,200)$
VSC	63.02 <i>10.86</i>	64.78 <i>9.22</i>	62.90 <i>11.17</i>	63.43 <i>9.11</i>	0.54
VM	67.76 <i>6.92</i>	66.09 <i>7.09</i>	63.20 <i>8.28</i>	61.14 <i>5.67</i>	4.25**
EXP	63.35 <i>9.58</i>	64.84 <i>8.89</i>	60.76 <i>11.09</i>	58.29 <i>8.77</i>	2.60
Students	n=41	n=88	n=46	n=11	$F(3,182)$
VSC	66.98 <i>8.12</i>	69.45 <i>7.46</i>	69.93 <i>9.53</i>	71.91 <i>9.60</i>	1.53
VM	68.68 <i>7.83</i>	66.53 <i>7.21</i>	65.54 <i>6.37</i>	64.54 <i>7.16</i>	1.80
EXP	68.12 <i>8.51</i>	66.53 <i>9.15</i>	66.37 <i>9.82</i>	70.09 <i>7.25</i>	0.78

Note: means not connected by a line are considered to be different  $p .05$   
*S.D.* in italics

\*\*  $P < .01$  (Newman-Keuls post-hoc test failed to localize between-groups differences.)

Table 39

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Achievement in High School and Achievement  
in the Program: Graduates\*\*

Q27 High School Marks	Q42 Program Marks				N (row)*
	80-100	70-79	60-69	50-59	
80-100	27 52.9	23 45.1	1 2.0	0 0.0	51
70-79	21 21.9	59 61.5	15 15.6	1 1.0	96
60-69	12 24.5	20 40.8	16 32.7	1 2.0	49
50-59	1 16.7	2 33.3	3 50.0	0 0.0	6
N (column)	61	104	35	2	202

$$\chi^2 = 34.20; d.f. = 9; p < .01$$

\* row percentages add to 100%

\*\* Graduates: 1974, 75, 76, 77.

Table 40

Achievement in High School and Achievement  
in the Program: Junior Students\*\*

Q27 High School Marks	Q42 Program Marks				N (row)*
	80-100	70-79	60-69	50-59	
80-100	7 46.7	8 53.3	0 0.0	0 0.0	15
70-79	6 20.0	20 66.7	3 10.0	1 3.3	30
60-69	1 6.7	5 33.3	9 60.0	0 0.0	15
50-59	1 16.7	2 33.3	1 16.7	2 33.3	6
N (column)	15	35	13	3	66

$$\chi^2 = 37.45; d.f. = 9; p < .01$$

\* row percentages add to 100%

\*\* Students: Terms II + III



Table 41

113

Achievement in High School and Achievement  
in the Program: Senior Students\*\*

Q27 High School Marks	Q42 Program Marks				N (row)*
	80-100	70-79	60-69	50-59	
80-100	12 70.6	5 29.4	0 0.0	0 0.0	17
70-79	14 43.8	12 37.5	5 15.6	1 3.1	32
60-69	1 5.9	6 35.3	9 52.9	1 5.9	17
50-59	1 25.0	2 50.0	1 25.0	0 0.0	4
N (column)	28	25	15	2	70

$$\chi^2 = 22.91; d.f. = 9; p < .01$$

\* row percentages add to 100%

\*\* Students: Terms IV + V

Table 42

Achievement in Program and Length of Employment in  
Psychiatric Nursing: Graduates\*\*

Q42 Program Marks	Q54a Length of Employment				N (row)*
	Under 1 year	1-2 years	2-3 years	3-4 years	
70% and over	9 12.2	19 25.7	18 24.3	28 37.8	74
Under 70%	0 0.0	1 9.1	4 36.4	6 54.5	11
N (column)	9	20	22	34	85

$$\chi^2 = 3.66; d.f. = 3; p > .05$$

\* row percentages add to 100%

\*\* Graduates: 1974, 75, 76, 77 working in psychiatric nursing.

In determining whether having taken responsibility through working while in high school was a factor in vocational maturity, VM scores were determined according to amount of employment while in high school for graduates and students. A one way analysis of variance indicated no significant between-groups difference on VM scores for graduates or students (see Table 43). Employment while attending high school did not appear to be a factor in vocational maturity.

#### Vocational Exploration

The following analyses explore the research questions in relation to vocational exploration.

A chi-square test indicated a significant relationship between the graduates perception of the accuracy of the information they received about psychiatric nursing prior to entry and their subsequent field of employment:  $\chi^2=16.05$ ;  $d.f.=8$ ;  $p=.04$  (see Table 44). A proportionately higher percentage of graduates who perceived they had received accurate information about the field of psychiatric nursing were working in psychiatric nursing as compared to graduates who perceived they had received inaccurate information about psychiatric nursing. This finding tends to support the theoretical position that accuracy of information in relation to an occupation reduces later turnover.

In determining the influence of additional educational preparation on exploration, EXP scores for graduates and students were compared according to courses taken prior to entering the psychiatric nursing program. A one way analysis of variance indicated a significant between-group difference on EXP scores for graduates;  $F(2,200)=4.98$ ,  $p<.01$ . (See Table 45 for means, standard deviations and between-group differences as determined by Newman-Keuls post hoc test.) Graduates who had taken additional

Table 43

VM and Employment While  
in High School

		Q54a Employment in High School					
	Regular part time	Occasional part time	Summers only	Odd. jobs	No Employment		
	n=96	n=28	n=34	n=31	n=15		
Graduates						F(4, 199)	
VSC	64.08 <i>10.73</i>	61.21 <i>10.55</i>	63.41 <i>7.15</i>	64.90 <i>10.49</i>	63.73 <i>10.31</i>	0.57	
VM	65.98 <i>7.99</i>	64.46 <i>6.83</i>	66.03 <i>7.36</i>	65.26 <i>7.31</i>	64.13 <i>5.10</i>	0.41	
EXP	63.40 <i>9.91</i>	62.61 <i>9.67</i>	63.18 <i>9.47</i>	61.77 <i>10.45</i>	65.80 <i>7.64</i>	0.47	
Students						F(4, 182)	
VSC	67.64 <i>7.27</i>	72.74 <i>9.96</i>	69.98 <i>8.45</i>	71.04 <i>9.14</i>	67.23 <i>8.56</i>	2.27	
VM	65.99 <i>7.72</i>	69.89 <i>7.27</i>	67.24 <i>6.19</i>	65.92 <i>7.22</i>	65.00 <i>4.58</i>	1.46	
EXP	67.05 <i>9.23</i>	68.79 <i>9.90</i>	66.83 <i>9.38</i>	68.00 <i>7.33</i>	62.38 <i>8.77</i>	1.11	

Note: means not connected by a line are considered to be different  $p < .05$

S.D. in italics

\*  $p < .05$

\*\*  $p < .01$

Table 44  
Accuracy of Information about Psychiatric Nursing  
and Field of Employment

Q52 Accuracy of Information	Q48 Field of Employment			N (row)*
	Psych. Nsg.	Gen. Nsg.	Other	
Very accurate	5 83.3	0 0.0	1 16.7	6
Moderately accurate	55 77.5	7 9.9	9 12.7	71
Uncertain	34 68.0	10 20.0	6 12.0	50
Moderately inaccurate	15 44.1	10 29.4	9 26.5	34
Very inaccurate	9 52.9	3 17.6	5 29.4	17
N (column)	118	30	30	178

$\chi^2 = 16.05; d.f. = 8; p < .05$

\* row percentages add to 100%

Table 45  
 EXP and Courses Taken Prior to  
 Entering Program

	Courses Taken			
	None	One Year or less	One Year University or more	
Graduates	n=84	n=77	n=42	$F(2, 200)$
VSC	63.17 <i>10.07</i>	64.04 <i>10.80</i>	64.38 <i>9.25</i>	0.25
VM	65.98 <i>8.36</i>	65.82 <i>7.38</i>	64.76 <i>5.67</i>	0.39
EXP	60.73 <i>10.06</i>	65.04 <i>9.39</i>	65.00 <i>8.80</i>	4.98**
Students	n=53	n=95	n=36	$F(2, 181)$
VSC	68.81 <i>7.96</i>	69.77 <i>8.86</i>	67.28 <i>7.20</i>	1.19
VM	67.55 <i>7.65</i>	66.12 <i>7.19</i>	65.83 <i>6.06</i>	0.87
EXP	64.58 <i>9.34</i>	67.66 <i>9.42</i>	68.31 <i>7.11</i>	2.54

Note: means not connected by a line are considered to be different  $p < .05$

S.D. in italics

\*\*  $p < .01$

courses were significantly higher on exploration than graduates having taken no additional courses prior to entering the program. For students the between-groups differences on EXP scores did not reach a significant level.

#### Vocational Sex-Role Stereotyping

The following data are presented in relation to the question of whether females in psychiatric nursing demonstrate the characteristics of females entering "traditional female vocations" and males in psychiatric nursing are characteristic of individuals breaking with tradition. As discussed previously, females entering the program would be expected to have maternal models who were less educated and less likely to work outside the home. Males entering the program could be considered to be breaking with traditional male vocations and be expected to have experienced strong influences or role models.

As shown in Table 46, the occupations of 27% of the fathers of male graduates working in psychiatric nursing and 30% of the fathers of male students were categorized as semi-professional to professional (Pinco & Porter, 1967). Similarly 27% of the fathers of female graduates working in psychiatric nursing and 32% of the fathers of female students were categorized as semi-professional to professional. For approximately two thirds of the graduates and two thirds of the students in this sample, psychiatric nursing represents a vocation of higher status than that of their fathers' vocations.

As shown in Table 47 for both male and female graduates and students, a small percentage (approximately 10%), of the fathers were psychiatric or general nurses or worked in medically related fields.

Table 48 shows that the majority of the fathers of graduates and students had high school education or less ranging from 57% of the fathers

Gender of Subject and Category of  
Father's Occupation

Q18	Father's Occupation	Graduates (working in Psych. Nsg.)		Students	
		Q12 Male	Female	Male	Female
	Professional	3 <i>20.0</i>	16 <i>16.8</i>	1 <i>5.0</i>	30 <i>19.1</i>
	Owner/manager large business	0 <i>0.0</i>	13 <i>13.7</i>	4 <i>20.0</i>	13 <i>8.3</i>
	Semi-professional	1 <i>6.7</i>	6 <i>6.3</i>	1 <i>5.0</i>	7 <i>4.5</i>
	Owner/manager small business	0 <i>0.0</i>	15 <i>15.8</i>	2 <i>10.0</i>	22 <i>14.0</i>
	Clerical or sales	0 <i>0.0</i>	4 <i>4.2</i>	1 <i>5.0</i>	8 <i>5.1</i>
	Farm owner	1 <i>6.7</i>	3 <i>3.2</i>	1 <i>5.0</i>	14 <i>8.9</i>
	Craftsman	7 <i>46.7</i>	22 <i>23.2</i>	3 <i>15.0</i>	45 <i>28.7</i>
	Labourer	3 <i>20.0</i>	15 <i>15.8</i>	6 <i>30.0</i>	18 <i>11.5</i>
	Homemaker	0 <i>0.0</i>	0 <i>0.0</i>	0 <i>0.0</i>	0 <i>0.0</i>
	Not in work force	0 <i>0.0</i>	1 <i>1.1</i>	1 <i>0.0</i>	0 <i>0.0</i>
	Total N	15	95	20	157

