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**COMPARATIVE STUDY OF CHANGES IN SELF-ACTUALIZATION BETWEEN BLACK AND WHITE  
NURSING STUDENTS ENROLLED IN PREDOMINANTLY WHITE SCHOOLS OF NURSING**

by

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**B.A. San Francisco State College, 1958**

**M.S. University of California, San Francisco, California 1962**

**DISSERTATION**

**Submitted in partial satisfaction of the requirements for the degree of**

**DOCTOR OF NURSING SCIENCE**

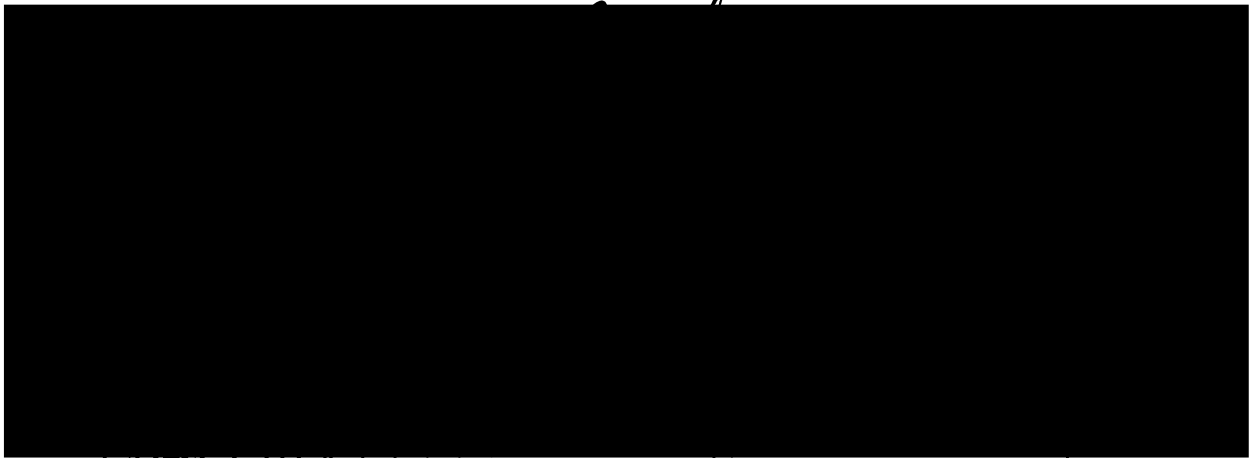
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Comparative Study of Changes in Self-Actualization  
between Black and White Nursing Students Enrolled  
in Predominantly White Schools of Nursing

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by

Mary Lucillia Davis

To All Nursing Students  
and Their Teachers

"As the teachers are, so will the students  
become . . ."

--Sidney Jourard

Let us not be blind to our differences but  
let us also direct our attention to our common  
interest and the means by which those differ-  
ences can be resolved. And if we cannot end  
now our differences, at least we can help make  
the world safe for diversity.

--John F. Kennedy



Comparative Study of Changes in Self-Actualization  
between Black and White Nursing Students Enrolled  
in Predominantly White Schools of Nursing

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ABSTRACT

The purpose of this study was to investigate possible conflicts and their consequences faced by the black, generic nursing student in the milieu of a predominantly white school of nursing. This investigation was especially concerned with conflict and self-actualization, which is defined as that process of becoming a more fully functioning person.

The conceptual framework for the study was constructed from a model for viewing role conflict developed by Kahn, Wolfe, Quinn, Snoek, and Rosenthal. In addition, theories of conflict and conflict resolution, professional socialization, and self-actualization were integrated so as to provide a coherent background for the study.

To determine the effects of culture conflict on self-actualization of black nursing students, a quasi-experimental research design was employed in which the white middle-class culture, as exemplified by the predominantly white school of nursing, was identified as the independent variable. The dependent variable, degree of change in self-actualization, was measured by pretest and posttest scores over one academic year.

A total of 75 female subjects (27 black students and 48 white students) from the first-clinical-year participated in the study. The

black students were volunteers whereas the white students were randomly selected from a larger pool. The median age for all students was 21-22 years.

The Personal Orientation Inventory, a standardized paper-and-pencil test designed by E. L. Shostrom to assess elements of self-actualization, was administered to all subjects at the beginning of their first-clinical-year and again at the end of that year. Group means for differences in pre- and posttest scores on the 12 scales for both black and white students were calculated and compared. A second tool, the Personal Data Questionnaire, was also administered to the subjects at the end of the year. This questionnaire was designed by the researcher to collect the demographic characteristics of the sample, as well as a description of the students' perceptions of their experiences in the nursing program, the nature and amount of support they received throughout the year, and how they, the students, changed in response to, or as a result of, these circumstances.

