

A COMPARISON OF PERSONAL VALUE PATTERNS OF
MEDICAL-SURGICAL NURSES WITH THE RATINGS
GIVEN THEM BY SUPERVISORS

by

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CHAPTER I

INTRODUCTION

This study was undertaken to determine whether the personal value patterns of a sample of graduate nurses doing medical-surgical nursing showed any relationship to their success in that area of nursing as determined by performance ratings given them by their head nurses and supervisors.

Importance of the study. The general public as well as those responsible for nursing education and nursing service have a vital stake in having the best possible nurses in the nursing profession. Nurse educators have long been attempting to select the best candidates for schools of nursing. Many attempts have been made to define a "good nurse," but little agreement has as yet been reached on a valid definition of this term. In spite of the hazy picture of what this product should be, faculties of schools of nursing have selection, admission, and promotion requirements based on their concept of the successful nurse. Nursing service institutions usually have employment regulations; yet they tend to accept the registered nurse as adequate unless her performance shows indisputable deficiencies.

During the past two decades there have been many changes in nursing education and nursing service. Although

the nurse is still expected to be a technically proficient person, there is now increased emphasis on the nurse as an individual. Today, while manual skills are considered important to the nurse, the importance of the nurse-patient relationship and the need for an interdisciplinary approach to the care of the ill have also evolved as a focus of attention. Educational requirements have been raised, and the nursing student must be able to compete academically with college students. Adaptability, understanding, and skills in communication and interpersonal relations are now recognized basic requirements for success in the field of nursing.

Sick people are very dependent and they look to the nurse to give them emotional support and to relieve their feelings of fear and anxiety. This places a unique responsibility on the nurse. Emotional support is not likely to be given if the nurse herself has severe emotional problems or has a personality not suited for this type of interaction.

Today comprehensive patient care or total patient care is the approach most often advocated. To give comprehensive nursing care, the nurse should be able to relate to the patient's family as well as to the patient. The nurse is expected to work with a number of agencies as she cares for the ill. If she is to make her best contribution to the general welfare of the patient, she must be able to relate to the patient, to his family, and to practitioners of other

disciplines in an acceptable and effective way. Her ability to carry out these varied functions is basic to the care she is able to provide for her patients.

Medical care has become more specialized, and this same trend has followed in nursing service. Graduate nurses have a number of specialized areas in which they may choose to work. Within any one hospital there are usually several areas of nursing specialization. Since the orientation of a nurse to a new area is a costly and time consuming process, hospital administrators are interested in methods which will reliably predict a nurse's success in a given area. Because of the small amount of experience in any one specialty as a nursing student, the new graduate is not always able to select the particular area in which she might be best qualified to work and from which she might derive the greatest satisfaction. The trial and error method of resolving this question is often a traumatic one to the nurse. The shortage of nurses and the public demand for improved nursing care emphasize the need for a more efficient method for making these decisions.

More nurses than ever before are today obtaining advanced degrees in nursing. When graduate study is done, an area of specialization is selected. The demands on the nurse with graduate preparation in a specialized area are much more intense than they are for the student or for the general duty

nurse. A best choice for an area of specialization becomes imperative. Some procedure to facilitate the prediction of success in the clinical area of specialization would be helpful to these students and to the nurse educators responsible for their development. Because the nursing profession is facing decisions of the kinds outlined above, and because the nurse is an essential person in the care of the ill, study of the nurse's value patterns and of the motivations affecting her vocational choice is important.

Even though personality has been recognized as a pertinent factor in nurse selection, screening devices for choosing candidates for schools of nursing have been centered more in the cognitive area of aptitude and intelligence than in the affective area of personality and motivation. Currently more and more emphasis is being placed on this less tangible area. In the field of nursing, subjective evaluations have been widely used, and they have indicated that certain intrinsic personality qualifications are essential to success. More specific identification of traits essential to success and a means of measuring these traits are being sought.

If schools of nursing in their undergraduate and graduate programs continue to be more selective in their choice of students and to offer guidance aimed at the most efficient placement of their graduates, they must evaluate

critically the compatibility between the qualifications of the nurse and the requirements they exact. Groups of nursing students have been used as sample groups in psychological testing because they form a fairly homogeneous group which can be easily reached and compared. Such studies have rarely been done with graduate nurses.

Most studies relating to the predictive value of personality tests have shown them to be of little value for this purpose. This does not imply that some instrument may not yet be found to be an effective predictor. Further research should be done to test promising new instruments. It was for the purpose of testing further in a nursing situation a tool standardized in other settings that the present investigation was done.

I. THE PROBLEM

Statement of the problem. The problem to which the research reported in this thesis was directed was that of determining if the scores of a group of medical-surgical nurses completing the Edwards Personal Preference Schedule showed any relationship to the ratings of these nurses on a personal evaluation scale completed by their supervisors.

After reviewing the literature in the general area of personality testing, the researcher of this study concluded that significant differences could be found in the personality

patterns of nurses, and that these differences might be useful in the counseling and guidance of these nurses. In view of the literature reviewed and the firsthand knowledge gained from personal observation and discussions with nurses, the following hypotheses were formulated:

Hypotheses.

1. There will be significant relationships between the personal value patterns of graduate nurses as measured by the Edwards Personal Preference Schedule and their success in the area of medical-surgical nursing as measured by ratings done by supervisors and head nurses.

2. The age of the nurses will show a significant relationship with some of the variables of the Edwards Personal Preference Schedule.

Limitations. This study was limited to one group of graduate nurses giving care to patients on medical, surgical, or combined medical-surgical divisions in a general hospital. This study was an exploratory one and only one hospital was used.

There were several variables which were not controlled in this situation, and they may have had some effect on the results of the study. These factors were the age, marital status, stage of maturation, and the educational background of the individual nurse.

Because of the difficulty of administering the Edwards Personal Preference Schedule to a large group of nurses at one time, tests were done individually or in small groups over a period of several weeks. It was not possible to completely standardize the test conditions. While standardized conditions are said not to be essential for this test, the time and place of administration might presumably have some effect on the responses.

Rating scales have many limitations. To minimize the invalidating effects, a scale which was familiar to the raters was used. The raters were members of the group which had studied evaluation methods and then had devised the scale. In an effort to avoid clumping of scores, the process of rating was again discussed with the supervisors and head nurses before they rated the nurses.

Ideally, one rater or one group of raters should have given the ratings to all the nurses tested. Since no one rater was familiar with the performance of all nurses in the sample, this was not possible. A composite rating of each subject done by the head nurse and the supervisor was judged to be the best compromise possible.

No attempt was made to study the supervisor or head nurse relationship with those rated, but it can be assumed that extremely friendly or unfriendly relationships might have had a noticeable influence on the ratings.

II. DEFINITIONS OF TERMS

Variables of the Edwards Personal Preference Schedule

The following definitions are brief descriptions of the variables found in the Edwards Personal Preference Schedule test manual:

Ach	Achievement	To do one's best and accomplish something of great significance, to be superior in tasks requiring skill and effort.
Def	Deference	To accept the leadership of others, to conform to custom and avoid the unconventional, to let others make decisions.
Ord	Order	To have things neat and orderly, to aim for perfection in detail, to have things arranged so that they run smoothly without change.
Exh	Exhibition	To say witty and clever things, to be the center of attention, to make an impression, to have an audience.
Aut	Autonomy	To be independent of others in making decisions, to do things that are unconventional, to avoid situations where one is expected to conform.
Aff	Affiliation	To share experiences, to participate in friendly groups, to form strong attachments.
Int	Intracception	To judge people by why they do things rather than by what they do, to analyze the behavior and motives of others.
Suc	Succorance	To seek encouragement from others, to have others be sympathetic and understanding about personal problems.