Percentages in italics

Table 47

120

Gender of Subject and Occupation  
of Father

Q18a Father's Occupation	Graduates (working in Psych. Nsg.)		Students	
	Q12 Male	Female	Male	Female
Psychiatric Nurse/ General Nurse	0 <i>0.0</i>	5 <i>6.9</i>	1 <i>9.1</i>	1 <i>0.9</i>
Medically related	1 <i>9.1</i>	4 <i>5.6</i>	0 <i>0.0</i>	9 <i>8.2</i>
Not medically related	10 <i>90.0</i>	63 <i>87.5</i>	10 <i>90.9</i>	100 <i>90.9</i>
Total N	11	72	11	110

Percentages in italics

Table 48

Gender of Subject and Education  
of Father

Q19 Father's Education	Graduates (working in Psych. Nsg.)		Students	
	Q12 Male	Female	Male	Female
Grade 11 or less	9 <i>50.0</i>	46 <i>46.0</i>	8 <i>38.0</i>	63 <i>38.9</i>
Completed high school	2 <i>11.1</i>	11 <i>11.0</i>	8 <i>38.0</i>	28 <i>17.3</i>
Post secondary education	5 <i>27.8</i>	24 <i>24.0</i>	3 <i>13.7</i>	44 <i>27.1</i>
University degree	2 <i>11.1</i>	19 <i>19.0</i>	2 <i>9.5</i>	27 <i>16.7</i>
Total N	18	100	21	162

Percentages in italics



Table 49

121

Gender of Subject and Category of  
Mother's Occupation

Q20	Mother's Occupation	Graduates (working in psych. nsg.)		Students	
		Q12 Male	Female	Male	Female
	Professional	0 <i>0.0</i>	1 <i>1.0</i>	1 <i>4.8</i>	12 <i>7.3</i>
	Owner/manager large business	0 <i>0.0</i>	0 <i>0.0</i>	1 <i>4.8</i>	3 <i>1.8</i>
	Semi-professional	1 <i>5.6</i>	7 <i>7.1</i>	0 <i>0.0</i>	24 <i>14.5</i>
	Owner/manager small business	0 <i>0.0</i>	2 <i>2.0</i>	0 <i>0.0</i>	7 <i>4.2</i>
	Clerical or sales	1 <i>11.1</i>	19 <i>19.4</i>	2 <i>9.5</i>	19 <i>11.5</i>
	Farm Owner	0 <i>0.0</i>	0 <i>0.0</i>	0 <i>0.0</i>	1 <i>0.6</i>
	Craftsman	0 <i>0.0</i>	4 <i>4.1</i>	1 <i>4.8</i>	10 <i>6.1</i>
	Labourer	1 <i>5.6</i>	2 <i>2.0</i>	3 <i>14.3</i>	7 <i>4.2</i>
	Homemaker	14 <i>77.8</i>	58 <i>59.2</i>	10 <i>47.6</i>	78 <i>47.3</i>
	Not in work force	0 <i>0.0</i>	5 <i>5.1</i>	3 <i>14.3</i>	4 <i>2.4</i>
	Total N	18	98	21	165

Percentages in italics

of female graduates to 76% of the fathers of male students.

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As shown in Table 49, the occupations of 6% of the mothers of male graduates working in psychiatric nursing and 10% of the mothers of male students were categorized as semi-professional to professional. Similarly 8% of the mothers of female graduates working in psychiatric nursing were categorized as semi-professional to professional. A higher percentage (25%) of the mothers of female students were in occupations of semi-professional to professional status. In combining the homemaker category and the not in the work force category for mothers, 78% of the mothers of male graduates working in psychiatric nursing, 64% of the mothers of the mothers of female graduates, 62% of the mothers of male students and 50% of the mothers of female students were not employed outside the home.

As shown in Table 50 a small percentage of the occupations of the mothers of graduates and students were medically related. This percentage was higher for females than for males: 7% of the mothers of male graduates, 9% of the mothers of male students, compared to 24% of the mothers of female graduates and 28% of the mothers of female students had medically related occupations. Over half the mothers of female graduates and students in medically related occupations were psychiatric or general nurses. None of the mothers of males in the sample were nurses.

Table 51 shows that the majority of the mothers of graduates and students had high school education or less with a tendency for the mothers of males to be less educated than the mothers of females. Eighty-three percent of the mothers of male graduates and 81% of the mothers of male students had high school education or less compared with 67% of the mothers of female graduates and 57% of the mothers of female students.

A chi-square test showed no significant relationship between gender

Table 50

123

Gender of Subject and Occupation  
of Mother

Q20a Mother's Occupation	Graduates (working in Psych. Nsg.)		Students	
	Q12 Male	Female	Male	Female
Psych. Nse./ Gen. Nse.	0 <i>0.0</i>	7 <i>13.0</i>	0 <i>0.0</i>	19 <i>18.6</i>
Medically related	1 <i>7.7</i>	6 <i>11.1</i>	1 <i>9.1</i>	10 <i>9.8</i>
Not medically	12 <i>92.3</i>	41 <i>75.9</i>	10 <i>90.9</i>	73 <i>71.0</i>
Total N	13	54	11	102

Percentages in italics

Table 51

Gender of Subject and Education  
of Mother

Q21 Mother's Education	Graduates (working in Psych. Nsg.)		Students	
	Q12 Male	Female	Male	Female
Grade 11 or less	5 <i>27.8</i>	41 <i>41.0</i>	9 <i>42.8</i>	53 <i>31.9</i>
Completed high school	10 <i>55.6</i>	26 <i>26.0</i>	8 <i>38.1</i>	41 <i>24.7</i>
Post secondary	2 <i>11.2</i>	28 <i>28.0</i>	2 <i>9.6</i>	51 <i>38.0</i>
University degree	1 <i>5.6</i>	5 <i>5.0</i>	2 <i>9.5</i>	21 <i>12.7</i>
Total N	18	100	21	166

Percentages in italics

Table 52

124

Gender of Graduates and Relatives  
in Psychiatric Nursing

Q23 Relatives in Psych. Nsg.	Graduates (working in Psych. Nsg.)		N (row)
	Q12 Male	Female	
One or more	2 11.1	23 23.0	25
None	16 88.9	77 77.0	93
N (column)*	18	100	118

$$\chi^2 = 1.29; d.f. = 1; p > .05$$

\* column percentages add to 100%

Table 53

Gender of Students and Relatives  
in Psychiatric Nursing

Q23 Relatives in Psych. Nsg.	Students		N (row)
	Q12 Male	Female	
One or more	4 19.0	25 15.1	29
None	17 81.0	141 84.2	158
N (column)*	21	166	187

$$\chi^2 = 0.22; d.f. = 1; p > .05$$

\* column percentages add to 100%

and presence of relatives in psychiatric nursing. The proportion of males having relatives in psychiatric nursing was not statistically reliably different from the proportion of females having relatives in psychiatric nursing (see Tables 52 and 53).

The profile of females in the vocation or entering the vocation of psychiatric nursing in this sample appeared to be characteristic of females entering traditional female vocations. The education of the majority of mothers was high school or less and 50% or more of the mothers did not work outside the home. However, the profile of the males in the sample was similar showing a tendency for the parents of the males to be less educated than the females. However, without comparative data, findings are speculative. As well a substantial number of subjects did not answer questions related to the occupational and educational status of their parents.

There was no indication that males in psychiatric nursing in this sample were breaking with tradition or influenced by role models. The data possibly indicates however, that particularly for the males in the sample, psychiatric nursing represents upward mobility in relation to the educational and occupational status of their parents.

#### Additional Findings

In this section significant findings which were not predicted on the basis of the hypotheses are presented. These findings are in tables which appear previously in this chapter. Findings are presented according to the vocational concept to which they relate.

#### Vocational Maturity

A one way analysis of variance on VM scores for graduates whose program preference was psychiatric nursing in comparison with graduates whose

program preference was general nursing indicated a significant between-group difference;  $F(1,999)=6.54, p=.01$ . (See Table 18 for means and standard deviations.) Graduates whose program preference was psychiatric nursing were the higher scoring group. This possibly reflects circumstances in that applicants to general nursing who change their application to psychiatric nursing may have less time for vocational planning in relation to psychiatric nursing. Alternately, this may reflect a characteristic of the group who enter psychiatric nursing as an alternative to general nursing, that is, a reflection of uncertainty of vocational choice and lack of vocational planning.

Vocational maturity scores were also significantly higher for graduates with relatives in both general nursing and psychiatric nursing than for graduates with relatives in general nursing only or with no relatives in nursing;  $F(3,201)=4.65, p<.01$ . (See Table 25 for means and standard deviations.) No theoretical explanation for this finding is apparent.

Students who had unspecified experiences related to psychiatric nursing scored significantly higher on VM;  $F(5,180)=2.96, p=.01$  than those having any of the specified related experiences including no related experiences. (See Table 28 for means and standard deviations.) No theoretical explanation for this finding is apparent.

#### Vocational Exploration

A one way analysis of variance on EXP scores for graduates and students whose program preference was psychiatric nursing in comparison with those whose preference was general nursing indicated a significant between-group difference:  $F(1,199)=8.28, p<.01$  for graduates and  $F(1,179)=9.78, p<.01$  for students. (See Table 18 for means and standard deviations.) Subjects who applied directly to psychiatric nursing

appeared to have done more exploration in relation to psychiatric nursing as reflected in higher EXP scores in comparison with subjects whose initial program preference was general nursing.

Explorations scores were also significantly higher for graduates with relatives in both general and psychiatric nursing than for graduates with relatives in general nursing only or with no relatives in nursing;  $F(3,201)=3.40, p=.02$ . (See Table 25 for means and standard deviations.) This finding suggests that relatives in the chosen vocation were an important source of vocational exploration as measured by the EXP scale.

Graduates and students who had no previous experiences related to psychiatric nursing scored significantly lower on EXP than those having all other types of related experiences with the exception of students who had experience with the developmentally handicapped:  $F(5,198)=8.59, p<.01$  for graduates and  $F(5,180)=6.04, p<.01$  for students. (See Table 28 for means and standard deviations.) This finding suggests that vocationally related experiences were an important source of vocational exploration as measured by the EXP scale.

Exploration scores for students who were between the ages of 31 and 44 when they decided on psychiatric nursing as a vocation were significantly higher than for all other age groups;  $F(6,181)=2.60, p=.02$ . (See Table 34 for means and standard deviations.) As well, subjects (graduates and students) who were 25 years and over on entering the psychiatric nursing program were significantly higher on EXP scores than subjects under 25 years;  $F(1,407)=10.34, p<.01$ . (See Table 36 for means and standard deviations.) These findings suggest a relationship between age and vocational exploration as measured by the EXP scale.

## DISCUSSION

This chapter includes a discussion of the limitations of the study, a summary of the findings and a brief explanation of possible implications of the study.

Limitations of the Study

The conclusions which can be drawn from this study are limited by both theoretical and methodological considerations.

Theoretical Limitations

Theories related to human development present challenges to the researcher since inherent in the theory is the notion that behaviors change over time in relation to a developmental process. It is, however, impossible to control situational variables and social changes which occur over time and therefore it is difficult if not impossible to isolate the behaviors which are related solely to one's development, or to determine to what extent findings can be generalized to other populations.

Vocational development is such a theory. Although useful in describing behaviors related to vocational choice vocational development theory is not necessarily useful in predicting future vocational choice behaviors. The changing role of women with respect to career development is a case in point.

In addition to these general criticisms, Herr and Cramer (1979) raise a number of issues related to career development theory that are applicable to Super's theory of vocational development. Herr and Cramer state that "most of the hypotheses and ... existing principles of career development have come from relatively small samples of middle class white males" (p. 553). They indicate that student subjects have been the rule and



persons with minimal education or characteristics of adults have been under represented. Published findings have not proceeded beyond young adulthood and comprehensive knowledge of career development of adults is lacking. The predictive validity of differing patterns of early vocational development are not known. As well, theory has evolved from descriptive rather than experimental research with interpretation of findings made without benefit of validation or replication across samples diverging in characteristics from those on whom the original findings were obtained.