The study tested the null hypothesis that there would be no significant differences between the mean difference scores obtained by black, generic nursing students and white, generic nursing students enrolled in predominantly white schools of nursing on scales of the Personal Orientation Inventory. The hypothesis was supported by 11 of the 12 scales of the Inventory.

The findings obtained through the POI showed that the black, generic nursing students declined in the area of Spontaneity, while the white, generic nursing students increased significantly on this measured characteristic. This finding seems to lend weight to the

notion that the verbal expressions of feelings by black students were perceived by these students as being unacceptable to others, and therefore unrewarded.

The two groups differed considerably in their responses to questions on the Personal Data Questionnaire, allowing the researcher to draw a tentative portrait of each group and discuss the possible meaning that these differences might have especially for nurse educators.

## ACKNOWLEDGMENTS

"I am because we are and because we are, therefore I am."

This dissertation would not have been possible without the assistance of many devoted family members, friends, and faculty. Sincere appreciation is expressed to the members of my dissertation committee for guidance in completion of the dissertation: Dr. Shirley Chater, Dr. Paul Heist, and Dr. Wade W. Nobles. A special thanks to Dr. Marlene Kramer, who served as my sponsor until her move to the East Coast.

To the seventy-five students who participated in the study, to say "thank you" seems insignificant. Indeed, without your participation, this dissertation would be no more than a dream.

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M.L.D.

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## CHAPTER I

### INTRODUCTION

"I came to this school as a black woman and wanted to be a black nurse. But when I work with my people I relate to them as a white nurse, and I can't get anywhere with them!"\*

Within the field of nursing education, the number of black students has increased over the last thirty years. This fact poses a special challenge for schools of nursing. They must face the problem of how to help the black nursing student maintain his/her ethnic identity and at the same time teach the skills and understanding necessary to practice the nursing profession. There is an urgent need for minority graduate nurses. This need is intensified by the attrition rate for all students, and particularly for minorities (Carnegie, 1974; Osborne, 1975).

The health needs of the black communities are drastically different from those of other communities (Yerby, 1964). The establishment of quality nursing care continues to be a major concern in these communities. The federally funded community health centers have done little to improve the health level in these communities. Studies of the black American population indicate that : (1) black people pay more than others for the same goods and services (Caplovitz et al., 1963): (2) black

---

\* Statement made by a black Associate Degree nursing student enrolled in a predominantly white school of nursing seeking a Bachelor's Degree.

people have severely limited occupational opportunities. In 1970 the median income for white families was \$10,672 whereas for black families the income level was \$6,714 (Census, Department of Commerce, 1970; Duncan and Hodge, 1963); (3) black people's nutrition may be inadequate (Schorr, 1964) and maternal and infant mortality is high (U.S. Congress, 1977; Public Health Service Report, 1978; Haynes, 1975); and (4) a non-white woman is five times as likely to die of complications in childbirth as a white woman (U.S. Congress, 1977; Public Health Service Report, 1978).

Despite some recent progress, differentials in health status between blacks and whites persist. Nonwhites (of which a large proportion are black) still experience nearly 50 percent more bed disability, 70 percent higher infant mortality, and a life expectancy six years shorter than that of whites. Blacks are still four times as likely as whites of the same age group to die of hypertension, 60 percent more likely to die of influenza or pneumonia, five times as likely to die of tuberculosis, 50 percent more likely to die from diabetes, and four times as likely to die from chronic kidney disease (U.S. Congress, 1977; Stokes, 1977).

Black health professionals are underrepresented in the black communities. Stokes (1977) noted that current statistics show that there are some 375,000 practicing physicians in this country, of whom approximately 6,100 are black. The ratio of physicians to patients is one white doctor for every 538 patients compared to one black doctor for every 4,100 patients. Similarly, the 1970 United States Census indicated that the black population comprises approximately 11.2 percent

of the total population, and that black nurses comprise less than 3 percent of the nursing corps (Feldman, 1979, p. 52). And today only 9.2 percent of the total graduations from nursing school programs are black (Buckley, 1980, p. 46).