Dom	Dominance	To dominate and be a leader in groups, to make decisions and influence others.
Aba	Abasement	To feel guilty and accept blame when things do not go right, to feel timid and inferior towards others.
Nur	Nurturance	To encourage and help others, to assist others less fortunate, to be generous with others.
Chg	Change	To do new and different things, to experience novelty and change in daily routine, to experiment and try new things.
End	Endurance	To persist, to work at a task until it is completed, to work hard and uninterrupted.
Het	Heterosexuality	To be interested in the opposite sex, to enjoy heterosexual activities.
Agg	Aggression	To attack contrary points, to be critical, to criticize publicly, to make fun of others. ¹

Other terms:

Medical-surgical nurse	A graduate registered nurse who gives nursing care to patients with medical or surgical illnesses. This includes in addition to the commonly accepted medical and surgical conditions the specialties of orthopedics, neurosurgery, and eye surgery. Pediatric experience is not included.
Supervisor	One who is directly responsible

¹Jack Nelson Elton, "A Comparison of Personal Value Patterns: Elementary Teachers, Elementary Teacher-Trainees, and Art Teachers" (unpublished Master's thesis, The University of Utah, Salt Lake City, 1961), pp. 3-5.

for the medical-surgical nurse. It includes head nurses and clinical supervisors.

Needs	Personal value patterns as described in the Edwards Personal Preference Schedule. The value patterns become motivating forces for the individual.
EPPS	Edwards Personal Preference Schedule.

Preview of the thesis. Chapter II gives a review of the literature in the area of personality testing and rating scales, particularly in relation to nurses. Chapter III describes the instruments used in this study, the sample group of nurses used in the research, and the statistical method employed. Chapter IV presents the findings of this study with accompanying tables of data. Chapter V summarizes the study and makes recommendations for further study. In the Appendix can be found a statistical description of the sample, tables of intercorrelations between the variables used in the study, and samples of the various forms employed in the research.

CHAPTER II

REVIEW OF LITERATURE

It is a common assumption that there are measurable differences among nurses both in basic personalities and attitudes toward work. Many investigators have tried to study the relationship between personality characteristics and nursing effectiveness. Some have argued that the successful nurse should have certain personality characteristics, but others have questioned that there exists a specific pattern of traits characteristic of nurses as a group.

Orpha Lough used the Minnesota Multiphasic Personality Inventory (MMPI) to determine if there were significant differences between cadet nurses and students in a liberal arts college or teacher training program. Cadet nurses appeared to have somewhat more masculine interests and to be more stable and unemotional than those in the other groups. Lough concluded that the MMPI had little value in educational selection or in differentiating between those who are more suited for one occupation than another.²

Using the same test with nursing students and education

²Orpha Maust Lough, "Women Students in Liberal Arts, Nursing, and Teacher Training Curricula and the Minnesota Multiphasic Personality Inventory," Journal of Applied Psychology, 31:437-45, August, 1947.

majors, Alma Beaver found evidence that the nursing student was a more stable individual who exhibited a preference for her own sex and liked mannish qualities in her associates. She found that the nursing student showed fewer symptoms of hypochondria which was considered as a symptom of neurosis.³

C. A. Weisberger used the MMPI to investigate its use for predicting success of the nursing student in the practical aspect of her academic training. The nineteen trait rating scale which was used was shown to have a reliability coefficient of .84 as determined by correlating the ratings given the students by two judges. The correlations between the scores of the MMPI and those of the rating scale were mostly negative and extremely low. It was concluded that this scale could not be used for predictive purposes although it might prove helpful for personal guidance.⁴

Personality tests have also been used to compare different groups of nurses. Healy and Borg used a battery of tests including the Guilford-Martin Personnel Inventory, An Inventory of Factors GAMIN and An Inventory of Factors STDOR on a group of nursing school students, a group of graduate

³Alma P. Beaver, "Personality Factors in the Choice of Nursing," Journal of Applied Psychology, 37:374-79, October, 1953.

⁴C. A. Weisberger, "The Predictive Value of the MMPI with Student Nurses," Journal of Social Psychology, 33:3-11, February, 1951.

nurses, and a norm group of college students. They found that the scores of the graduate nurses were significantly more favorable than those of the norm group on factors relating to Inferiority Feelings, Depression, Emotional Stability, Objectivity, Agreeableness and Cooperativeness. The graduate nurses were found to be more socially introverted and less happy-go-lucky.

. . . In studying the scores of graduate nurses a pattern of traits seemed to have emerged. The graduate nurse appears as a person with self confidence and emotional stability, lacking nervous tenseness, cheerful and optimistic, agreeable, cooperative, and objective . . . The objective evidence available in this study suggests that a nurse can be successful in her profession and still be low in one or two of these traits (Self Confidence, Lack of Nervousness, Irritability, Depression, Cycloid Disposition, Objectivity, Agreeableness, and Cooperativeness) but it is doubtful that a person low in a majority of these traits would be successful in nursing. Only three of the seventy eight graduate nurses studied had low scores on more than two of these traits.⁵

Emma Spaney used an extensive rating scale to predict the survival of nursing students to the end of the preclinical period and to the end of the first year. She used eleven behavioral descriptions arranged in the form of a rating scale with a numerical value of 1 to 10 assigned to each point along a continuum. The areas in which the students were rated were Emotional Maturity, Relationships with

⁵Irene Healy and Walter Borg, "Personality Characteristics of Nursing School Students and Graduate Nurses," Journal of Applied Psychology, 35:275-80, August, 1951.

Patients and Staff, Work Habits, Motivation, Relationships with Co-workers and Supervisors, Morale, Manual Dexterity, Good Judgment, Total Personality, Value to the Nursing Profession, and Employability. In order to minimize biased response to these terms, she described the behavior of the superior student in each area.

Spaney found that the best predictors were ratings on Relationships with Co-workers and Supervisors, Manual Dexterity and Emotional Maturity. Students who withdrew by the end of the preclinical period because of failure in theory or practice or both were rated below the mean for the total group in Good Judgment, Manual Dexterity, Total Value, Total Personality and Total Employability. She concluded that rather than considering tests and ratings as useless, the results should be interpreted in the light of their origins.⁶

Ruth Kaback believed that

. . . despite the hundreds of personality tests, self rating instruments, trait inventories, and attitude questionnaires that have been developed . . . there is yet no clear cut evidence that paper and pencil personality test results lead to a deeper understanding of human behavior.⁷

⁶Emma Spaney, "Personality Tests and the Selection of Nurses," Nursing Research, 1:4-26, February, 1953.

⁷Ruth Kaback, "Should We Use Personality Inventories?" Nursing Outlook, 7:164, 1949.

Since there are too few shortcuts to the understanding of human behavior or the solving of human problems, she suggested that one know the student personally, know about the student, understand the situation and understand the student.

Lentz and Michaels made a brief survey of 256 registered nurses and practical nurses working on medical and surgical divisions in general hospitals and compared them on the basis of buddy ratings. It was found that

. . . the nurses, who on a previous study, had indicated a strong preference for medical nursing as compared to surgical nursing, came out with the best buddy ratings with respect to nurse-patient relations. Those who expressed preference for surgical work came out with the highest ratings on technical skills.⁸

While some showed excellence in both technical care and nurse-patient relationships, the medical nurses tended to show greater interest in the psychological aspects of nursing care, and the surgical nurses were more interested in the technical aspects of care. Because a minority of nurses who expressed a strong preference for one of these two types of work were found low on the buddy ratings, one could not say that a strong preference for a particular type of work was a guarantee of success in it.⁹

⁸Edith M. Lentz and Robert C. Michaels, "Comparisons between Medical and Surgical Nurses," Nursing Research, 8: 192, Fall, 1959.