In that this study was based on vocational development theory as conceptualized by Super, limitations of the theory need be considered.

#### Methodological Limitations

The design of the study was descriptive rather than experimental. Data are from subjects associated with one psychiatric nursing program without benefit of comparative data thus limiting conclusions and generalizations that can be made.

A further restriction is posed by the nature of the sampling which is cross-sectional, sampling individuals at various stages in their progression through the program and following graduation in an attempt to obtain a longitudinal pattern of vocational choice behaviors. The validity of findings of a predictive nature rest on the assumptions that the characteristics of the applicants and conditions to which they were exposed remained static for all groups, an assumption that is not well founded in this study.

All data obtained were based on the subjects' perception or recall of information and therefore must be regarded as a subjective rather than objective description of vocational choice behavior.

Theoretical concepts were the major guide in developing the rating scales. However the vocational concepts overlap and this overlap is reflected in the presence of some ambiguous items on the three scales.

In developing the vocational maturity scale, care was taken to reflect the types of vocational planning which would be required of individuals irrespective of age in entering a psychiatric nursing program. However it is possible that items on this scale were more pertinent to individuals theoretically in the exploratory stage of vocational development planning for the transition from school to work. No patterns of vocational choice behaviors were in evidence on this scale. The reliability coefficients (internal consistency estimates) for this scale were .49 for students and .56 for graduates, considerably lower than reliability coefficients for the other two scales.

#### Summary of Findings

Findings are summarized in relation to the research questions.

##### Do Graduates Remain in Psychiatric Nursing?

For lack of comparative data, no definitive answer can be given to the question of whether graduates remain in psychiatric nursing. However certain patterns in relation to the further vocational development of the graduates emerged.

Of the graduates a total of 29% held both psychiatric and general nursing diplomas including 2% who were qualified in general nursing when they entered the psychiatric nursing program. The majority of graduates, 58% were working in psychiatric nursing in comparison with 16% working in general nursing, 15% working in other fields and 11% not in the work force. The 15% working in other fields included graduates working in related

fields (e.g. child care workers) and graduates enrolled as students in general nursing programs. Approximately one third of the graduates in each of the three categories not currently working in psychiatric nursing (i.e. graduates in general nursing, in other fields or not in the work force), indicated they intended to return to psychiatric nursing. Of the graduates working in psychiatric nursing, 13% indicated they would like to change their field of nursing (this was interpreted to mean they wished to change to general nursing), and 14% of graduates working in psychiatric nursing indicated they would like to leave nursing entirely.

Graduates were interested in further education. Close to 50% of the graduates had obtained, were in the process of obtaining or wished to obtain a general nursing diploma. The major reason given for obtaining a general nursing diploma was for increased job mobility. University preparation was the second most popular avenue of further education with 28% of the graduates interested in obtaining university degrees, half of these graduates specifically interested in degrees in nursing.

Data suggest that graduates continue to work in or maintain their ties with the field of psychiatric nursing. Graduates however appear to value being able to move between fields of nursing and seek to continue their education after graduating from the program.

#### Vocational Self-Concept

Findings for graduates in relation to vocational self-concept were consistent with theoretical predictions in that graduates who on entering the program had preferred psychiatric nursing differed significantly from graduates who had preferred general nursing, and graduates who were working in psychiatric nursing differed from graduates working in general nursing.

The proportion of graduates who subsequently obtained general nursing diplomas as compared to those who did not obtain general nursing diplomas did not differ according to whether the graduate had initially preferred general nursing or had preferred psychiatric nursing. As well, there was no significant difference in the proportion of graduates who initially preferred general nursing as compared to graduates initially preferring psychiatric nursing as to subsequent field of employment. The findings suggests that over the course of the program or through subsequent work experiences the vocational self-concept of some of the graduates had changed.

The variables of prior experience related to the field of psychiatric nursing, work experience in medically related fields and presence of relatives working in nursing all contributed to the vocational self-concept of the applicant.

The vocational self-concept scale appears to measure an orientation towards psychiatric nursing and appears to distinguish between graduates who remain in psychiatric nursing and graduates who leave psychiatric nursing.

#### Vocational Maturity

Findings for graduates in relation to vocational maturity were generally inconsistent with theoretical predictions. Interestingly, graduates who between the ages of 15 and 17 had made a definite decision to enter psychiatric nursing scored highest on vocational maturity and were significantly higher than most other age groups, grouped according to stage of vocational development. This finding is consistent with theory in that this age grouping coincides with the stage of exploration during which the task of crystallizing a vocational preference is to be completed, and vocational maturity is related to the age appropriateness of the vocational

choice behaviors.

Contrary to expectations, there was no relationship between vocational maturity scores and increase in age.

Vocational maturity scores for graduates varied significantly in relation to academic achievement and there was a significant positive relationship between academic achievement in high school and academic achievement in the program.

The vocational maturity scale, however, proved not to be useful for a wide age range of subjects and was not useful in determining patterns of vocational choice for subjects in this study.

#### Vocational Exploration

For graduates there appeared to be a relationship between exploration and remaining in the field of psychiatric nursing in that graduates who had left the field of psychiatric nursing scored lowest on the exploration scale. As well, a significantly higher proportion of graduates who perceived they received accurate information concerning the field of psychiatric nursing prior to entering the program, were working in psychiatric nursing as compared to graduates who perceived they received inaccurate information.

Vocational exploration appeared to be age related in that graduates who were 25 years or older on entering the program scored significantly higher on the exploration scale as compared to graduates under 25 years of age on entering the program.

Graduates whose program preference was psychiatric nursing scored significantly higher on exploration than graduates whose preference was general nursing suggesting that applicants who had anticipated entering general nursing had not geared their exploration toward psychiatric nursing.

Other variables significantly related to exploration for graduates were, presence of relatives in psychiatric nursing, previous experiences related to psychiatric nursing and additional educational courses taken after leaving high school and prior to entering the program.

#### Sex-Role Stereotyping

Findings in relation to educational and occupational status of parents of graduates were non-conclusive in relation to the question of whether females entering psychiatric nursing were characteristic of the theoretical profile of females entering traditional female vocations and males entering psychiatric nursing were tradition breakers. There was however, no discernible difference in the background of female as compared to male graduates.

#### Graduates Versus Students

Findings throughout the study in relation to students were generally not consistent with theoretical predictions. On all three scales beginning students scored higher than senior students and students scored higher than graduates. Although findings for graduates tended to be consistent with theoretical predictions, student and graduate findings were generally not consistent. Possible explanations for this are that:

- 1) as the program becomes more established, the increased public awareness acts to facilitate exploration of the program and the field of psychiatric nursing and allows for appropriate planning prior to entry.
- 2) exploration of psychiatric nursing prior to entering the program has been favored by program changes including the systematic provision of information to the applicant.

- 3) difference in scores do not reflect a true difference but rather a tendency for the novice to answer in the affirmative more frequently than the more experienced.
- 4) differences in scores reflect what the scale is actually measuring.

#### Implications

Implications of the study are discussed as they relate to the selection of applicants for the psychiatric nursing program and as they relate to areas for further study.

#### Selection of Applicants

In the assessment of applicants for the psychiatric nursing program, the vocational self-concept and the exploration scales appear to be potentially useful. Both scales, however would require further validating.

Recruitment and follow-up of the mature applicant (25 years and older) seems warranted on the basis of an indication that the mature applicant appears more likely to remain in the field of psychiatric nursing.

Academic achievement in high school appears to be a useful selection criterion. However while it predicts academic achievement in the program it is not necessarily a predictor of whether the graduate will remain in the field of psychiatric nursing.

Recruitment of applicants from the applicants who have been unable to gain access to general nursing programs has value in that the applicants who apply to psychiatric nursing as a second alternative are as likely to remain in psychiatric nursing as those who apply directly to psychiatric nursing. This practise is possibly attracting individuals who would not otherwise become interested in psychiatric nursing.

### Further Study

A longitudinal study using the questionnaire is worthwhile to determine the vocational development of applicants through to post graduation and to identify factors which may be useful in predicting vocational choice behaviours of the graduates.

Findings in relation to vocational self-concept were theoretically the most interesting and suggestive of further research. Further research is needed to validate findings in relation to differences between applicants and graduates choosing the psychiatric nursing program or choosing the field of psychiatric nursing as compared with those choosing general nursing. Specifically the questions of whether the psychiatric nursing program influences the vocational self-concept towards psychiatric nursing and whether graduates who express dissatisfaction with the field of psychiatric nursing as compared with graduates expressing satisfaction differ on vocational self-concept are suggested areas for further study.

The findings in this study indicating that increased vocational exploration and particularly accuracy of information of the chosen vocation (i.e. psychiatric nursing), potentially increases retention in the vocation have however, the most practical implications. Conceivably vocational exploration in relation to psychiatric nursing could be purposefully increased. A study involving the development and testing of recruitment and pre-entry programs designed to increase exploration of the vocation of psychiatric nursing is recommended.



APPENDIX A

Interview Outline

INTERVIEW OUTLINE

Present age?

When did you graduate from high school?

What did you do between time of graduating from high school to the time of entering the program?

- courses
- employment
- housewife, etc.

What activities did you participate in during high school?

- part-time jobs
- volunteer work
- clubs
- extra curricular activities

What influenced you to enter the psychiatric nursing program?

- family
- friends
- getting a job

How certain were you about your decision?

- date of applying
- time of decision

How much knowledge did you have about psychiatric nursing before entering the program?

APPENDIX B

Questionnaire Blueprint

Demographic	Voc. Self-Concept	Questionnaire Blueprint Voc. Maturity	Exploration	Program Information
<p><u>Background - Family</u></p> <ul style="list-style-type: none"> <li>-Parents education</li> <li>-Parents occupation</li> <li>-Size of community of origin.</li> </ul> <p><u>Background - other</u></p> <ul style="list-style-type: none"> <li>-Academic achievement in highschool</li> <li>-Member of school clubs or teams.</li> <li>-Employment (part-time/summer) while attending school.</li> <li>-Other achievements (awards, scholarships, leadership positions).</li> </ul> <p><u>Status on Entry</u></p> <ul style="list-style-type: none"> <li>-Age</li> <li>-Sex</li> <li>-Marital status</li> <li>-Dependants.</li> <li>-Financial resources.</li> </ul>	<p><u>Formation -</u></p> <ul style="list-style-type: none"> <li>-Childhood experiences with medical personnel.</li> <li>-Experience with emotional or physical illness in immediate family.</li> <li>-First crystallized career choice.</li> <li>-Parents as role models as workers.</li> <li>-Value family places on work.</li> <li>-Type of work valued by parents.</li> <li>-Presence of psychiatric facilities in community.</li> </ul> <p><u>Translation -</u></p> <ul style="list-style-type: none"> <li>-(Identification with role models).</li> <li>-Knows psych. nurses.</li> <li>-Amount of influence.</li> </ul>	<p><u>Planning -</u></p> <ul style="list-style-type: none"> <li>-Selection of H.S. curriculum.</li> <li>-Implementing voc. plan.</li> <li>-Realism of choice (agreement between ability and preference).</li> <li>-stability of choice</li> <li>-clarity of goal</li> <li>-long range plans</li> <li>-timing of application to program.</li> <li>-Flexibility in changing career plans.</li> <li>-Time frame in relation to selecting a career and selection of a curriculum.</li> <li>-Financial planning.</li> </ul> <p><u>Independence -</u></p> <ul style="list-style-type: none"> <li>-Decisions made independently vs decisions made by parents or influenced by peers.</li> </ul>	<p><u>Self-Knowledge -</u></p> <ul style="list-style-type: none"> <li>-Use of counselling services to determine skills.</li> <li>-Degree to which knowledge of self used in selecting a vocation.</li> <li>-Feedback from others (parents, teachers) re skills.</li> <li>-Aptitude tests.</li> </ul> <p><u>Voc. Possibilities -</u></p> <ul style="list-style-type: none"> <li>-Information from student counselling services.</li> <li>-Pamphlets &amp; written material.</li> <li>-Getting to know workers from various fields.</li> <li>-Exposure to work settings through tours</li> <li>-Experience in the work force.</li> </ul>	<ul style="list-style-type: none"> <li>-Opening date.</li> <li>-Length.</li> <li>-Academic terms.</li> <li>-Total no. of students by term.</li> <li>-No. of withdrawals.</li> <li>-Reason for withdrawal (failure, health, wrong career choice, family or other).</li> <li>-Total no. of graduates.</li> <li>-No. who complete double diploma.</li> <li>-No. currently obtaining second diploma.</li> <li>-No. of reg. nurses completing R.P.N. program at B.C.I.T.</li> <li>-No. of Graduates currently registered with the R.P.N.A.B.C. (Active &amp; inactive).</li> <li>-No. of graduates registered with the R.N.A.B.C.</li> </ul>