One consequence of the underrepresentation of black nurses and doctors in black communities is that these communities are poorly served by the existing health care system; they do not share proportionately in the benefit of 357,000 practicing physicians and 750,000 practicing nurses. At issue is not that white health professionals cannot treat black patients, thereby alleviating the significance of the above statistics. At issue is that such treatment "does not and will not happen with regularity; . . . [black communities] are rife with an absence of health care services" (Stokes, 1977, p. 7).

Another consequence of the underrepresentation of black nurses and doctors is that health care in the black communities is often supplied by individuals who do not understand the language motifs of their patients, do not understand their beliefs and value systems, and do not, as a consequence, fully understand their patients' health needs (CNA Minority Group Task Force, 1973, p. 17).

### Problem Delineation

#### Pilot Study

In the winter of 1972 and the spring of 1973, a pilot study consisting of eight in-depth interviews with four black student nurses and four white student nurses was conducted by the writer. The purposes of the pilot study were: (1) to examine whether a small sample of black

and white nursing students had similar perceptions of their experiences in predominantly white schools of nursing (PWSN), and (2) to determine whether black nursing students experienced acculturation conflict in PWSN. The result of this pilot study indicated that the black student nurses' perceptions of their school experiences differed markedly from those of the white student nurses. The black students did, indeed, experience acculturation conflict.

Acculturation conflict is defined as conflict engendered when shared understanding is absent due to different cultural perspectives. Pervasive acculturation conflict leads to "culture shock." Culture shock is that "state of anxiety precipitated by the loss of familiar signs and symbols of social intercourse. When an individual enters a stronger culture, all or most of his/her familiar cues are removed" (Oberg, 1960).

The interview questions in the pilot study focused upon the students' decision to become nurses, upon attitudes toward their educational program, upon interpersonal relationships, and upon career aspirations. The data obtained from the pilot study suggested that black students were not adequately counseled prior to entering nursing school and that their prior educational experiences were unsuitable for the rigors of nursing school. In addition, the black nursing students expressed feelings of "difference" between themselves and the white students and perceived that black students were treated differently from the white students. The black students in the predominantly white schools of nursing felt that their curricula in these schools ignored their prior life experiences; indeed, they felt that such curricula had

adversely affected their understanding of the culture and the needs of the black communities. The students suspected that upon graduation the predominantly white schools of nursing had "de-prepared" them for practice in black communities. This is quite significant in terms of nursing education and practice because, as the literature suggests (Aichlmayr, 1960; Baca, 1960; CNA Minority Group Task Force, 1973; Milio, 1967; Simmons, 1966; Smoyak, 1968; Yerby, 1964), an understanding of the culture of the clients is a necessary prerequisite for providing them with effective health care.

#### The Present Study

Based upon the findings of the pilot study, the present study was designed to describe the nature of the conflict that black nursing students experience during the first-clinical-year in nursing programs within predominantly white schools of nursing. The impact of such conflict upon the black student nurse's self-actualization, compared to the impact on the self-actualization of white nursing students, is a focal concern of the study. It was proposed that differences in the degree of change reported in self-actualization by black, generic nursing students and white, generic nursing students could be examined by pre- and post-clinical-year administration of the Personal Orientation Inventory. Descriptive information related to cultural conflict and self-actualization could presumably be obtained by the use of the Personal Data Questionnaire.

For this study, a self-actualized person was defined as an individual who functions at his/her maximum capacity, who develops and



uses all of his/her unique capacities or potentialities, and who lives a life free of the inhibitions and emotional turmoil of those less self-actualized persons (Maslow, 1954).

Ideas, values, and varying ways of behaving and thinking confront the black student as he/she enters the predominantly white school of nursing. For the study at hand, it was accepted that all students entering their first-clinical-year will experience conflict. Clearly, all students are subject to curricular demands and conflict engendered by devaluation due to lack of friends and to "making it" in a new setting. However, the black student nurse within the predominantly white school of nursing is faced not only with these conflicts but also with a possibly more severe conflict, that of cultural differences and cultural shock.

Some values of the predominantly white milieu are accepted by the entering black nurse aspirant. She may be willing, at least initially, to entertain new and different values, even to compromise her old values. The likelihood of these changes exists and is fostered by varying factors in the student's new experience, such as an exciting new environment, welcoming groups, and sympathetic and talented faculty and counselors.

#### Statement of the Problem

The problem specifically considered in the present study was to examine the possibility of significant differences in the degree of change in self-actualization reported by black, generic nursing students and white, generic nursing students enrolled in predominantly white

schools of nursing (PWSN) at the end of their first-clinical-year as measured by pre- and post-first-clinical-year administration of the Personal Orientation Inventory.