⁹Ibid.

Ruth Percell Stewart in an appraisal of selection procedures for nursing students at the University of Utah found that prediction of academic achievement could be made with considerable accuracy, but that these predictors were not significantly related to clinical achievement. She found statistically significant relationships between personality traits and grade point average at graduation, but negligible relationships between the predictive variable and personality traits.

Stewart used a rating scale to measure the traits: Rapport, Interest, Adaptability, Nursing Skill, Supervision and Likeability. The scale was marked from 1 to 4 and the raters were advised to consider the scale as a continuum with a value assigned to all points along the line. Beneath most numbers on the line a description of the behavior of the individual was given. Each trait being measured was followed by a question aimed at defining the trait, for instance: "Rapport: How does she handle relationships with other people?"¹⁰

It was interesting to note that the ratings were done . . . individually and independently by a Board of Experts composed of members of the faculty of the College of Nursing, educational directors, clinical instructors,

¹⁰Ruth Percell Stewart, "An Appraisal of the Selection Procedures for Student Nurses at the University of Utah" (unpublished Master's thesis, The University of Utah, Salt Lake City, 1953), p. 30.

supervisors and head nurses. The median score of the several ratings for each trait was computed for the student.¹¹

This procedure seemed to be very efficient in making an adequate rating of the student, but the findings were not significant. Stewart concluded that tests alone are not the answer for a satisfactory admissions program. She recommended the use of personal interviews with psychiatrists as a part of the selective admissions procedure.

Navran and Stauffacher used the EPPS to compare nurses caring for psychiatric patients with a group of college women. The entire nursing sample scored higher than the norm group of college women on the variables Order, Deference, Endurance and Aggression, but they were significantly lower on Autonomy, Affiliation and Exhibition. The conclusion was that the psychiatric nurses generally differed from the normative group of women

. . . in that they gave significantly greater emphasis to orderliness, respect for authority, persistence and forthright speech, while playing down unconventionality, exhibitionism, and tendencies to form strong attachments.¹²

In a follow-up study of medical-surgical nurses Navran and Stauffacher found that these nurses were also

¹¹Ibid., p. 28.

¹²Leslie Navran and James C. Stauffacher, "The Personality Structure of Psychiatric Nurses," Nursing Research, 5: Spring, 1957.

significantly higher than the college women in the general sample on Order, Deference and Endurance and that they were lower on Affiliation, Autonomy, Succorance, Exhibition and Dominance. The sample of nurses was taken from each of four different hospitals and they were found to be very similar on measurement with the EPPS. Six of the fifteen variables had comparable rankings in each of the groups.

A comparison of a group of nurses caring for psychiatric patients and a group caring for medical-surgical patients showed that they had much in common but that there were quantitative and qualitative differences. While Order, Deference and Endurance were very characteristic of both groups, the nurses in the medical-surgical area were significantly more orderly and deferent than were those in the psychiatric area. Both groups showed little emphasis on Exhibition, Autonomy, Affiliation and Dominance, but there was greater emphasis on Dominance among the psychiatric nurse group. The psychiatric nurse group also tended to score higher on Heterosexuality, Intraception and Aggression and lower on Abasement. The authors interpreted these differences to mean that the medical-surgical nurses were more work oriented and gave greater emphasis to their duties in their contacts with patients. They were more impersonal than were the psychiatric nurses and were less able to direct or lead others. They also were less interested in their contacts

with men. The psychiatric nurses were more able to "inject a controlled personal warmth into their relationships with patients."¹³ The authors believed that this could be explained because of the fact that the psychiatric nurses had a relatively longer contact with patients. Certain personality characteristics were believed necessary to do the work and find satisfaction in it. They suggested it would take a special kind of nurse to do psychiatric nursing. Because this sample was contaminated with nurses who were not particularly interested in working in the area in which they were employed, it was recommended that this test be used cautiously in counseling.

Reece used the EPPS with beginning nursing students, and at the end of the program compared the group who completed the course with those who withdrew before completion, and also with a norm group. He found that "the completed group had higher scores for Deference, Abasement, Nurturance and Endurance. These students also had lower scores for Achievement, Autonomy, Succorance and Dominance."¹⁴ When the withdrawal students and the standardization group were

¹³Leslie Navran and James C. Stauffacher, "A Comparative Analysis of the Personality Structure of Psychiatric and Non-Psychiatric Nurses," Nursing Research, 7:65, Spring, 1957.

¹⁴Michael Reece, "Personality Characteristics and Success in a Nursing Program," Nursing Research, 10:173, Summer, 1961.

compared, the standardization group

. . . showed higher scores on need-abasement and need-intracception and lower scores on need-autonomy. There was much similarity in the profiles of the completed group and the normative sample; however, the completed group showed stronger needs for self-abasement, deference, for taking care of and helping others; they are more motivated to persist at a task, but less motivated for achievement, for dominating and influencing others, for wanting and asking for help and sympathy, and for acting in an independent, unconventional manner. In general, the successful student nurses appear to be more submissive, deferent, persistent, and nurturant than college women in general. They have less need to achieve and dominate others. The withdrawal students had a greater need for achievement, but less need for deference than the completed subjects. They appeared to be more aggressively motivated, more self concerned, with a greater need to dominate. They appear to be unable to tolerate so much pressure, to have less need to be orderly, less need to take care of others.¹⁵

When intellectual ability was ruled out, those withdrawing showed less need for deference and were less motivated for nurturance.

The performance rating scale used in this study. A group of clinical supervisors and head nurses at the Latter-day Saints Hospital in Salt Lake City devised an evaluation tool specifically for nurses but applicable to other hospital personnel. Behavioral statements and a rating of various traits were included in this device. The extensive study involved in the construction of this tool gives it face

¹⁵Ibid.

validity.¹⁶ A full description of this scale and its development appears in Chapter III, and a copy of the scale may be found in the Appendix.

While this review of literature is limited, it is representative of the more recent and pertinent studies in relation to personality testing in the selection of candidates for nursing programs. It was found that nurses tend to show certain personality characteristics which differentiate them from other groups of people. There were fewer differences between nurses working in various specialties of nursing although some variance was found. There was lack of evidence that personality tests were of value in predicting success in nursing. The effectiveness of rating scales was questioned although they are widely used. Because the personality of the nurse seems to be important in the effectiveness of nursing performance, continued research was recommended.

¹⁶Thelma Cochran and Paul J. Hansen, "A Nurse-Devised Evaluation System for Nurses," Hospitals, 36:100-104+, March, 1962.

CHAPTER III

METHOD

The data for this study were derived from the responses to the Edwards Personal Preference Schedule of a group of registered nurses working on medical-surgical services. A performance evaluation on each of these nurses was done by her head nurse and supervisor. The information obtained from these two procedures was intercorrelated to determine if there were any relationships between the needs or personal value patterns of these nurses and their performance. The age of each nurse was also correlated with the information mentioned above.

Instruments. The Edwards Personal Preference Schedule is a paired comparison type questionnaire which purports to measure some so-called "normal" personality variables. This test was designed primarily to be used in research and counseling for it provides a quick and convenient measure of value patterns or personality variables. Most critics at this time believe that research has not been extensive enough to justify recommending that the test be used in counseling. However, most critics think it is an interesting measure which should undergo further testing.

The EPPS was constructed by Allen E. Edwards in 1953

and is based upon a list of manifest needs proposed by H. A. Murray in his text, Explorations in Personality.¹⁷

This instrument was chosen because it was recommended for further use by those in the counseling and testing fields. It is considered an interesting tool to be used in research. An extensive number of research studies in which this test was used have been reported. Several of these studies were done with groups of nurses. The findings gave evidence of usefulness in the area of personality testing and further exploration of the instrument's use was recommended.