<ul style="list-style-type: none"> <li>-Employment since graduating from HS.</li> <li>-Vocational or academic programs completed.</li> <li>-Degrees or certificates obtained.</li> <li>-Employment since graduation from HS.</li> <li>-Program initially applied for (R.N. or R.P.N.).</li> </ul>	<ul style="list-style-type: none"> <li>-Recipient of psych. treatment.</li> <li>(Experience) -</li> <li>-Knows persons receiving psych. care.</li> <li>-Work experiences with physically or mentally disabled.</li> <li>-Influences of novels relating emotional problems.</li> <li>-Literature related to understanding behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>-Independence in acquiring jobs.</li> <li>-Vocational plan implemented by self vs parents.</li> <li><u>Responsibility</u> -</li> <li>-Work experiences (part-time, summer).</li> <li>-Amount of responsibility.</li> <li>-Involvement in extra curricular activities.</li> <li>-Leadership positions.</li> <li>-Membership in organizations outside of school.</li> <li>-Volunteer work.</li> <li>-Role as a parent.</li> <li>-Wage earner.</li> <li>-Previous vocations.</li> </ul>	<ul style="list-style-type: none"> <li>-Employment initiated by self or by others.</li> <li>-Exposure to other educational courses or career programs (Post secondary ed.).</li> <li><u>Field of Psych. Msg.</u> -</li> <li>-Whether information obtained through intention or fortuitously.</li> <li>-Information from counsellors.</li> <li>-Written information.</li> <li>-Chance acquaintances with psych. nurses.</li> <li>-Volunteer work in the field.</li> <li>-Whether exposure to field before or after application to program.</li> <li>-Realism of information obtained.</li> </ul>
<ul style="list-style-type: none"> <li><u>Present Status</u> (Graduate)</li> <li>-Date of graduation</li> <li>-Present marital status.</li> <li>-Dependants.</li> <li>-Place of employing or educational institution.</li> <li>-Type of employment or education.</li> <li>-Length of employment.</li> <li>-Employment since graduating from programs.</li> </ul>	<ul style="list-style-type: none"> <li>-Knowledge of requirements of program (economic, psychological, physical).</li> <li>-Knowledge of conditions of work.</li> </ul>	<ul style="list-style-type: none"> <li><u>Achievement</u> -</li> <li>-Achievement in school (academic, other).</li> <li>Basis of Vocational Decision -</li> <li>-Knowledge of requirements of program (economic, psychological, physical).</li> <li>-Knowledge of conditions of work.</li> </ul>	<ul style="list-style-type: none"> <li><u>Program Information</u> -</li> <li>-Exploration of other nursing programs.</li> <li>-How program information obtained (self initiated</li> </ul>

<p>-Type of registration held (R.N./R.P.N.).</p> <p>-Involvement in professional assoc. (committee member, elected officer, etc.).</p> <p>-Academic courses since graduating.</p> <p>-Continuing ed. courses.</p> <p>-Job related short courses and work shops.</p> <p>-Second diploma (where obtained).</p> <p><u>Present Status (Student)</u></p> <p>-Term presently enrolled in.</p> <p>-Marital status.</p> <p>-Summer employment.</p> <p>-Part-time employment.</p> <p>-Financial resources.</p> <p>-Dependants.</p> <p><u>Present Status (Withdrawals)</u></p> <p>-Present employment</p> <p>-Reasons for leaving program.</p>	<p><u>Maintenance -</u></p> <p>-Amount of job satisfaction.</p> <p>-Degree to which program prepared for actual work role.</p> <p>-Expectations of work as a grad fulfilled.</p> <p>-Opportunities for prof. growth vs stagnation.</p> <p>-Job as a source of income vs job as a source of gratification.</p> <p>-Amount of involvement in professional organizations.</p> <p>-Identification with psych. nsg. vs general nursing.</p> <p>-Plans to stay in advance in field vs plans for change.</p>	<p>(monetary rewards, hours, job security, etc.).</p> <p>-Knowledge of job opportunities.</p> <p>-Knowledge of opportunities for advancement.</p> <p>-Personal motivation</p> <p>-financial security</p> <p>-self-knowledge</p> <p>-status</p> <p>-humanitarian (service to others, value to mankind)</p> <p>-Job security.</p>	<p>vs other).</p> <p>-Degree to which program explored before entry.</p> <p><u>Exploration During Program -</u></p> <p>-Opportunities to explore field during program.</p> <p>-Self-exploration (skills working with people).</p>
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-Vocational or academic courses taken since leaving.

Future Plans (Grad)

- Plans for further education (job related or other).
- Change of focus, change of field.
- Advancement in the field.
- Change of locale.

Future Plans (Student)

- Educational plans beyond graduation.
- Second diploma.
- Field of nursing (Psych. or Gen.).
- Focus of nursing (retardation, forensic, long-term care, etc.).

Future Plans (Withdrawals.)

- Re-entry to B.C.I.T. psych. nsg. program.
- Another nsg. program.
- Employment in a related field.
- Obtain training in a related field.

APPENDIX C

Description of the Vocational Concepts



## DESCRIPTION OF CONCEPTS

### 1. VOCATIONAL SELF-CONCEPT

The formation of the vocational self-concept is influenced by family and significant others early socialization occurring as it does in the home.

The vocational self-concept is translated through identification with role models and experiences and observations throughout childhood.

During implementation the individual seeks to obtain specialized training and identifies with a specified role through a process of socialization.

The vocational self-concept is preserved if the vocational role is perceived as compatible with the forming vocational self-concept and if the vocational role allows for further development of the vocational self-concept.

As stated by Super, theorist in vocational development, "In expressing a vocational preference, a person puts into occupational terminology his idea of the kind of person he is; that in entering an occupation, he seeks to implement a concept of himself; that in getting established in an occupation he achieves self-actualization. The occupation thus makes possible the playing of a role appropriate to the self-concept."

### 2. VOCATIONAL MATURITY

This concept encompasses the notion of maturity in that there are certain developmental tasks appropriate to certain stages of development. The central idea is one of "informed planfulness" in relation to selecting one's vocation. Vocational maturity seems to correlate with attitudes towards responsibility, stability of choice, and concrete factors influencing choice. Other factors include orientation to planning, having information about alternative actions, accurate self-appraisal, ability to make independent judgments and concern with choice.

### 3. EXPLORATION

Exploration is described as activities, mental or physical undertaken with the avowed or unconscious purpose or hope of eliciting information about oneself or one's environment, or of verifying or arriving at a basis for a conclusion or hypothesis which will aid in choosing, preparing for, entering, adjusting or progressing in an occupation. A person benefits considerably more from his exploratory activities if they are purposeful and have external aspects than if they are random and exist only in mental processes.

APPENDIX D

Questionnaire

VOCATIONAL CHOICE IN PSYCHIATRIC NURSING

This questionnaire forms the basis of a study to determine the process by which students choose the Psychiatric Nursing Program at B.C.I.T. and to determine what types of vocations they subsequently pursue as graduates. It is being undertaken in partial fulfillment of obtaining my Master's Degree in Education from Simon Fraser University and with the full support and cooperation of the Department of Psychiatric Nursing.

The results of the study will be shared with the Department of Psychiatric Nursing and will be used in making program changes to better meet the needs of the student and the profession of Psychiatric Nursing.

Your participation is voluntary. However, you are urged to participate. The significance of the study really depends on having a high degree of participation. You may be assured of complete confidentiality. Your questionnaire is identified only by a number. Please do not put your name on the questionnaire.

Shiron Erickson  
Faculty  
Psychiatric Nursing Department  
B.C.I.T.

Note. In Section I the letter "Q" followed by a question number after the question designates items which were post-coded. The coding protocol is included after the questionnaire.

In Section II the vocational scales are designated by the codes VSC (vocational self-concept). VM (vocational maturity) and EXP (exploration) following the appropriate item. The letter "R" indicates reversal of scoring of a particular item.

SECTION I

The purpose of this section is to gather information which will permit a description of students and graduates of the Psychiatric Nursing Program at B.C.I.T.

Please select the answer category which reflects your situation. Enter the number preceding the answer in the box to the right.

Example:

What vocations other than Psychiatric Nursing have you considered?

- (1) TINKER (2) TAILOR (3) SOLDIER (4) SAILOR  
 (5) OTHER (SPECIFY: Movie Star)

5
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In a few instances you are asked to answer in numbers; e.g. give an age. Enter this number in the boxes provided.

Example:

What age were you when you first considered Psychiatric Nursing?

2	2
---	---

If the question does not apply (e.g. the question refers to your father and you do not have a father) enter "0".

0
---

1. What was your Primary reason for selecting Psychiatric Nursing?

- (1) TO LEARN ABOUT ONESELF.
- (2) TO LEARN ABOUT HUMAN BEHAVIOUR.
- (3) TO LEARN ABOUT CHILD DEVELOPMENT.
- (4) TO WORK WITH DEVELOPMENTALLY HANDICAPPED CHILDREN.
- (5) TO HELP PEOPLE WITH EMOTIONAL PROBLEMS.
- (6) AN AVAILABLE ALTERNATIVE TO THE GENERAL NURSING PROGRAM.
- (7) PROSPECTS OF EARNING A REASONABLE WAGE.
- (8) PROSPECTS OF OBTAINING A SECURE JOB.
- (9) OTHER (SPECIFY: \_\_\_\_\_)

5
---

2. What was the first source of information leading to your awareness of the Psychiatric Nursing Program at B.C.I.T.?

- (1) HIGH SCHOOL COUNSELLORS.
- (2) B.C.I.T. COUNSELLORS OR PROGRAM INTERVIEWERS.
- (3) OTHER CAREER COUNSELLORS (SPECIFY: \_\_\_\_\_)
- (4) PROGRAM CALENDARS, BROCHURES OR POSTERS.
- (5) RADIO ADVERTISEMENTS.
- (6) T.V. ADVERTISEMENTS.
- (7) NEWSPAPER ADVERTISEMENTS.
- (8) FRIENDS, FAMILY OR RELATIVES.
- (9) OTHER (SPECIFY: \_\_\_\_\_)



3. What program at B.C.I.T. did you originally apply to?

- (1) R.P.N. (2) R.N. (3) OTHER (SPECIFY: \_\_\_\_\_)



4. What age were you when you definitely decided to study Psychiatric Nursing?

- (1) 13-14 YEARS                      (2) 15-17 YEARS
- (3) 18-21 YEARS                     (4) 22-24 YEARS
- (5) 25-30 YEARS                    (6) 31-44 YEARS
- (7) 45 OR OLDER

8
---

5. What age were you when you entered the Psychiatric Nursing Program at B.C.I.T.?



6. What year did you first enter the program?

1	9
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7. What time of year did you enter the program?

