

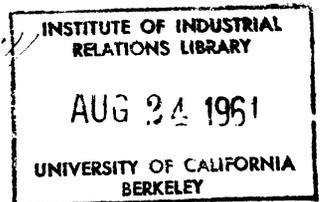
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A study of attitudes of basic nursing students
in three types of educational programs shows

Conflict and Harmony in Nursing Values

By Genevieve Rogge Meyer



IN ITS professional growth, nursing has worked to combine two seemingly contradictory traditions. The opposing images of the "ministering angel" and the "efficient, disciplined professional person" have each had their vogue, and the modern nurse must somehow blend both into one personality. The nature of the nurse's education has much to do with the style of integration she attains.

A 3-year research project at the University of California, Los Angeles, co-sponsored by the school of nursing, the graduate school of business administration, and the institute of industrial relations, and supported by a U.S. Public Health Service grant, has been concerned with the attitudes of nursing students. The students tested came from three different educational programs—a baccalaureate degree, a diploma, and an associate in arts degree. Beginning, middle, and terminal students from each school were included so that changes within a program as well as differences among programs could be examined.

One of the tools used in the research, the Meyer Picture Item Test (MPIT), separates respondents into four groups or types based on their dominant values about nursing (1).

Type I corresponds to the "minister-

ing angel" image and represents the nurse who values an undivided relationship with her patient above all else. On the MPIT the student chooses photographs of the nurse alone with her patient in preference to pictures of a nurse sharing the patient with a colleague (doctor, aide, or another nurse), and in preference to situa-

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tions in which the patient is absent and the nurse works alone with a colleague. As one registered nurse, who had nursed for 25 years and who scored as Type I, expressed it: "Well, I'd certainly like to be with my patient and I don't need to go call anyone to help me."

Type IV, at the other extreme, corresponds to the "efficient, disciplined professional" image and represents the nurse who values most of all her work relationships with colleagues. This type is oriented more toward technical and administrative functions. On

the MPIT the student chooses photographs in which the patient is absent and the nurse works alone with her colleague; and she relegates to second and third place those situations which show the nurse sharing her patient with a colleague or, simply, show the nurse alone with her patient. One capable young nurse, who is rapidly moving up the ladder and who scored as Type IV, explained her preferences this way: "Doing just bedside care gets to be so routine. I want to be in charge; teach people how to do things . . . ; and always be one step ahead."

Types II and III represent different versions of what could be called the modern nurse. Both types of students prefer work situations in which the nurse shares her patient with some colleague. This modern group has resolved the divergent appeals of I and IV by choosing to work with both patient and colleague, but the question of which figure has more drawing power separates the modern group into two different types.

Type II, after placing the sharing relationships first, ranks as second choice those photographs which show the nurse alone with her patient. The student seems to have attained an integration of the values of I and IV which keeps her close to the patient

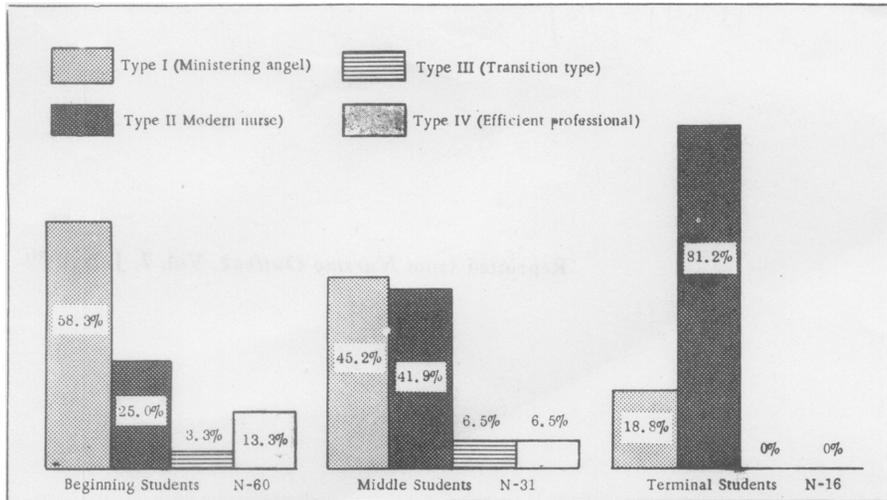


FIGURE 1. Distribution of the Four Value Types Among Nursing Students in a Baccalaureate Degree Program