Edwards reported coefficients of internal consistency ranging from .74-.87. Such stability coefficients would be meaningful in the present study, for unless the findings remain fairly stable, the information gained can have no meaning in the placement of graduate nurses within a hospital or in aiding nurses in the selection of graduate fields of study.

The EPPS consists of 210 forced choice items measuring fifteen variables. Items which measure one variable are paired twice with each of the remaining variables. The test was constructed to minimize the influence of social desirability, a factor which has been one of the defects of most

¹⁷H. A. Murray, Explorations in Personality (New York: Oxford University Press, 1938).

other inventories of this type. Each pair of items is matched for the mean social-desirability factor so that the testee will not be influenced by this factor. The minimum score which can be obtained for any given variable is 0; the maximum score is 28. The total raw score is the same for all persons. If the person scores high in one area, it necessarily means that he must score lower in another area.

An advantage derived from the fact that the social desirability factor has been eliminated is that the scores can be reported to the subjects without inferring any clinical or psychiatric connotations.

The nursing evaluation form used was one developed by the administrative nursing staff at the Latter-day Saints Hospital in Salt Lake City, Utah, from which the sample group of nurses for this study was taken. This scale was developed following an inservice study of personnel appraisal. A committee obtained samples of evaluative forms and information concerning evaluative procedures from over ninety hospitals throughout the United States. The members of the committee studied the characteristics used to describe good and poor nurses. They collected the opinions of the hospital personnel concerning evaluations. They explored the weaknesses in most evaluative devices and decided that many of these weaknesses might be overcome by the orientation of all personnel to the evaluation procedure. In this orientation, stress was

placed on objectivity in recording any pertinent information used in rating an individual and upon the interpretation of the progress report to the individual being rated. The group carefully studied the functions, standards and qualifications of nursing personnel published by the American Nurses Association and those in current use at that hospital.

By integrating all the information obtained, the group chose thirty characteristics which the members thought described hospital personnel. The characteristics were divided into eight major areas: Interpersonal Relations, Patient and Public Relations, Work Performance, Personal Acceptability, Professional Values, Teaching Ability, Work Attitudes and Attendance Reliability.

. . . Each area was described in terms of more specific characteristics . . . Interpersonal Relations was described by the phrases: "ability to work with others," "emotional stability" and "utilizes approved channels of communication."¹⁸

Similar descriptions were given to the other characteristics.

A range of ratings between 0 and 10 was used. A rating of 1 meant that the individual being rated displayed that characteristic to a slight degree; 3, to a somewhat limited degree; 5, to a typical degree; 7, to an unusual or outstanding degree; and 9, to an exceedingly high or highest

¹⁸Thelma C. Cochran and Paul J. Hansen, "A Nurse-Devised Evaluation System for Nurses," Hospitals, 36:103, March, 1962.

possible degree. A progress report manual was compiled to assist in the standardization of procedures. The manual provided explanations of the meaning of the characteristics in the behavioral statements.

The Evaluation Form was chosen in preference to another constructed by the author of this study because it was believed that the extensiveness of the research through which it was developed gave it some face validity and that the familiarity of the raters with the scale was a decided asset. One validation study which was done with a self-evaluation showed a correlation of some significance. This Evaluation Form or Progress Report had been used for several years at that hospital and had been well accepted.

Because of the recommendations of several specialists in the field of testing with whom this author discussed evaluative tools, a Single Rating Item¹⁹ was added to the Evaluation Form. This item required placing the nurses in categories: top 10 per cent, the highest one-third less the top 10 per cent, middle one-third, lower one-third less the bottom 10 per cent, and the lowest 10 per cent. The rater was asked to compare the nurse rated with all the other medical-surgical nurses she had known over the past ten years. It was assumed that there would be a high correlation of these

¹⁹See Appendix G.

ratings with the Total Score on the Evaluation Form.

The nonanalytic approach used in such rating devices as the tools just described frequently produces skewed distributions. This may represent a true state of affairs, but there are many reasons for questioning such a distribution. Some of these reasons are: the tendency for the supervisor to be lenient, the tendency for the supervisor or rater to give the ratee the benefit of the doubt, the tendency to rate a person high on all traits because of his superiority in only one trait, and a fear that a low rating will reflect on the rater.

Because of the use of a ten-point scale in this study, it was thought that the determination of a mean rating would be readily attainable. The evaluation was done by both the supervisor and head nurse so that the judgment of more than one person was involved in the process. It was also believed that a careful explanation of the procedure to each of the raters would be effective in minimizing some problems.

Sample group. A group of 115 graduate registered nurses who were currently giving care to patients with medical-surgical conditions was used as the sample in this study. There were 2 men and 113 women; of this group 64 were married and 37 were single. Of the group, 113 members belonged to the white race and two were oriental; 99 listed their

nationality as American and the other 16 came from a variety of other countries. Ages ranged from 20 to 68 years with approximately one-half of the sample in the 20 to 29 year range; 19 of the sample were above 50 years of age. There were representatives from associate degree programs, diploma programs, and four and five year baccalaureate programs in nursing. Diploma graduates comprised about one-half of the sample, and baccalaureate graduates made up another one-third of the sample.

The general hospital from which the sample group of nurses was obtained had a daily patient census of approximately 450 patients. Of these about 350 were classified as medical-surgical patients. About 145 graduate registered nurses helped to provide the care for these patients. A large group of ancillary personnel were also utilized, but they were not considered in this study. Some attempt was made at this hospital at the beginning of employment to place the nurse in the unit for which she stated a preference, but this granting of choice was not always possible. Therefore, it must be assumed that many nurses were, at the time of this study, working in areas not of their first choice.

The hospital selected was one of the largest in the area of this study, and it yielded the largest sample of graduate nurses available in any one setting. The nursing administrators of this hospital were very interested in

research in nursing; they encouraged inservice education and have done extensive work in evaluation.

The criteria used for selecting the nurses in the sample were two: (1) that the nurse be a graduate of an accredited school of nursing, and (2) that she be employed on a medical-surgical unit.

Statistical method. Each graduate nurse who participated in the study completed the EPPS. She also answered a series of questions on a Personal Data Sheet. The personal data requested included the following: type of school from which graduated, year of graduation, age at the time of graduation, present age, years active in nursing, religion, nationality, race, marital status, number of children, patient care unit on which the nurse was currently working, unit on which she would prefer to work, preference when she first graduated, and the area to which she was first assigned following graduation. Some of this information was not deemed necessary for the purpose of this study, but possible use in future studies at this hospital was anticipated.

The EPPS tests were machine scored except for the consistency score which was done by hand, using the key provided in the test kit. The raw scores and the percentile scores for each member of the sample were listed on individual five-inch by eight-inch cards which were filed alphabetically.

While the individual percentile scores were not used in this study, they were reported to the participants to make the interpretation of their test results more meaningful to them. Each member of the sample was given a number which was used for identification during the rest of the study.

Five nursing supervisors were responsible for completing an Evaluation Form on each of the nurses employed in her unit. These evaluations were done cooperatively with the eleven head nurses involved. In addition, each supervisor and each head nurse rated the nurses under her direction in one of the five categories in the Single Rating Item. The mean of the two scores was used. This information was tabulated on individual cards so that any discrepancies could be checked.

All of the information on the individual cards was converted to numbers and listed on special sheets for computation by the datatron at the University of Utah College of Engineering. The means, standard deviations and percentiles of the means of each of the variables were obtained. The scores of each of the variables of the EPPS were then compared by means of correlations with the ratings on the Evaluation Form and the Single Rating Item. Some of the data from the Personal Data Sheet was also intercorrelated.