- (1) AUGUST OR SEPTEMBER (2) JANUARY OR MARCH



8. What was your marital status at the time you entered the program?

- (1) SINGLE (2) MARRIED (3) DIVORCED, SEPARATED OR WIDOWED



9. If you had a family, how many children under the age of 6 were in the home when you entered the program?

(enter number here) 15
------------------------

(enter  
number  
here)

10. How many children between the age of 6 and 18 were in the home?
11. What was your Primary source of finances when you entered the program?
- (1) MENTAL HEALTH BURSARY.
  - (2) HEALTH STIPEND.
  - (3) B. C. STUDENT ASSISTANCE - CANADA STUDENT LOAN.
  - (4) B. C. STUDENT ASSISTANCE - EDUCATION GRANT.
  - (5) HEALTH BURSARY (REPLACED THE HEALTH STIPEND SEPT. 1979).
  - (6) PERSONAL SAVINGS.
  - (7) PERSONAL LOANS.
  - (8) FUNDS FROM PARENTS, RELATIVES AND/OR SPOUSE.
  - (9) PART TIME EMPLOYMENT.
  - (10) HUMAN RESOURCES MAINTENANCE.
  - (11) COMBINATION OF (1) AND (2).
  - (12) COMBINATION OF (3) AND (4).
  - (13) COMBINATION OF (3), (4), AND (5).

12. Your sex?
- (1) MALE (2) FEMALE
13. What is your present status in relation to the program?
- (1) STUDENT.
  - (2) LEFT THE PROGRAM.
  - (3) GRADUATED WITH ORIGINAL CLASS.
  - (4) LEFT THE PROGRAM BUT RETURNED AND GRADUATED.

14. If you answered (4) to the above question, when did you graduate?
- (1) AUGUST 1975 (2) AUGUST 1976 (3) MARCH 1977
  - (4) AUGUST 1977 (5) MARCH 1978 (6) AUGUST 1978
  - (7) MARCH 1979 (8) AUGUST 1979

15. If you left the program at any time, what was your Primary reason?
- (1) WRONG CAREER CHOICE.
  - (2) UNSATISFACTORY ACHIEVEMENT IN PROGRAM.
  - (3) FINANCIAL PROBLEMS.
  - (4) FAMILY PROBLEMS.
  - (5) HEALTH PROBLEMS.
  - (6) OTHER (SPECIFY: \_\_\_\_\_)

16. If you left the program and have not since returned, do you hope to eventually complete a Psychiatric Nursing program at B.C.I.T. or elsewhere?

(1) YES (2) NO (3) UNCERTAIN

17. If you left the program without graduating, what are you presently doing?

- (1) WORKING IN A FIELD RELATED TO THE HELPING OR MEDICAL PROFESSIONS.
- (2) WORKING IN A NON-RELATED FIELD.
- (3) TAKING A PROGRAM OR COURSE OF STUDY IN A RELATED FIELD.  
(SPECIFY: \_\_\_\_\_)
- (4) STUDYING IN A NON-RELATED FIELD. (SPECIFY: \_\_\_\_\_)
- (5) OTHER (SPECIFY: \_\_\_\_\_)

18. What was your father's occupation while you were growing up? (Please specify the occupation. Be specific; e.g. "Occupational Therapist in a Hospital". Select the category in which you think it best fits. If your father was not in the home while you were growing up, enter "0")
- Father's Occupation \_\_\_\_\_ Q18a

Category:

- (1) UNSKILLED OR SEMI-SKILLED LABOURER (E.G. JANITOR, ASSEMBLY LINE WORKER).
- (2) SKILLED CRAFTSMAN, TRADESMAN, TECHNICIAN (E.G. ELECTRICIAN, CHEF, PRACTICAL NURSE).
- (3) FARM OWNER AND OPERATOR.
- (4) CLERICAL OR SALES (E.G. SHIPPING CLERK, CASHIER, STENOGRAPHER).
- (5) OWNER, MANAGER OR OFFICIAL OF SMALL COMPANY OR BUSINESS (E.G. STORE OWNER, SERVICE STATION MANAGER).
- (6) SEMI-PROFESSIONAL (E.G. DRAUGHTSMAN, REGISTERED NURSE).
- (7) OWNER, MANAGER OR OFFICIAL OF LARGE COMPANY OR BUSINESS (E.G. BANK MANAGER, ADVERTISING EXECUTIVE).
- (8) PROFESSIONAL (E.G. PHYSICIAN, CIVIL ENGINEER).
- (9) HOMEMAKER.
- (10) NOT IN THE WORK FORCE (E.G. UNEMPLOYED, DISABILITY PENSION, INHERITED WEALTH).

19. What was the highest formal education attained by your father?

- (1) GRADE 8 OR LESS.  
 (2) GRADE 9 TO 11.  
 (3) COMPLETED HIGH SCHOOL.  
 (4) SOME POST SECONDARY EDUCATION.  
 (5) COMPLETED A VOCATIONAL INDUSTRIAL OR APPRENTICESHIP PROGRAM.  
 (SPECIFY: \_\_\_\_\_)  
 (6) OBTAINED A UNIVERSITY DEGREE (SPECIFY: \_\_\_\_\_)

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20. What was your mother's occupation while you were growing up? (Please specify the occupation. Be specific; e.g. "Occupational Therapist in a Hospital". Select the category in which you think it best fits. If your mother was not in the home while you were growing up, enter "0")  
 Mother's Occupation: \_\_\_\_\_

Q20a

Category:

- (1) UNSKILLED OR SEMI-SKILLED LABOURER (E.G. JANITOR, ASSEMBLY LINE WORKER).  
 (2) SKILLED CRAFTSMAN, TRADESMAN, TECHNICIAN (E.G. ELECTRICIAN, CHEF, PRACTICAL NURSE).  
 (3) FARM OWNER AND OPERATOR.  
 (4) CLERICAL OR SALES (E.G. SHIPPING CLERK, CASHIER, STENOGRAPHER).  
 (5) OWNER, MANAGER OR OFFICIAL OF SMALL COMPANY OR BUSINESS (E.G. STORE OWNER, SERVICE STATION MANAGER).  
 (6) SEMI-PROFESSIONAL (E.G. DRAUGHTSMAN, REGISTERED NURSE).  
 (7) OWNER, MANAGER OR OFFICIAL OF LARGE COMPANY OR BUSINESS (E.G. BANK MANAGER, ADVERTISING EXECUTIVE).  
 (8) PROFESSIONAL (E.G. PHYSICIAN, CIVIL ENGINEER).  
 (9) HOMEMAKER.  
 (10) NOT IN THE WORK FORCE (E.G. UNEMPLOYED, DISABILITY PENSION, INHERITED WEALTH).

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21. What was the highest formal education attained by your mother?

- (1) GRADE 8 OR LESS.  
 (2) GRADE 9 TO 11.  
 (3) COMPLETED HIGH SCHOOL.  
 (4) SOME POST SECONDARY EDUCATION.  
 (5) COMPLETED A VOCATIONAL INDUSTRIAL OR APPRENTICESHIP PROGRAM.  
 (SPECIFY: \_\_\_\_\_)  
 (6) OBTAINED A UNIVERSITY DEGREE (SPECIFY: \_\_\_\_\_)

22. How many relatives (mother, father, aunts, uncles, or cousins) are or were Registered Nurses?

- (1) ONE (2) TWO (3) THREE OR MORE (4) NONE

23. How many relatives (mother, father, aunts, uncles, or cousins) are or were Registered Psychiatric Nurses?

- (1) ONE (2) TWO (3) THREE OR MORE (4) NONE

24. What type of community did you live the greatest length of time during your school years?

- (1) RURAL COMMUNITY (2) SMALL TOWN (3) LARGE TOWN  
 (4) SMALL CITY (5) LARGE CITY

25. Was there a facility for psychiatric care or for the mentally retarded in the community in which you grew up?

- (1) YES (2) NO (3) UNCERTAIN

35

26. What statement best describes your status in relation to your high school years?

- (1) COMPLETED GRADE 12 IN B. C.  
 (2) ATTENDED HIGH SCHOOL IN B. C. BUT LEFT SCHOOL BEFORE COMPLETING GRADE 12.  
 (3) COMPLETED GRADE 12 (OR THE EQUIVALENT) OUTSIDE OF B. C.  
 (4) ATTENDED HIGH SCHOOL OUTSIDE OF B. C. BUT LEFT SCHOOL BEFORE COMPLETING GRADE 12

27. In what range does the average of your marks in your final year in the school system fall?

- (1) 80-100% (2) 70-79% (3) 60-69% (4) 50-59% (5) BELOW 50%



28. By the time you left the school system, what sciences (or equivalent) EXCLUDING MATH had you successfully completed?
- (1) NO SCIENCES
  - (2) CHEMISTRY 11 & 12
  - (3) CHEMISTRY 11
  - (4) CHEMISTRY 11 & BIOLOGY 12
  - (5) BIOLOGY 11 & 12
  - (6) BIOLOGY 11 & CHEMISTRY 12
  - (7) BIOLOGY 11
  - (8) OTHER (SPECIFY: \_\_\_\_\_)
29. If you completed high school in B. C. what program did you take?
- (1) SELECTED STUDIES - ACADEMIC/TECHNICAL (SPECIALTY - ARTS/HUMANITIES)
  - (2) SELECTED STUDIES - ACADEMIC/TECHNICAL (SPECIALTY - SCIENCES)
  - (3) SELECTED STUDIES - ACADEMIC/TECHNICAL (SPECIALTY - TECHNICAL)
  - (4) SELECTED STUDIES - COMMERCIAL
  - (5) SELECTED STUDIES - INDUSTRIAL
  - (6) SELECTED STUDIES - COMMUNITY SERVICES
  - (7) SELECTED STUDIES - VISUAL & PERFORMING ARTS
  - (8) COMBINED STUDIES
30. What type of school organized activities or clubs were you most involved with during high school?
- (1) SPORTS AND ATHLETICS
  - (2) ACADEMIC CLUBS (E.G. DEBATING, SCIENCE CLUBS)
  - (3) STUDENT GOVERNMENT (E.G. STUDENT COUNCIL, CLASS REP)
  - (4) SPECIAL INTEREST CLUBS
  - (5) ART AND/OR MUSIC
  - (6) COMMUNITY SERVICE
  - (7) OTHER (SPECIFY: \_\_\_\_\_)
  - (8) NO INVOLVEMENT
31. What amount of time were you employed during your high school years?
- (1) WORKED DURING SUMMER VACATIONS AND ON A REGULAR PART TIME BASIS.
  - (2) WORKED PART TIME ON AN OCCASIONAL BASIS.
  - (3) WORKED SUMMERS ONLY.
  - (4) OCCASIONAL JOBS (E.G. BABYSITTING).
  - (5) NO GAINFUL EMPLOYMENT.
32. Through employment, volunteer work, or involvement in organizations including your church, which of the following experiences have you had prior to entering the program?
- (1) EXPERIENCE WITH SICK OR PHYSICALLY HANDICAPPED ADULTS AND/OR CHILDREN IN A HOSPITAL SETTING.
  - (2) EXPERIENCE WITH PHYSICALLY HANDICAPPED ADULTS AND/OR CHILDREN IN A COMMUNITY SETTING.
  - (3) EXPERIENCE WITH DEVELOPMENTALLY RETARDED ADULTS AND/OR CHILDREN IN A HOSPITAL OR INSTITUTIONAL SETTING.
  - (4) EXPERIENCE WITH DEVELOPMENTALLY RETARDED ADULTS AND/OR CHILDREN IN A COMMUNITY SETTING.
  - (5) EXPERIENCE WITH CHILDREN OR ADULTS WITH PSYCHIATRIC PROBLEMS IN A HOSPITAL OR INSTITUTIONAL SETTING.
  - (6) EXPERIENCE WITH CHILDREN OR ADULTS WITH PSYCHIATRIC PROBLEMS IN A COMMUNITY SETTING.
  - (7) EXPERIENCE IN ACTIVITY OR RECREATION TYPE PROGRAMS WITH NORMAL CHILDREN IN THE COMMUNITY.
  - (8) NO RELATED EXPERIENCE.
  - (9) OTHER OR MORE THAN ONE OF THE ABOVE. (SPECIFY: \_\_\_\_\_)
33. How would you categorize your usual involvement in clubs, organizations, associations or teams to which you belong or have belonged?
- (1) TAKE A LEADERSHIP ROLE.
  - (2) ACTIVE PARTICIPANT.
  - (3) PARTICIPANT.
  - (4) MEMBER AND OCCASIONAL PARTICIPANT.
34. What awards for achievement have you received either during or since graduating from high school prior to entering the program?
- (1) NONE
  - (2) SCHOLASTIC OR ACADEMIC AWARD.
  - (3) ATHLETICS OR SPORTS AWARD.
  - (4) COMMUNITY SERVICE OR CITIZENSHIP AWARD.
  - (5) OTHER (SPECIFY: \_\_\_\_\_)