#### Purpose of the Study

The purpose of this study was to investigate possible conflicts experienced by black students and the consequences and effects of these conflicts on the self-actualization of the black, generic nursing student in the milieu of the predominantly white school of nursing.

In order to accomplish this purpose, four overall goals were pursued in this study:

1. To examine the culture of the black student nurse.  
(What is her background and "where is she coming from?")
2. To present a portrait of the typical black student nurse in her first-clinical-year, one which can be drawn upon and refined by future researchers and educators to better understand this student.
3. To consider cross-cultural conflict as it affects the functioning of the black nursing student in her school of nursing or in other institutions where she works.
4. To examine the possible effects of cross-cultural conflicts on the black student's ability to achieve self-actualization within the predominantly white school of nursing.

#### Significance of the Study

The significance of this research is threefold. First, by illustrating some of the recurrent causes of black-white conflict in schools of nursing, the research results may indicate ways of alleviating such conflict. By reducing the intensity of the racial conflict experienced by black nursing students, it is hoped that there would be a concomitant reduction in their attrition rate.

As has been stated, the attrition rate for all students in schools of nursing is high. Two studies (Carnegie, 1974; Osborne, 1975) indicate that the attrition rate for minorities is more severe and higher than that of whites:

In 1968-1969, 5 percent of students enrolled in RN programs were black, in contrast to 3 percent in 1965-1966. Most of these students were in associate degree programs in which 10 percent of enrollments were black: 5 percent in baccalaureate programs and 3 percent in diploma programs. Unfortunately, attrition of this population is great. In 1968-1969, graduations from diploma and associate degree programs showed little change from earlier years, maintaining 2 percent graduations from diploma and 6 percent graduations from associate degree programs. Unhappily, in this period, baccalaureate programs were against this trend by decreasing their percentage of black graduates from 9.7 percent in 1961-1962 to 4 percent by 1968-1969. (Osborne, 1975, p. 45)

Carnegie's study of white and minority groups found that "in both . . . groups, the same phenomenon is found as in all kinds of education programs—that is, the attrition rate is higher among the minority than in the white group" (1974, p. 82).

The attrition rate for black student nurses is, then, an important problem. It is hoped that the findings of this research will help nursing administrators and faculty to provide the environment necessary to promote an effective democratic educational experience, one that will contribute to the reduction of the attrition rate.

Second, it is hoped that clarification and analysis of some of the recurrent black/white conflicts will increase the likelihood of joint problem solving. Mosby stated that in interracial interactions, confusion distorts the perception of self and of others and that "both sides engage in their share of projection, that is, attributing to others traits and blame which for health's sake should be internalized

and owned up to" (Mosby, 1972, p. 134).

Failure to design curricula to reflect different cultural values other than the dominant culture will result in a continuation of "win-lose" attitudes. Another possibility is that fusion with the dominant culture or submersion in the dominant culture will occur. A study conducted by New York Times, CBS News (1978) found that "an even greater majority of blacks than before (Kerner Commission Report, 1968) are committed to a thoroughly integrated society." At issue here is fusion; submersion would be unacceptable to most blacks. But whatever the future holds, unless an improved and more detailed understanding of black culture is developed at the PWSN, both blacks and whites at these institutions could become committed to competitive approaches for settling their differences.

Third, if reduction of nonwhite/white health differentials increases the number of black nurse graduates, an increase in the number of black nurses who are available to practice in black communities would be expected. This is significant in light of a recent congressional study which indicated a reduction of white/nonwhite health differentials at the national level will require attention to

financial barriers to the receipts of health services; [and to] non financial barriers, including lack of [health care] providers and discrimination against consumers; absence of continuity when services are provided; and insufficient emphasis on some conditions affecting nonwhites. (U.S. Congress, Congressional Budget Office, 1977, p. xiii)

If such attention will reduce nonwhite/white health differentials, then at the nursing school level a reduction of health care differentials would require an increase in the graduation of black nurses who are available to practice in black communities.

### Definition of Terms

There are several terms used throughout this study which need to be defined within the context of the study; these often-used terms are as follows:

Acculturation: "changes in the culture or cultural traits of groups of individuals as adaptation to a culture different from one's own takes place" (Kramer, 1974).

Acculturation Conflict: conflict engendered when shared understanding is absent due to different cultural perspectives.

Colonization: "a political and economic process that maintains domination of whites and blacks by systematic subjugation . . . the subjects' native culture is destroyed . . . control is in the hands of people outside the native population" (Staples, 1976).