CHAPTER IV

FINDINGS OF THE STUDY

This chapter presents the statistical description of the performance of the sample group of medical-surgical nurses on the EPPS, the Evaluation Form, and the Single Rating Item. The scores of these tools are compared and significant relationships are presented.

Performance on EPPS. The total score possible on any one variable of the EPPS is 28. The highest single score in this study was 28 in Heterosexuality; there were also three scores of 1 in this variable. This result could be expected because of the mature age of some of the participants and the fact that the questions referred to dating and similar youthful activities. The range in scores of 1 to 28 in Heterosexuality was probably due to the wide variation in age of the participants.

The ranges in the individual scores on the EPPS are presented in Table I. The greatest ranges were in Heterosexuality (28) and Change (25); the lowest ranges were in Succorance (16), Deference (16) and Autonomy (17).

The mean scores of the fifteen variables of the EPPS are presented in Table I. The highest means occurred in Intraception (17.23), Affiliation (16.49), Abasement (16.24)

TABLE I
 RANGE OF SCORES, MEANS, STANDARD DEVIATIONS AND PERCENTILES
 OF THE SAMPLE GROUP OF NURSES ON THE EPPS
 (N = 115)

Variable	Range	Mean	Standard Deviation	Percentile*
1. Achievement	20	14.10	4.02	64
2. Deference	16	15.10	3.64	80
3. Order	22	12.77	4.49	77
4. Exhibition	19	12.66	3.45	42
5. Autonomy	17	10.22	3.76	36
6. Affiliation	19	16.49	3.69	41
7. Intraception	20	17.23	4.64	49
8. Succorance	16	11.01	3.80	44
9. Dominance	19	13.68	7.80	42
10. Abasement	22	16.24	4.55	58
11. Nurturance	22	16.11	4.32	50
12. Change	25	15.69	4.62	42
13. Endurance	23	15.17	4.54	69
14. Heterosexuality	28	11.17	5.98	31
15. Aggression	19	10.03	4.03	51

*Compared with the norm group of college women reported in the EPPS manual.

and Nurturance (16.11). The lowest means occurred in Aggression (10.03), Autonomy (10.22), Succorance (11.01) and Heterosexuality (11.17).

The percentile scores for each of these variables are presented in Table I. The normative sample used for comparison was one reported by Edwards in the EPPS manual. It consisted of 749 college women enrolled in day and evening liberal arts classes at various universities and colleges. The age distribution for the normative group was 15 to 59 years with the largest number in the 15 to 23 year age range.

Compared with these college women, the sample group of nurses in this study scored higher in the need for Achievement, Deference, Order, Abasement and Endurance; they scored markedly lower on the need for Autonomy and Heterosexuality and slightly lower in Exhibition, Affiliation, Succorance, Dominance and Change. These findings were very similar to those found by Navran and Stauffacher^{20,21} in both of their studies of registered nurses. These findings

²⁰Leslie Navran and James C. Stauffacher, "The Personality Structure of Psychiatric Nurses," Nursing Research, 5:109-14, Spring, 1957.

²¹Leslie Navran and James C. Stauffacher, "A Comparative Analysis of the Personality Structure of Psychiatric and Non-Psychiatric Nurses," Nursing Research, 7:65, Spring, 1957.

also showed consistency with the results of the study done by Michael Reece.²²

Table II lists the standard deviations of the variables of the EPPS for the sample and the normative group and the standard error of these deviations. A check of these figures showed very little difference. The greatest difference occurred in the measurement of Dominance, with the sample showing a deviation of 7.80 and the norm group a deviation of 4.60. Comparable differences were not found in the Aggression scores. For Endurance the deviation figure was only slightly smaller for the nurses (4.54) than for the normative group (5.19). Succorance and Affiliation showed similar differences.

Standard deviation scores for the sample group appear to be consistent with those for the norm group with the exception of the one for Dominance. The low standard deviations indicate relatively consistent scores and a small range in the scores of the group sampled. Such scores increase the possibility of reliability.

Performance on the Evaluation Form and the Single Rating Item. Table III lists the means and standard deviations of the items of the Evaluation Form and the Single

²²Michael Reece, "The Personality Characteristics and Success in a Nursing Program," Nursing Research, 10:173, Summer, 1961.

TABLE II
STANDARD DEVIATIONS OF THE VARIABLES OF THE EPPS FOR THE
SAMPLE GROUP OF NURSES AND THE EPPS NORMATIVE
GROUP OF WOMEN

Variable	Standard Deviation Nurses (N = 115)	Standard Error	Standard Deviation Norm Group (N = 749)	Standard Error
1. Achievement	4.02	.27	4.19	.11
2. Deference	3.64	.24	3.72	.10
3. Order	4.49	.30	4.37	.11
4. Exhibition	3.45	.23	3.65	.09
5. Autonomy	3.76	.25	4.34	.11
6. Affiliation	3.69	.24	4.07	.11
7. Intraception	4.64	.31	4.70	.12
8. Succorance	3.80	.25	4.42	.11
9. Dominance	7.80	.52	4.60	.12
10. Abasement	4.55	.30	4.94	.13
11. Nurturance	4.32	.29	4.41	.11
12. Change	4.62	.31	4.87	.13
13. Endurance	4.54	.30	5.19	.13
14. Heterosexuality	5.98	.39	5.39	.14
15. Aggression	4.03	.27	4.61	.12

TABLE III
MEANS AND STANDARD DEVIATIONS OF THE ITEMS IN THE
EVALUATION FORM AND THE SINGLE RATING ITEM
(N = 115)

Item	Means	Standard Deviation
1. Interpersonal Relations	6.02	1.22
2. Patient and Public Relations	6.03	1.34
3. Work Performance	6.17	1.14
4. Personal Acceptability	6.33	1.27
5. Professional Values	6.05	1.15
6. Teaching Ability	5.77	1.28
7. Work Attitudes	6.38	1.10
8. Attendance Reliability	6.55	1.45
9. Overall Summary	6.13	1.11
10. Single Rating Item	3.21	.91

Rating Item. A score of 10 was possible so a mean of 5 was expected. The means ranged from 5.8 to 6.5. The lowest mean was in Teaching Ability (5.8). The mean of the Overall Summary scores of the Evaluation Form was 6.1. These scores were higher than one would expect. There might be several possible explanations: (1) this was a superior group of nurses, (2) the raters were not discriminatory, (3) the scale used was not valid. The low standard deviations were fairly consistent in these findings.

The mean of the Single Rating Item was 3.21. This mean corresponded with those of the Evaluation Form for the range of rating was 1 to 5 in comparison to 1 to 10 on the Evaluation Form. A summary of the intercorrelations of the variables of the Evaluation Form and the Single Rating Item is given in Appendix C.

Relationship between the EPPS and the evaluation items.

An initial hypothesis of this study was that there would be significant relationships between the personal value patterns of medical-surgical nurses and their success in that division of nursing as measured by an evaluation given them by their head nurses and supervisors. The scores of the EPPS were correlated with the scores of the Evaluation Form and the Single Rating Item to determine significant relationships. The results of these correlations are shown in Tables IV, V, VI, and VII. Only six of the variables of the EPPS showed

TABLE IV
SIGNIFICANT CORRELATIONS OF THE SCORES OF THE EPPS WITH
RATINGS FOR SELECTED ITEMS OF THE EVALUATION FORM
(N = 115)

Variable	Item #1 Interpersonal Relations	Item #2 Patient and Public Relations
7. Intraception	.18*	
10. Abasement	-.20*	
13. Endurance		.18*

*Significant at the .05 level.