35. What academic or career courses did you complete after leaving high school and prior to entering the program?
- (1) NONE.
  - (2) PREREQUISITE SUBJECTS TO ENTER THE PROGRAM.  
(SPECIFY: \_\_\_\_\_)
  - (3) VOCATIONAL/CAREER OR TECHNICAL TRAINING (SPECIFY: \_\_\_\_\_)
  - (4) BIBLE SCHOOL DIPLOMA.
  - (5) FIRST YEAR UNIVERSITY.
  - (6) MORE THAN ONE YEAR UNIVERSITY BUT NO DEGREE ATTAINED.
  - (7) BACHELORS DEGREE AT UNIVERSITY OR COLLEGE.
  - (8) MASTERS DEGREE OR BEYOND AT UNIVERSITY.
- 45
36. If you completed a degree at university or college, what was your major?
- (1) FINE ARTS.
  - (2) SCIENCES.
  - (3) EDUCATION.
  - (4) ENGLISH.
  - (5) PSYCHOLOGY.
  - (6) SOCIOLOGY.
  - (7) OTHER (SPECIFY: \_\_\_\_\_)
- 46
37. List your full time occupations since leaving high school in sequence from first to most recent indicating the length of time you spent in each. Include time spent in role of homemaker, mother, etc.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
38. Did you find the information you were given at the time of your selections interview for the Psychiatric Nursing Program to be an accurate representation of the program?
- (1) NOT VERY ACCURATE
  - (2) REASONABLY ACCURATE
  - (3) VERY ACCURATE
  - (4) UNCERTAIN
- 48
39. What amount of time were you, have you been, or do you anticipate being employed while enrolled in the program?
- (1) NONE OF THE TIME.
  - (2) SUMMERS ONLY.
  - (3) REGULAR PART TIME EMPLOYMENT THROUGHOUT MOST OF THE PROGRAM.
  - (4) REGULAR PART TIME EMPLOYMENT THROUGH SOME OF THE PROGRAM.
  - (5) OCCASIONAL PART TIME EMPLOYMENT.
- 
40. How financially necessary was it or do you anticipate it will be for you to work during the program?
- (1) NOT ABSOLUTELY NECESSARY.
  - (2) INCOME WOULD BE/WAS USEFUL BUT I COULD MANAGE WITHOUT IT.
  - (3) NECESSARY.
  - (4) ABSOLUTELY NECESSARY.
- 
41. If you have had part time or summer employment while enrolled in the program, what type of employment did you have?
- (1) EMPLOYMENT IN A PSYCHIATRIC HOSPITAL SETTING.
  - (2) EMPLOYED IN A GENERAL HOSPITAL SETTING.
  - (3) EMPLOYED IN INSTITUTION FOR MENTALLY RETARDED.
  - (4) OTHER (SPECIFY: \_\_\_\_\_)
- 
42. What was the average of your marks in your final quarter or your last completed semester in the program?
- (1) 80 - 100%
  - (2) 70 - 79%
  - (3) 60 - 69%
  - (4) 50 - 59%
  - (5) BELOW 50%
-

43. What educational goals would you most like or have made plans to pursue or are presently pursuing?

- (1) R.N. DIPLOMA.
- (2) DIPLOMA IN A SPECIALTY AREA OF PSYCHIATRIC NURSING (E.G. COMMUNITY, FORENSIC).
- (3) CONTINUING EDUCATION - SHORT COURSES ON SELECTED TOPICS (E.G. WEEKEND WORKSHOPS).
- (4) HEALTH CARE MANAGEMENT OR SUPERVISION.
- (5) UNIVERSITY DEGREE IN NURSING.
- (6) UNIVERSITY DEGREE IN OTHER THAN NURSING.
- (7) OTHER (SPECIFY: \_\_\_\_\_)
- (8) UNCERTAIN.

44. If you are interested in diploma courses in Psychiatric Nursing (i.e. minimum of one semester in length), what area would you be most interested in?

- (1) FORENSIC.
- (2) GERIATRIC.
- (3) COMMUNITY.
- (4) MENTAL RETARDATION.
- (5) CHILD PSYCHIATRY.
- (6) OTHER (SPECIFY: \_\_\_\_\_) Q44a

54

45. As a graduate of the Psychiatric Nursing Program, if it were possible for you to enter the 3rd year of the U.B.C. Degree Nursing Program without first taking a second diploma R.N., would you be interested? (Note: If you have completed your second diploma R.N. you would now be eligible.)

- (1) DEFINITELY WOULD BE INTERESTED.
- (2) PROBABLY WOULD BE INTERESTED.
- (3) UNCERTAIN.
- (4) PROBABLY NOT INTERESTED.
- (5) DEFINITELY NOT INTERESTED.
- (6) PRESENTLY ELIGIBLE AND INTERESTED.
- (7) PRESENTLY ELIGIBLE AND NOT INTERESTED.

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46. If you intend to take an R.N. Diploma, have taken one or are presently enrolled in one, what is/was your main reason?

- (1) TO CHANGE VOCATIONS.
- (2) FOR INCREASED JOB MOBILITY.
- (3) CHANCE FOR ADVANCEMENT.
- (4) BROADER EDUCATION.
- (5) OTHER (SPECIFY: \_\_\_\_\_)

47. Where would you like to work in the future?

- (1) ACUTE PSYCHIATRY.
- (2) LONG TERM CARE.
- (3) GERIATRIC PSYCHIATRY.
- (4) MENTAL RETARDATION.
- (5) COMMUNITY PSYCHIATRY.
- (6) GENERAL NURSING.
- (7) OTHER (SPECIFY: \_\_\_\_\_)

#### GRADUATES:

Items 48 to 67 pertain to your present status and your vocational related activities since graduating from the program. Please answer ALL items whether or not you are presently working in Psychiatric Nursing. If the item does not apply to you, enter  0 in the box provided.

48. What is your present field of employment?

- (1) PSYCHIATRIC NURSING
- (2) GENERAL NURSING
- (3) OTHER (SPECIFY: \_\_\_\_\_)
- (4) NOT PRESENTLY IN WORK FORCE

49. If you are employed as a nurse, what is your present position?

- (1) STAFF NURSE (NURSE 1)
- (2) TEAM LEADER (NURSE 2)
- (3) ASSISTANT HEAD NURSE (NURSE 2)
- (4) HEAD NURSE (NURSE 3)
- (5) OTHER (SPECIFY: \_\_\_\_\_)

50. If you are employed as a Psychiatric Nurse, where are you employed?
- (1) PROVINCIAL MENTAL HOSPITAL.
  - (2) PROVINCIAL INSTITUTE FOR THE DEVELOPMENTALLY RETARDED.
  - (3) PSYCHIATRIC IN-PATIENT UNIT PROVINCIAL.
  - (4) PSYCHIATRIC IN-PATIENT UNIT IN GENERAL HOSPITAL.
  - (5) COMMUNITY CARE TEAM OR MENTAL HEALTH CENTRE.
  - (6) OTHER (SPECIFY: \_\_\_\_\_) Q50a
- 61
51. If you are employed as a Psychiatric Nurse, what field of Psychiatric Nursing are you working in?
- (1) ACUTE PSYCHIATRY.
  - (2) LONG TERM CARE.
  - (3) GERIATRIC PSYCHIATRY.
  - (4) CHILD PSYCHIATRY.
  - (5) MENTAL RETARDATION.
  - (6) FORENSIC PSYCHIATRY.
  - (7) COMMUNITY PSYCHIATRY.
  - (8) OTHER (SPECIFY: \_\_\_\_\_)
- 63
52. What work are you presently doing? (Please give your present job title whether or not it is related to Psychiatric Nursing; e.g. Homemaker, Supermarket Manager, Community Psychiatric Nurse).
- Present Job Title: \_\_\_\_\_
53. If you are presently employed, what role did your qualifications as a Psychiatric Nurse play in obtaining your position?
- (1) NECESSARY TO BE REGISTERED AS A PSYCHIATRIC NURSE TO OBTAIN POSITION.
  - (2) NECESSARY TO HAVE SOME EDUCATIONAL PREPARATION IN PSYCHIATRIC NURSING TO OBTAIN POSITION.
  - (3) PREPARATION IN PSYCHIATRIC NURSING WAS HELPFUL IN OBTAINING PRESENT POSITION.
  - (4) PREPARATION IN PSYCHIATRIC NURSING IS USEFUL ON THE JOB BUT WAS NOT A FACTOR IN OBTAINING MY PRESENT POSITION.
  - (5) PSYCHIATRIC NURSING IS NOT REQUIRED AND OF NO PARTICULAR USE IN MY PRESENT POSITION.
- 66
54. List in sequence the full time jobs you have held since graduating from the Psychiatric Nursing Program from first to most recent. Indicate length of employment. Include periods spent as full time housewife/mother, etc.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ Q54a
55. What nursing association(s) are you presently registered with?
- (1) R.P.N.A.B.C.
  - (2) R.N.A.B.C.
  - (3) BOTH R.P.N.A.B.C. AND R.N.A.B.C.
  - (4) NOT CURRENTLY REGISTERED.
  - (5) OTHER(SPECIFY: \_\_\_\_\_)
- 68
56. If you are a member of the R.P.N.A.B.C., how active are you in the association?
- (1) HOLD MEMBERSHIP - NO OTHER PARTICIPATION.
  - (2) ATTEND OCCASIONAL CHAPTER MEETINGS.
  - (3) ATTEND ANNUAL MEETINGS.
  - (4) ATTEND EDUCATIONAL WORKSHOPS PLANNED BY THE ASSOCIATION.
  - (5) PARTICIPATE AS A COMMITTEE MEMBER.
  - (6) PARTICIPATE AS A COMMITTEE CHAIRPERSON.
  - (7) HOLD AN OFFICE IN THE ASSOCIATION.
57. Do you have a second diploma -R.N.?
- (1) NO.
  - (2) YES - OBTAINED FROM B.C.I.T.
  - (3) YES - OBTAINED FROM DOUGLAS COLLEGE.
  - (4) PRESENTLY TAKING MY R.N.
  - (5) YES - OBTAINED OUTSIDE BRITISH COLUMBIA (SPECIFY WHERE OBTAINED: \_\_\_\_\_)
  - (6) QUALIFIED AS AN R.N. WHEN I ENTERED THE PROGRAM.
- 70