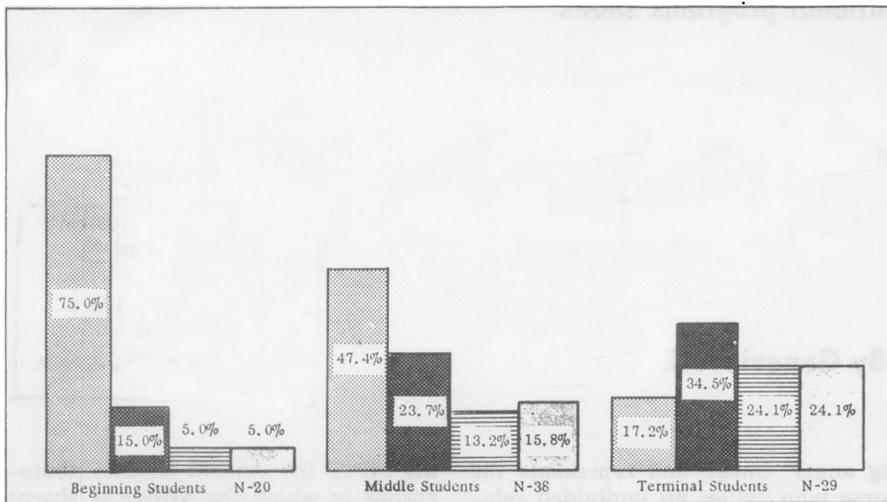


FIGURE 2. Distribution of the Four Value Types Among Nursing Students in a Diploma Program

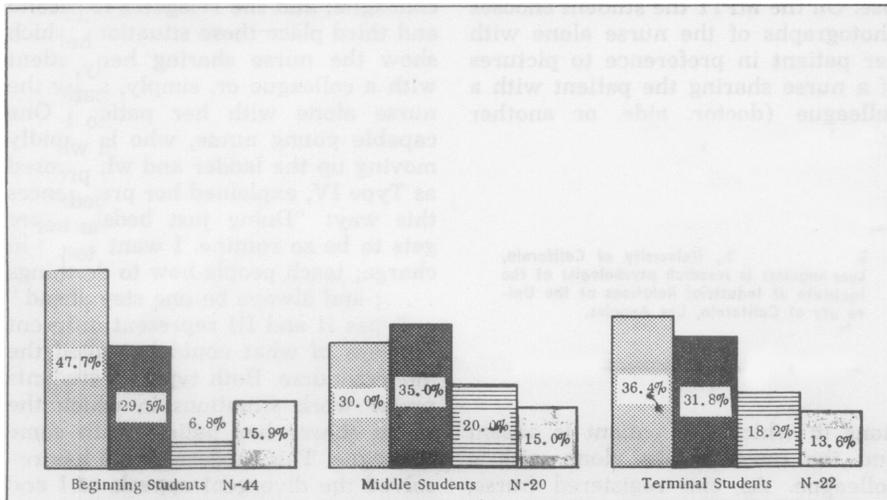


FIGURE 3. Distribution of the Four Value Types Among Nursing Students in an Associate in Arts Degree Program

so highly prized by Type I. The newer values of team nursing are perhaps reflected in the preferences of Type II. Interestingly enough, other data gathered during the course of our research from a sample of practicing nurses indicate that this type, or group, is numerically the largest.

Type III, on the other hand, places

second the colleague relationship from which the patient is excluded. The student's integration seems to be oriented more toward the technical-professional values of Type IV. This group, numerically the smallest in our sample of nurses, may very well represent a transition type.

Figures 1, 2, and 3 show the dis-

tribution of these four value types among nursing students in the three different educational programs. Looking at the three groups of beginning students, regardless of what program they are entering, it is clear they are predominantly Type I. The image of the "ministering angel," who has an exclusive relationship with her patient, has apparently retained its potent appeal for girls selecting nursing today.

The terminal students show a different distribution and this change must be credited, at least in part, to the different educational processes.

Considering first the baccalaureate program, Type I (ministering angel) steadily decreases while Type II (modern nurse) steadily increases and ends up accounting for 81.2 percent of the terminal collegiate students. It is striking also that there are no Type III's or IV's both of which are more colleague-oriented, among this senior group.

The diploma program also shows a gradual shift away from Type I. Although Type II increases regularly, it does not reach the height found in the baccalaureate program (34.5 percent as against 81.2 percent). Unlike the baccalaureate program, however, the diploma program shows a steady rise of the more technical types, III and IV. Together they account for almost half of the terminal hospital students.

Students in the associate in arts degree program are somewhat unusual. They do not display nearly as much change as the other two. While Type I does decrease, it remains the single largest group among the terminal students. Type II does increase, but the gain is slight compared to the other two programs. The frequency of Types III and IV does not change much.

While it is not within the province of the researcher to evaluate these changes, it does seem that the regular increase of Type II approximates the goals of nursing today. The philosophy of team nursing as outlined by Lambertsen and Newcomb stresses the *sharing* process and depends on the capacity of the professional nurse to value her teammates and, at the same time, the team (2, 3). Of the four value types described, Type II seems most likely to fulfill this role.

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