TABLE V

SIGNIFICANT CORRELATIONS OF THE SCORES OF THE EPPS WITH RATINGS FOR SELECTED ITEMS OF THE EVALUATION FORM (N = 115)

Variable	Item #3 Work Performance	Item #4 Personal Acceptability
7. Intraception	.17*	
8. Succorance	-.17*	
10. Abasement	-.17*	-.18*
12. Change	-.20*	

*Significant at the .05 level.

TABLE VI

SIGNIFICANT CORRELATIONS OF THE SCORES OF THE EPPS WITH
RATINGS FOR SELECTED ITEMS OF THE EVALUATION FORM
(N = 115)

Variable	Item #5 Professional Values	Item #6 Teaching Ability
4. Exhibition	-.19*	
12. Change		-.18*
13. Endurance		.20*

*Significant at the .05 level.

TABLE VII

SIGNIFICANT CORRELATIONS OF THE SCORES OF THE EPPS WITH
RATINGS FOR SELECTED ITEMS OF THE EVALUATION FORM
(N = 115)

Variable	Item #7 Work Attitudes	Item #8 Attendance Reliability	Item #9 Overall Summary
4. Exhibition		-.21*	
12. Change	-.23**		
13. Endurance	.19*		.17*

*Significant at the .05 level.

**Significant at the .01 level.

significant correlations when compared with the items on the Evaluation Form.²³ There were positive significant relationships with Intraception and Endurance and negative relationships with Exhibition, Succorance, Abasement and Change. The variable, Endurance, showed significant relationships the most often; these correlations were significant at the .05 level with the items, Patient and Patient Relationships, Teaching Ability, Work Attitudes and Overall Summary. Change had the strongest correlation (-.23) with Work Attitudes.

Each item in the Evaluation Form showed a positive relationship with at least one variable of the EPPS. Work Performance correlated significantly with Intraception, Succorance, Abasement and Change. This item was considered important enough by the committee which constructed the Evaluation Form that it was given three times the weighting given to the other items. Interpersonal Relations correlated significantly with Intraception and Abasement. Teaching Ability correlated significantly with Change and Endurance. Work Attitudes showed significant relationships with Change and Endurance.

Endurance was the only variable of the EPPS which showed a significant relationship with the Overall Summary score of the Evaluation Form. This correlation of .17 was

²³See Appendix B for the complete set of correlations.

significant at the .05 level.

Relationship between the Evaluation Form and the Single Rating Item. The correlations between the Single Rating Item and the items of the Evaluation Form are given in Table VIII. These correlations were all significant at the .01 level. The lowest correlation was with Attendance Reliability (.29); the highest was with Work Performance (.61). It could be expected that these correlations would be high for each of these evaluative measures was completed by the same raters. The correlation between the Overall Summary score and the Single Rating Item was .55. It was expected that this correlation would be near 1.0. A correlation this high would suggest that the shorter rating item might profitably be used in place of the longer Evaluation Form. It was interesting to note that each of the items of the Evaluation Form correlated significantly with at least one of the variables of the EPPS but the Single Rating Item correlated significantly with only one variable. Table IX shows these correlations. Because the items of the Evaluation Form showed many more significant correlations with the variables of the EPPS, and because there was not as high a correlation between the two evaluative tools as could be expected, the Single Rating Item cannot logically be used to replace the Evaluation Form.

TABLE VIII
 CORRELATIONS OF THE SINGLE RATING ITEM AND THE ITEMS
 ON THE EVALUATION FORM
 (N = 115)

Item of Evaluation Form	Single Rating Item
1. Interpersonal Relations	.55**
2. Patient and Public Relations	.53**
3. Work Performance	.61**
4. Personal Acceptability	.36**
5. Professional Values	.48**
6. Teaching Ability	.51**
7. Work Attitudes	.52**
8. Attendance Reliability	.29**
9. Overall Summary	.55**

**Significant at the .01 level.

TABLE IX
 CORRELATIONS OF THE SCORES ON THE EPPS WITH THE
 MEAN OF THE SINGLE RATING ITEM
 (N = 115)

Variable	Mean Rating by Head Nurse and Supervisor
Achievement	.06
Deference	-.07
Order	
Exhibition	-.10
Autonomy	-.01
Affiliation	.03
Intracception	-.09
Succorance	.19*
Dominance	.04
Abasement	.06
Nurturance	.04
Change	.10
Endurance	-.04
Heterosexuality	-.03
Aggression	

*Significant at the .05 level.

Relationship between age and the EPPS scores. The age of the nurse showed a significant positive relationship with Deference (.33), Order (.31), and Endurance (.18). Age showed a negative relationship with Exhibition (-.19) and Heterosexuality (-.40). The significance with Deference, Order and Heterosexuality was at the .01 level. Table X gives these figures. The complete list of correlations is given in Appendix D.

TABLE X
SIGNIFICANT CORRELATIONS OF AGE WITH
THE VARIABLES OF THE EPPS
(N = 115)

Variable of EPPS	Age
2. Deference	.33**
3. Order	.31**
4. Exhibition	-.19*
13. Endurance	.18*
14. Heterosexuality	-.40**

*Significant at the .05 level.

**Significant at the .01 level.

CHAPTER V

SUMMARY AND DISCUSSION OF THE FINDINGS

I. SUMMARY

Purpose of the study. This study was an attempt to identify by means of the Edwards Personal Preference Schedule the personal value patterns of graduate nurses caring for medical and surgical patients and to show the relationship of these value patterns to the rating made of these nurses by their head nurses and supervisors.

In view of their selection of the same vocation, nurses could be expected to show similar personal value patterns. Because of the change in emphasis in the nursing curriculum in recent years and because of the effect of maturity and experience, it was expected that the value patterns would vary with the age of the nurse. It was also expected that the value patterns of the nurse would relate significantly to her rating of effective performance.

Method of procedure. The following procedures were used in the study of the problem:

1. The EPPS was administered to 91 per cent of the registered nurses caring for medical and surgical patients in a 450 bed general hospital. The scores for each of the variables of the EPPS were obtained for each individual.

2. An Evaluation Form and a Single Rating Item were completed on each subject by her head nurse and supervisor.

3. A Personal Data Sheet requesting age, educational background, marital status, length of time active in nursing, preference of working area in nursing was completed by each of the participants.

4. All data were card punched for use on a datatron.

5. The means, standard deviations and correlation coefficients for the variables of the EPPS, and the items of the Evaluation Form, Single Rating Item, and Personal Data Sheet were determined.

6. The sample group was compared with the liberal arts norm group reported in the EPPS test manual.

7. The scores of the variables of the EPPS were compared with the items on the Evaluation Form and the Single Rating Item. A comparison was made between the scores of the EPPS and selected items in the questionnaire.

8. The scores of the Single Rating Item were compared with those of the items in the Evaluation Form.

9. The scores of the EPPS and the ratings were compared with the age of the participants.

Findings

1. Description of the performance of the sample.

Graduate nurses caring for medical-surgical patients showed

as their highest needs Intraception, Affiliation, Abasement and Nurturance. They showed the lowest needs for Aggression, Autonomy, Succorance and Heterosexuality. The greatest homogeneity of the group was in Deference, Exhibition, Autonomy, Affiliation and Succorance; the least homogeneity was in Dominance and Heterosexuality.

Compared with the college norm group, nurses showed higher needs for Achievement, Deference, Order, Abasement and Endurance; they showed markedly lower needs for Autonomy and Heterosexuality, and slightly lower needs for Exhibition, Affiliation, Succorance, Dominance and Change.