58. If you hold both diplomas, how do you view yourself as a nurse?
- (1) TEND TO THINK OF MYSELF AS A PSYCHIATRIC NURSE.
  - (2) TEND TO THINK OF MYSELF AS A GENERAL NURSE.
  - (3) TEND NOT TO DIFFERENTIATE.
  - (4) DO NOT THINK OF MYSELF AS A NURSE.
59. If you do not have an R.N. and are not in the process of obtaining it, how interested are you in obtaining an R.N.?
- (1) NO INTEREST.
  - (2) LITTLE INTEREST.
  - (3) MODERATE INTEREST.
  - (4) VERY HIGH INTEREST.
60. List in sequence additional educational preparation and any credentials obtained since graduating from the program.
- 
- 
61. How accurately do you feel the information obtained at your Program selections interview represented the field of Psychiatric Nursing?
- (1) VERY ACCURATELY.
  - (2) MODERATELY ACCURATELY.
  - (3) UNCERTAIN.
  - (4) MODERATELY INACCURATELY.
  - (5) VERY INACCURATELY.
62. How adequate was the B.C.I.T. Psychiatric Nursing Program in preparing you for your first work experience in Psychiatric Nursing?
- (1) DO NOT KNOW. HAVEN'T WORKED IN PSYCHIATRIC NURSING SINCE GRADUATING.
  - (2) WELL PREPARED FOR FIRST WORK SITUATION.
  - (3) ADEQUATELY PREPARED FOR FIRST WORK SITUATION.
  - (4) NOT PREPARED FOR FIRST WORK SITUATION BUT THIS CAN ONLY BE GAINED THROUGH EXPERIENCE.
  - (5) NOT PREPARED FOR FIRST WORK EXPERIENCE. PROGRAM NEEDS TO DO A BETTER JOB IN PREPARING GRADUATES FOR REALITIES OF THE WORK SITUATION.
63. If you are working in Psychiatric Nursing, how satisfied are you with your present position?
- (1) WELL SATISFIED.
  - (2) MODERATELY SATISFIED.
  - (3) NEUTRAL.
  - (4) MODERATELY DISSATISFIED.
  - (5) VERY DISSATISFIED.
64. If you are presently working in Psychiatric Nursing, what changes in your vocation would you like to make?
- (1) NO CHANGES FOR THE PRESENT.
  - (2) CHANGE TO ANOTHER ASPECT OF PSYCHIATRIC NURSING.
  - (3) CHANGE TO ANOTHER FIELD OF NURSING.
  - (4) ADVANCE TO A MORE SENIOR POSITION.
  - (5) LEAVE THE FIELD OF NURSING.
65. If you are presently working in General Nursing, what changes in your vocation would you like to make?
- (1) NO CHANGES FOR THE PRESENT.
  - (2) CHANGE TO ANOTHER ASPECT OF GENERAL NURSING.
  - (3) CHANGE TO ANOTHER FIELD OF NURSING (SPECIFY: \_\_\_\_\_)
  - (4) ADVANCE TO A MORE SENIOR POSITION.
  - (5) LEAVE THE FIELD OF NURSING.

66. If you have left or are planning to leave the field of Psychiatric Nursing, what is your main reason?

- (1) NO PLANS TO LEAVE.
- (2) PERSONAL HEALTH.
- (3) FAMILY RESPONSIBILITIES.
- (4) INADEQUATE INCOME.
- (5) DISSATISFACTION WITH WORKING CONDITIONS.
- (6) DISSATISFACTION WITH PSYCHIATRIC NURSING.
- (7) BETTER JOB OPPORTUNITIES.
- (8) OPPORTUNITY FOR FURTHER EDUCATION.
- (9) OTHER (SPECIFY: \_\_\_\_\_)

67. If you have left or are planning to leave the field of Psychiatric Nursing, do you think you will return to Psychiatric Nursing at a later date?

- (1) NO PLANS TO LEAVE.
- (2) DEFINITELY PLAN TO RETURN.
- (3) PROBABLY WILL RETURN.
- (4) UNCERTAIN.
- (5) PROBABLY WILL NOT RETURN.
- (6) DEFINITELY PLAN NOT TO RETURN.

SECTION II

Please rate the following statements according to the amount to which you disagree or agree with the statement.

- SD Strongly disagree
- D Disagree
- U Uncertain or neutral
- A Agree
- SA Strongly agree

Rating: SD = 1 D = 2 U = 3 A = 4 SA = 5

Enter the number that represents your rating of the statement in the box to the right.

Example:

Careers in the medical profession run in the family.

(1) SD (2) D (3) U (4) A (5) SA

- 1. I have obtained employment on my own initiative. VM   
 (1) SD (2) D (3) U (4) A (5) SA 5
- 2. I would encourage young people to consider Psychiatric Nursing as a vocation. VSC   
 (1) SD (2) D (3) U (4) A (5) SA
- 3. When I entered the program I was uncertain if Psychiatric Nursing was the vocation for me. VSC   
 R (1) SD (2) D (3) U (4) A (5) SA
- 4. It was not until after graduating from high school that I decided on a vocation. VM   
 R (1) SD (2) D (3) U (4) A (5) SA
- 5. While I was growing up, I read novels about nurses and/or the medical profession. VSC   
 (1) SD (2) D (3) U (4) A (5) SA
- 6. Before I entered a Psychiatric Nursing program, I attempted to find out as much as I could about the field of Psychiatric Nursing. EXP   
 (1) SD (2) D (3) U (4) A (5) SA 10
- 7. I tend to get involved in volunteer work and/or community activities. VM   
 (1) SD (2) D (3) U (4) A (5) SA
- 8. The information provided by the Program and/or the selection interview was about all the information I had on which to decide on Psychiatric Nursing. EXP   
 R (1) SD (2) D (3) U (4) A (5) SA
- 9. Prior to entering the Program, I was familiar with Psychiatric care facilities. VSC   
 (1) SD (2) D (3) U (4) A (5) SA
- 10. I believe it is important to become involved in the activities of the Registered Psychiatric Nurses Association of B. C. VSC   
 (1) SD (2) D (3) U (4) A (5) SA
- 11. Courses I took during high school or since graduating have helped me determine my capabilities in relation to possible vocations. EXP   
 (1) SD (2) D (3) U (4) A (5) SA
- 12. Practical experiences as a student reaffirmed that Psychiatric Nursing was a good choice for me. VSC   
 (1) SD (2) D (3) U (4) A (5) SA

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13. Before selecting a nursing program, I attempted to compare available programs.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
  14. My vocational goals have become clearer over time.  
 (1) SD (2) D (3) U (4) A (5) SA VM
  15. What I know about vocations, I learned through my own efforts in seeking out information and experiences.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
  16. My decision to enter the Psychiatric Nursing program was based on lack of alternatives at that time.  
 R (1) SD (2) D (3) U (4) A (5) SA VM
  17. In choosing a vocation, I assessed my skills in relation to those required in the vocation.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
  18. Personal contact with care givers in the mental health field influenced me to consider Psychiatric Nursing as a vocation.  
 (1) SD (2) D (3) U (4) A (5) SA VSC
  19. My employment experiences provided me with a source of knowledge about what I might like to do.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
  20. A consideration in selecting my vocation was knowledge of my skills in helping others.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
  21. During high school I was satisfied with my academic achievement.  
 (1) SD (2) D (3) U (4) A (5) SA VM
  22. While I was growing up, I NEVER considered Psychiatric Nursing as a possible career.  
 R (1) SD (2) D (3) U (4) A (5) SA VM
  23. Experiences with sick or physically handicapped adults and/or children influenced me to enter a nursing program.  
 (1) SD (2) D (3) U (4) A (5) SA VSC
  24. My family supported my decision to take Psychiatric Nursing.  
 (1) SD (2) D (3) U (4) A (5) SA VSC
  25. I knew very little about Psychiatric Nursing prior to APPLYING to the program.  
 R (1) SD (2) D (3) U (4) A (5) SA EXP
  26. My decision to enter the Psychiatric Nursing Program was made just prior to entering the program.  
 R (1) SD (2) D (3) U (4) A (5) SA VM
  27. It seems that I have always wanted to be a nurse.  
 (1) SD (2) D (3) U (4) A (5) SA VSC
  28. I had some experience in the work field prior to entering the Psychiatric Nursing Program.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
  29. I submitted my application to the nursing program at BCIT well before I finished Grade 12.  
 (1) SD (2) D (3) U (4) A (5) SA VM
  30. I have often changed my ideas of what vocation I would like to pursue.  
 R (1) SD (2) D (3) U (4) A (5) SA VM
  31. My parents wanted career and future opportunities open for me.  
 (1) SD (2) D (3) U (4) A (5) SA VSC



32. Psychiatric Nurses in my acquaintance influenced my decision to apply to a Psychiatric Nursing Program. (1) SD (2) D (3) U (4) A (5) SA VSC
33. During the course of the program I found (find) that I prefer(red) my experiences in the general hospital setting. (1) SD (2) D (3) U (4) A (5) SA EXP
- R 34. My knowledge of vocations has come about through my life experiences. (1) SD (2) D (3) U (4) A (5) SA EXP
35. Before entering the program I worked out a financial plan. (1) SD (2) D (3) U (4) A (5) SA VM
36. Before entering the program, I attempted to find out as much as possible about the program. (1) SD (2) D (3) U (4) A (5) SA EXP
- 40
37. Before entering the program, I deliberately sought out an enrolled student and/or a graduate of the program for information. (1) SD (2) D (3) U (4) A (5) SA EXP
38. Involvement with developmentally retarded adults or children stimulated my interest in Psychiatric Nursing. (1) SD (2) D (3) U (4) A (5) SA VSC
39. Information provided by teachers about my abilities has helped me choose a vocation. (1) SD (2) D (3) U (4) A (5) SA EXP
40. It is important to me that my friends agree with my vocational choice. (1) SD (2) D (3) U (4) A (5) SA VM
- R
41. My friends supported my decision to take Psychiatric Nursing. (1) SD (2) D (3) U (4) A (5) SA VSC
- 45
42. I have long been interested in books or articles related to understanding human behaviour. (1) SD (2) D (3) U (4) A (5) SA EXP
43. Acquaintances from various walks of life provided me with knowledge of various vocations. (1) SD (2) D (3) U (4) A (5) SA EXP
44. I have been in positions of responsibility. (1) SD (2) D (3) U (4) A (5) SA VM
45. My knowledge of the role of the Psychiatric Nurse is steadily developing. (1) SD (2) D (3) U (4) A (5) SA VSC
46. In Psychiatric Nursing I continue to grow and develop as an individual. (1) SD (2) D (3) U (4) A (5) SA VSC
47. When I entered the Psychiatric Nursing Program, I didn't know what sort of a vocation I was getting into. (1) SD (2) D (3) U (4) A (5) SA VSC
- R
48. The opinion of my parent(s) was important in selecting my vocation. (1) SD (2) D (3) U (4) A (5) SA VM
- R
49. Without the assistance of my parents/spouse and/or friends I would have had difficulty managing my admission to the program. (1) SD (2) D (3) U (4) A (5) SA VM
- R
50. If I knew what I know now I would not have chosen Psychiatric Nursing. (1) SD (2) D (3) U (4) A (5) SA VSC
- R

51. I recall experiences with medical personnel from childhood.  
 (1) SD (2) D (3) U (4) A (5) SA VSC  55
52. I entered Psychiatric Nursing with knowledge of the type of jobs I would qualify for as a graduate.  
 (1) SD (2) D (3) U (4) A (5) SA VM
53. I purposefully obtained experience in the field of Psychiatric Nursing to assist with my vocational choice.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
54. Novels concerned with mental or physical illness interest me.  
 (1) SD (2) D (3) U (4) A (5) SA VSC
55. I made use of all available counselling services in selecting a vocation.  
 (1) SD (2) D (3) U (4) A (5) SA EXP
56. My parent(s)/spouse have relieved me of all financial worries during the course of the program.  
 R (1) SD (2) D (3) U (4) A (5) SA VM
57. During the first year of the program, I had sufficient experience to determine if Psychiatric Nursing is/was for me.  
 (1) SD (2) D (3) U (4) A (5) SA EXP  60
58. I selected my high school curriculum taking into consideration the likelihood of entering a nursing program.  
 (1) SD (2) D (3) U (4) A (5) SA VM
59. During high school my parents and or teachers were dissatisfied with my achievement.  
 R (1) SD (2) D (3) U (4) A (5) SA VM
60. My parent(s) encouraged me to further my education.  
 (1) SD (2) D (3) U (4) A (5) SA VM  64

This space may be used for any comments prompted by the questionnaire that you would like to add.

Please return the questionnaire in the stamped return envelope which is provided. Your participation in this study is greatly appreciated and will contribute to program development and improvement. If you would like a summary of the results, please write to me directly under separate cover.

Coding Protocol for Uncoded Questionnaire Items

Q18a Father's occupation:

- (1) Registered Psychiatric Nurse.
- (2) Registered Nurse.
- (3) Medically related other.
- (4) Not medically related.

Q20A Mother's occupation:

- (1) Registered Psychiatric Nurse.
- (2) Registered Nurse.
- \* (3) Medically related other.
- (4) Not medically related.

Q37 Full time occupation since leaving highschool and prior to entering the psychiatric nursing programs.

- (1) No employment.
- \* (2) One job medically related.
- (3) One job not medically related.
- (4) More than one job not medically related.
- (5) More than one job, one or more medically related.

\* Medically related jobs included a wide range from professionals e.g. physicians, social workers to domestic workers e.g. hospital dietary or housekeeping staff.

Q44a Diploma courses in psychiatric nursing of interest other than those specified in question 44.

- |  |       |
|--|-------|
| (1) Drug and alcohol treatment.        | 2 (4) |
| (2) Suicide prevention.                | (1)   |
| (3) Adolescent psychiatry/delinquency. | 2 (1) |
| (4) Family therapy/marital counseling. | 3 (1) |
| (5) Preventive Mental Health Care.     | (1)   |
| (6) Acute psychiatry.                  | 1 (1) |
| (7) Community mental retardation.      | 1     |
| (8) Creative therapies (Drama).        | 1     |

Note. Responses for Q44a for graduates and students appear in the right hand column. Student responses are in parentheses.

Q50a Employing agency if other than specified in question 50.

- (1) Federal Government (Forensic Psychiatry).
- (2) Alcohol and Drug Commission/Detox Centre.
- (3) Senior Citizen's Home/Intermediate Care/Extended Care.
- (4) Day care.
- (5) Health Sciences Centre-Psychiatric Unit.
- (6) Community agency - other.

Q52 Category of present job

- |   |          |
|---|----------|
| (1) Employed as a psychiatric nurse.  | 122 (59) |
| (2) Employed as a general nurse.  | 33 (16)  |
| (3) Not employed as a nurse but employment related to psychiatric nursing (e.g. childcare worker, probation officer). | 7 (3.4)  |
| (4) Employment not related to nursing.  | 12 (5.8) |
| (5) Not in the work force.  | 20 (9.7) |
| (6) Student in a general nursing program.   | 10 (4.9) |
| (7) Student in a degree program in nursing.   | 1 (0.5)  |

Note. Responses for Q52 for graduates appear in the right hand column. Percentages are in parentheses.

Q54 Length of employment in provincial institution (psychiatric facilities and institutions for the retarded)

- (1) Less than one year.
- (2) Over one year.
- (3) Over two years.
- (4) None.

Q54a Length of employment in the field of psychiatric nursing:

- (1) Less than one year.

- (2) Over one year.
- (3) Over two years.
- (4) Over three years.
- (5) None.

Q60 Additional educational preparation since graduating from program (excluding the R.N. diploma).

- (1) Short courses relating to psychiatric nursing (e.g. Assertiveness Training, Family Counseling).
- (2) Community nursing.
- (3) Supervisory management.
- (4) Short courses related to general nursing.
- (5) Degree courses related to psychiatric nursing (e.g. psychology, sociology).
- (6) Degree courses not related to nursing.
- (7) Courses unrelated to nursing.
- (8) None.
- (9) Courses leading to a degree in nursing.

APPENDIX E

Correspondence

# 58, 1959 Purcell Way  
North Vancouver, B.C.  
V7G 3H4  
986-3881

Mrs. Margaret S. Neylan  
Department Head  
Psychiatric Nursing  
British Columbia Institute of  
Technology  
3700 Willingdon Avenue  
Burnaby, B.C. V5G 3H4

Dear Mrs. Neylan;

I am writing to request the permission and assistance of B.C.I.T. and the Psychiatric Nursing Department in conducting a follow-up study of graduates of the Psychiatric Nursing Program. The study is being conducted in partial fulfillment of requirements for a M.A. in Education at Simon Fraser University and is under the direction of my senior supervisor Dr. Bryan Hiebert.

The purpose of the study is to explore the process by which the graduates of the Psychiatric Nursing Program chose to enter the program and to determine if there is a relationship between the way in which the choice of vocation was made and the graduates later decision of whether or not to remain in the field of Psychiatric Nursing.

The plan for collecting the data involves distributing questionnaires to all of the graduates of the program. In addition, it would be desirable to administer the same questionnaire to a sample of students representing first and second year students. The anonymity of the participants will be preserved throughout.

Permission for access to the files or some other form of assistance is necessary to facilitate tracing the graduates.

Questionnaires will be made available for review as appropriate, prior to distribution.

It is hoped that the findings will be of interest and value to the Department. I will be pleased to share them on completion of the study.

.../2

- 2 -

Attached is a more detailed account of the phases of the study which would involve the Department of Psychiatric Nursing, and the assistance requested. Your support and assistance will be greatly appreciated.

Yours truly,

Shiron Erickson

SEdam



July 17, 1980

Ms. Helen Grice  
Registrar  
Registered Nurses' Association of B.C.  
2130 West 12th Avenue  
Vancouver, B.C.  
V6K 2N3

Dear Ms. Grice:

We have been fortunate in that a faculty member of the Psychiatric Nursing Department has undertaken a study of vocational choice patterns of the graduates of the Psychiatric Nursing Program, in partial fulfillment of requirements for a M.A. in Education. The department is keenly interested in the findings, particularly with respect to the field of employment pursued by the graduates who completed a second diploma, becoming eligible for membership in the R.N.A.B.C. Any assistance that you are able to provide in locating these graduates would be most appreciated.

Enclosed is a list of the double diploma graduates by class and year of graduation. Any addresses you are able to provide as well as an indication of those who are currently registered would be most helpful.

Sincerely,

Margaret S. Neylan  
Department Head  
Psychiatric Nursing

MSN:bt  
c.c. S. Erickson  
encl.

July 11, 1980

Mr. Dwight Wenham  
Executive Director  
Registered Psychiatric Nurses'  
Association of British Columbia  
7790 Edmonds Street  
Burnaby, B.C.  
V3N 1B8

Dear Dwight:

As you may know, one of the faculty, Shiron Erickson, is conducting a study of vocational choice patterns of the students and graduates of the Psychiatric Nursing Program, in partial fulfillment of a M.A. in Education. The findings of this study are of keen interest to the Department, especially in determining the field and type of employment pursued by the graduates.

It is hoped that the RPNABC will be able to be of assistance in locating graduates. A list of the graduates by class and year is included with the most recent addresses we have on file. An update of the addresses on this list and the provision of any additional addresses you have would be greatly appreciated.

Sincerely,

Margaret S. Neylan  
Department Head  
Psychiatric Nursing

MSN:bt  
c.c. S. Erickson  
attach.

APPENDIX F

Covering Letter to Graduates

Dear Graduate:

This questionnaire is being distributed to all the graduates of the Psychiatric Nursing Program at B.C.I.T., all the students presently enrolled, and a limited number of persons who left before completing the program. The questionnaire forms the basis of a study to determine who chooses the Psychiatric Nursing Program, how they choose it and most especially, the career pattern graduates have subsequently followed. The study is being undertaken in partial fulfillment of my obtaining a Master's degree in Education from Simon Fraser University and has the full endorsement of the Department of Psychiatric Nursing at B.C.I.T. Findings from the study will be of value in further program development to better meet the needs of the students, graduates, and the profession of psychiatric nursing.

Whether or not you are presently working in psychiatric nursing, your participation is important to the success and significance of the study. You may be assured of complete confidentiality. The questionnaire has an identification number for mailing purposes only, so that your name may be checked off the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire.

The findings of this study will be made available to the Department of Psychiatric Nursing. If you would like a summary of the findings, please write to me directly under separate cover.

Completion of the questionnaire should take no more than 30 minutes of your time. Your participation in completing and returning the questionnaire within the next two weeks will be most appreciated and will be beneficial to the Psychiatric Nursing Program.

Thank you for your time and interest.

Yours truly,

Shiron Erickson  
Faculty  
Psychiatric Nursing Department  
British Columbia Institute of Technology

APPENDIX G

Follow-Up Letter to Graduates

Dear Graduate:

During the fall, the enclosed questionnaire was sent to all the graduates of the BCIT Psychiatric Nursing Program. Since this meant attempting to reach graduates who left BCIT from one to six years ago, it was expected that many of you would have moved or made other changes and not be easily reached. Despite this, the response has been very encouraging and has prompted this second mailing. You may not have received the first questionnaire or perhaps you intended to respond but didn't get it done. In any case, I encourage you to participate at this time, whether or not you are presently working in psychiatric nursing. Apart from the value to me personally in completing my thesis, the Department of Psychiatric Nursing is interested in having the most complete data possible in relation to your graduate career and future aspirations, as a basis for program planning.

The findings of this study will be made available to the Department of Psychiatric Nursing. If you would like a summary of the findings, please write to me under separate cover.

You may be assured of complete confidentiality. Your questionnaire is identified by number only. Your name will never be placed on the questionnaire.

Your participation in completing and returning the questionnaire within the next two weeks will be most appreciated and will be beneficial to the Psychiatric Nursing Department.

Thank you for your time and interest.

Yours truly,

Shiron Erickson  
Faculty  
Psychiatric Nursing Department  
B.C. Institute of Technology

SE:hm

APPENDIX H

Covering Letter to Student Withdrawals

Dear Former Student:

You will find enclosed a questionnaire entitled, "Vocational Choice in Psychiatric Nursing". As an accepted applicant and/or a former student of the program, your response is an integral part of a study to determine some of the factors related to choosing, entering and leaving or graduating from the Psychiatric Nursing Program.

The questionnaire is being distributed to all the graduates of the program, all the students presently enrolled, and all previous students who enrolled in Term I from 1978 to the present who are no longer in the program.

Regardless of how long you were in the program or your reason(s) for leaving, your participation is important to the success and significance of this study. You may be assured of complete confidentiality. The questionnaire has a number for mailing purposes only. Your name will never appear on the questionnaire.

The findings of this study will be made available to the Department of Psychiatric Nursing for the purpose of program improvement and future planning.

Thank you for your time and interest. Your participation is greatly appreciated.

Yours truly,

Shiron Erickson  
Faculty  
Psychiatric Nursing Department

SPECIAL INSTRUCTIONS - please complete questions 1 to 42 inclusive in Section I. Complete all of Section II.

SE:hm



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