Older nurses tended to have higher needs for Deference, Order and Endurance; the younger nurses had higher needs for Exhibition and Heterosexuality.

2. Correlations between EPPS scores and Evaluation Form scores. Interpersonal Relations had a positive relationship with Intraception and a negative relationship with Abasement. Patient and Public Relations had a positive significant relationship with Endurance. Work Performance showed a positive significant relationship with Intraception and a negative relationship with Succorance, Abasement and Change.

Personnel Acceptability showed a negative relationship with Abasement. Professional Values showed a negative

relationship with Exhibition. Teaching Ability had a negative correlation with Change and a positive correlation with Endurance.

Attendance Reliability showed a negative relationship with Exhibition. Work Attitudes had a negative relationship with Change. Endurance showed a positive relationship with Work Attitudes and the Overall Summary score of the Evaluation Form.

3. Correlation between the Single Rating Item and the scores of the EPPS. One correlation significant at the .05 level was found between the rating item and the variable, Succorance.

4. Correlation between the Evaluation Form and age. There was a positive significant correlation between age and the Performance item of the Evaluation Form. Other relationships were not significant.

5. Correlation between the EPPS and age. Age had a positive significant correlation with Deference, Order and Endurance, and a negative correlation with Exhibition and Heterosexuality.

Conclusions

The findings of this study were very similar to those

of other studies in relation to a description of nurses with the Edwards Personal Preference Schedule. The sample of nurses used in this study showed many of the same value patterns as did college women, but they also showed some marked variations which by face validity can be associated with nursing curriculum and the service which is required of nurses.

This study showed 15 significant correlations out of 150 possible relationships between the EPPS and the Evaluation tools. Since 14 of these correlations were significant at only the .05 level, the findings were not very much greater than those which might be obtained by chance. The age of the nurse correlated significantly 6 of a possible 16 times. Age correlates highly with experience so can be expected to have some significance from face validity. The findings of this study were not significant to the extent that would indicate their use with any degree of reliability in counseling and testing situations, but they have raised some important questions and have provided implications for further study.

II. DISCUSSION

On an a-priori basis one would expect that all nurses should show a high personal value pattern for Nurturance, Affiliation, Intraception and Endurance. Not all of these

value patterns were demonstrated by this study to be present in the nursing sample nor were they shown to be high in those given the highest ratings by their superiors.

This study showed the typical nurse of the sample studied as an individual who likes to analyze the behavior of others and understand how they feel; she likes to associate with others, to treat others with kindness and sympathy and to assist others less fortunate. She also has some feelings of personal abasement and inferiority. She does not have high aggressive needs nor does she have to seek much encouragement and understanding from others. She can conform to the group and is not very critical of those in authority.

The nurse who was rated highest by her head nurse and supervisor seems able to work hard at her task and complete any job undertaken. She is able to analyze her own feelings and to understand others. She does not seek to be the center of attention nor does she need much encouragement from others. She has respect for herself and does not feel inferior to others in most respects. She does not need to experience much change and can accept routine experiences.

The mean description of the nurse in this study corresponded closely with supervisor and head nurse ratings of a "good nurse," except in the need of Abasement. Abasement was shown as a high need but it was rated low in desirability in the "good" nurse.

If the ratings given these nurses by their supervisors can be accepted as a valid criterion of the effectiveness of the nurse, and if the present stereotype of a "good nurse" continues to be the one which is the most desirable, then the findings of this study have significant, but limited, value. Whether a nurse who exhibits a strong need for Intraception and Endurance and a low need for Abasement, Succorance, Change, and Exhibition actually is the best nurse is a question that has not yet been answered. One can expect that the personality of the raters and their concept of a "good nurse" would greatly influence any rating they might give.

While all nurses studied showed high personal value patterns in some areas, one would expect that within various age groups there would be variations due to the change in emphasis in the nursing curriculum, educational requirements, and the stage of maturity of the individual nurse. This difference was verified in the study, but it did not have much effect on the rating of the nurse except in the area of performance in which the older nurses received the higher ratings. The fact that a low need for Change was highly regarded by the raters may have had some influence on the results. Much of the nursing service on medical-surgical units is stable, and the older nurses are more accustomed to accepting routine situations. Another factor which may have influenced the correlation of age and performance was the

large number of new graduates, especially two-year graduates, who participated in the study. They could not be expected to be as proficient in their nursing performance as the older, more experienced nurses. The question is raised: Is it desirable that the nurse have a low need for change?

Is there a typical "good nurse"? Nurses must care for all types of individuals with different personalities, varied illnesses, and varied responses to these illnesses. While it is logical to assume that there are certain general personality characteristics essential to the performance of nursing functions, it is also logical to assume that various combinations and degrees of these characteristics might be equally acceptable. All nurses need not be poured in the same mold. Rather, each nurse should be helped to gain insight into her own feelings and actions as they relate to her performance in an effort to improve the quality of nursing care and also fill her personal needs.

Because nursing offers many areas of specialization, there should be an acceptable place for any nurse who has demonstrated her ability and aptitude for nursing by completing her basic educational requirements. All available means of helping the nurse find her place in the profession are required to enable her to make the best choice. Paper and pencil tests are only one of the tools helpful in providing useful information. They should be used in conjunction

with questionnaires, interviews and counseling.

This study has raised the following questions:

1. Is it important that nurses show strong motivations in respect to Intraception and Endurance and low motivations in Abasement, Succorance, Change and Exhibition?
2. Do patients, co-workers and nurses themselves see the "good nurse" as do the nursing supervisors?
3. If certain value patterns are proven to be the most predictive of a "good nurse," what can be done to attract students who have these value patterns? What can be done to stimulate the development of these patterns in nursing students?

III. RECOMMENDATIONS

1. The role of the nurse in the present society needs continued clarification and redefinition so that the findings may be used for more efficient selection, training and placement of those in the nursing profession.

2. Assessment of the personality of the nurse should be considered in the placement of graduate nurses in areas of clinical specialization and graduate study. An ongoing program of research should provide the guides to the best methods for making these assessments.

3. Nursing curriculums and the guidance and counseling of nurses should be more individually centered to help

each nurse develop those potentials most suited to the nursing profession and to minimize and direct those likely to have adverse effects.

4. A trained counselor should be available in the hospital setting to assist in the guidance and counseling of the personnel.

5. Nurse educators and administrators need to become more skilled in evaluation techniques. More research must be done to develop effective, functional evaluation tools.

6. Evaluations need to be made on each nurse by more of the personnel who are in a position to observe her performance. Patients and the nurse herself should contribute to the evaluation.

7. The following further research is recommended:

a) The EPPS should be studied in relation to a questionnaire, an autobiography, and an interview with a trained counselor to determine the relative effectiveness of these procedures in the selection and placement of nurses.

b) A shortened version of the EPPS using the questions relating to the six variables found to be effective predictors in this study, should be used in a further study. Validity studies should determine the value of such a tool.

c) The variables of this study, (1) type of nursing program from which graduated, (2) preference for area of employment at the time of graduation, and (3) preference for area of employment at the time of this study should be compared with the evaluation and the EPPS scores to determine the predictive value of interest and experience. Information concerning these variables was obtained with the original data.

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APPENDICES

APPENDIX A

DESCRIPTION OF THE SAMPLE

(by number)

AGE

20-21	22-25	26-29	30-39	40-49	50-59	60-69	Total
12	30	12	24	18	17	2	115

SEX

Female	Male	Total
113	2	115

MARITAL STATUS

Single	Married	Total
37	64	115

NATIONALITY

American	Canadian	English	Chinese	Swiss	Other
99	5	2	1	2	6

SCHOOL

Associate (2 yr.)	Diploma (3 yr.)	Baccalaureate (4 yr.)	Baccalaureate (5 yr.)	Total
12	63	34	6	115

MEAN AGE	34.37
MEAN AGE AT GRADUATION	21.90
MEAN YEARS ACTIVE IN NURSING	8.47

APPENDIX B

INTERCORRELATIONS OF THE FIFTEEN VARIABLES OF THE EPPS WITH THE NINE
VARIABLES OF THE EVALUATION FORM

Evaluation Form	Item #1	Item #2	Item #3	Item #4	Item #5	Item #6	Item #7	Item #8	Item #9	Supervisor Rating
Achievement	-.07		.06	-.01		-.02	.10	.03	.04	.06
Deference	-.07	.03	-.04	-.09	.01	-.05	-.12	.01	-.05	-.07
Order	-.03	-.10	-.02	.04	-.04	-.04	-.08	.14	-.07	
Exhibition	.07		.03	.04	-.19	-.03	.07	-.21	-.04	-.10
Autonomy	.06	.08	.09	-.01	.03	.11	.16	.02		-.01
Affiliation	-.06	.01	-.08	-.02	.01	.05	-.16	-.01	-.04	.03
Intracception	.18	.07	.17	.04	.07	.15	.01	.09	.12	-.09
Succorance	-.16	-.15	-.17	-.11	-.04	-.10	-.07	-.07	-.11	.19
Dominance	.07	.05	.10	-.06	-.05	.06	.10	-.01	-.02	.04
Abasement	-.20	-.16	-.17	-.18	-.12	-.13	-.16	-.04	-.10	.06
Nurturance		.02		-.04	.06	.08	-.08	.11	.03	.04
Change	-.02	-.10	-.20		-.09	-.18	-.23	-.01	-.09	.10
Endurance	.12	.18	.13	.03	.14	.20	.19	.08	.17	.04
Heterosexuality	.01	.07	-.04	.05	.06	.03	.07	-.11	.08	-.03
Aggression	-.04	-.01	.01	.04	-.10	-.02	.05	.06	-.08	

APPENDIX C

INTERCORRELATIONS OF THE NINE VARIABLES OF THE EVALUATION FORM

Rating Scale	Item #1	Item #2	Item #3	Item #4	Item #5	Item #6	Item #7	Item #8	Item #9
Item #1	1.00	.77	.67	.55	.64	.64	.69	.14	.69
Item #2		1.00	.61	.42	.78	.70	.66	.25	.75
Item #3			1.00	.48	.55	.79	.68	.23	.70
Item #4				1.00	.49	.45	.44	.36	.46
Item #5					1.00	.62	.67	.32	.70
Item #6						1.00	.62	.26	.71
Item #7							1.00	.19	.67
Item #8								1.00	.31
Item #9									1.00

APPENDIX D

CORRELATIONS OF AGE WITH THE VARIABLES OF THE EPPS

Variable	Age
1. Achievement	.08
2. Deference	.33**
3. Order	.31**
4. Exhibition	-.19*
5. Autonomy	.15
6. Affiliation	-.02
7. Intraception	-.02
8. Succorance	.07
9. Dominance	
10. Abasement	.12
11. Nurturance	.15
12. Change	-.05
13. Endurance	.18*
14. Heterosexuality	-.40**
15. Aggression	-.02

*Significant at .05 level.

**Significant at .01 level.

RESEARCH SURVEY

Your participation in this research survey will help in a study aimed at finding a personality test which might have predictive value in selecting nursing students, in determining graduate fields of study, and in assisting in the placement of graduate nurses in hospital positions.

Please mark the appropriate blanks:

Name _____

Graduate of:

- ____ Associate degree school of nursing (2 yr)
- ____ Hospital school of nursing (3 yr)
- ____ Baccalaureate degree school of nursing (4 yr)
- ____ Degree program for registered nurses (3 yr + 2 yr)
- ____ Graduate program leading to a masters degree

Personal information:

- ____ Year graduated
- ____ Age when graduated
- ____ Age now
- ____ Years active in any area of nursing

Your religion _____ Nationality _____ Race _____

Marital Status: married _____ widowed _____ divorced _____ single _____

____ Number of children

Patient Care Unit on which you are presently working _____

Patient Care Unit on which you would prefer to work _____

Area of preference when you first graduated from nurses' training _____

Area to which you were first assigned following graduation _____

LATTER-DAY SAINTS HOSPITAL PROGRESS REPORT

All Parts of This Form are to be Prepared in Duplicate

Name _____ Department _____

Position _____ Date of This Report _____

Before completing this form, a careful study should be made of the "Manual for Preparation and Use of the Latter-day Saints Hospital Progress Reports" which has been prepared as a supplement to this form.

Consider the specific characteristics which define each of the following factors, then make an evaluation by indicating a number in the box corresponding to each factor, using the following key: Note that any number from 0 through 10 may be used.

- 10 To an Exceedingly High or Highest Possible degree
 - 9
 - 8
 - 7 To an Unusual or Outstanding degree
 - 6
 - 5 To a Typical degree
 - 4
 - 3 To a Somewhat Limited degree
 - 2
 - 1 To a Slight degree
 - 0
- Favorable characteristics defining this factor are displayed:

INTERPERSONAL RELATIONS

Ability to work with others... Emotional stability.....
 Utilizes approved channels and methods of communications.....
 (Overall evaluation).....

Additional comments: _____

PATIENT AND PUBLIC RELATIONS

Knows patient as individual... Tact.....
 (Overall evaluation).....

Additional comments: _____

WORK PERFORMANCE

Technical Skill..... Care of equipment.....
 Insight to physical and emotional needs of patient.... Planning and organization of work.....
 Ability to observe, record and report accurately..... Ability to work under Pressure.....
 Application of scientific knowledge and basic principles of nursing procedures...
 (Overall evaluation).....

Additional comments: _____

PERSONAL ACCEPTABILITY

Grooming.....

Poise.....

(Overall evaluation).....

Additional comments: _____

PROFESSIONAL VALUES

Respect for the human
dignity of the individual....

Assumes responsibility for
self improvement.....

Integrity and sincerity.....

Sympathetic and understanding.

Recognizes the importance
of example.....

Active participation in
nursing organizations.....

(Overall evaluation).....

Additional comments: _____

TEACHING ABILITY

Teaches patient and assists
with his rehabilitation.....

Assists in the education of
the public.....

Teaches and directs professional and non-professional nursing personnel.....

(Overall evaluation).....

Additional comments: _____

WORK ATTITUDES

Adaptability.....

Initiative.....

Industry.....

Teachable.....

(Overall evaluation).....

Additional comments: _____

ATTENDANCE RELIABILITY

Punctuality.....

Adequate notification of
absence and return to work....

Actual number of days absent since last report because of: Illness.....

Other.....

(Overall evaluation).....

SUGGESTIONS FOR IMPROVEMENTS

How has this nurse improved since the previous progress report: _____

Assuming that every nurse can improve in some way, include constructive suggestions for each person for whom a report is made: _____

OVERALL PROGRESS REPORT SUMMARY

Considering all of the above factors and weighting them according to the procedure suggested in the Manual, what is your overall progress report summary for this nurse?.....

Persons who prepared this progress report: _____ Signature of Rater Position
_____ Signature of Rater Position

Person who reviewed this report: _____ Signature of Rater Position

I agree with the above progress report except as follows: _____

Additional comments of person evaluated: _____

Signature of Ratee

This Progress Report was discussed with the Ratee by: _____ on _____
Signature of Rater Date

Effective Date _____ Present Class _____ Proposed Class & Step _____

Date of Employment _____ Time on Position _____ Years _____ Months Date of Last Raise _____

Signature - Director of Nursing