Conflict: "the clash, largely determined by unconscious factors, between opposing emotions" (Evans, 1975), or when persons in a communicative context no longer accurately interpret (i.e., understand) the content or process of the other's message.

Culture Shock: that "state of anxiety precipitated by the loss of familiar signs and symbols of social intercourse. When an individual enters a stronger culture, all or most of his/her familiar cues are removed" (Oberg, 1960).

First-Clinical-Year: the student's first exposure to the clinical setting as a nursing student. In most universities this would be the junior year; however, in some schools this is the sophomore year. This year was chosen after a review of the literature

(Williams and Williams, 1959; Davis and Olesen, 1964; Simpson, 1967) revealed that most changes in student nurses occurred during the first year in the clinical area of the nursing program, and that beyond that point the curriculum was not significant in shaping the student's value system.

Focal-Persons: individuals who must respond to the determined roles (Kahn et al., 1966).

Generic: those students who have not been previously enrolled in a university school of nursing and who do not hold the title of registered nurse.

Predominantly White School of Nursing (PWSN): a school with a baccalaureate degree program in nursing, consisting of both liberal arts and nursing courses, usually four to five years in length, and leading to a bachelor's degree in nursing; a school in which both the student and faculty populations are over 51 percent Caucasian.

Role Conflict: the subjective perception of dissonant ambiguous or confusing prescriptions of activities as defined by others for the self, or individual.

Role Episode: an interaction between a role sender and a focal person (Kahn et al., 1966).

Role Senders: individuals who determine roles in organizations (Kahn et al., 1966).

Self-Actualization: "the process of becoming a more fully functioning person, to be that which one truly is" (Maslow, 1954, 1969, 1970; Rogers, 1951, 1964). (Described in detail in Chapter III.)

### Chapter Summary

Chapter I included the background for the present study, and a description of the pilot study which led to a statement of the problem and purpose of the study. Three principal areas of significance were discussed, and definitions of terms which will be used throughout the study were presented.

Chapter II is a review of the literature as it pertains to the present concerns of this study.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### Introduction and Overview

Self-actualization, the process by which an individual's potential strengths, skills, and abilities are translated into actual, existing personal qualities, is a complex process. No serious student of human behavior can pretend to have exhaustive knowledge of the factors and events which influence the course of human development and self-actualization. Several investigators have stated, however, that conflict is one of the key factors which may enhance or retard self-actualization (Johnson, 1973; Deutsch, 1969).

In nursing education today, self-actualization has become a primary concern. The nursing school graduate is expected to have done more than simply acquire new kinds of knowledge; she is expected to have undergone a particular type of personal growth, to have emerged from the educational process with a new set of personal characteristics, all of which will equip her for the profession she is to practice.

This chapter begins with a definition of the concept of self-actualization. The writer then considers attitudes of blacks toward the American educational process and examines the various interrelationships between the black student nurse and white administrators, faculty, and students. A discussion of cultural and social conflicts is a helpful background.



The chapter then considers that many theories taught in predominantly white schools of nursing (PWSN) contradict the actual experiences of black students and may create conflict for many of them. As a means of illustrating and clarifying the conflict that the black nurse aspirant might experience when forced to digest theories which are antithetical to his/her life-style, the chapter examines the theories of disengagement and multiproblem families.

### Self-Actualization

Goldstein (1939) was the first to coin the term self-actualization, and he made the concept one of the cornerstones of personality theory. Through his work with brain-damaged veterans of World War II, Goldstein concluded that there was only one basic human drive, the drive toward self-actualization, which was directly associated with a certain lack of tension. He stated:

Normal behavior corresponds to a continual change of tension, of such a kind that over and again that state of tension is reached which enables and impels the living organism to actualize itself in further activities, according to its nature. (1939, p. 197)

Goldstein rejected the Freudian and Behaviorists' views of men as merely other types of animals, with no essential differences from other animals and with the same destructive, antisocial tendencies. He considered normal and abnormal reactions (symptoms) as expressions of the organism's attempt to deal with certain demands of the environment. Goldstein also rejected Freudian and Behaviorists' human research methods which try to reduce human behavior exclusively into chemical and physical components. He considered the whole individual, the unitary whole, functioning in relation to its environment. According

to Goldstein, "The organism has definite potentialities, and because it has them it has the need to actualize or realize them. The fulfillment of these needs represents the self-actualization of the organism" (p. 204).

In observing patients, Goldstein concluded that they could not actualize themselves except in relationship to their surroundings, especially to other persons; the self-actualization of the individual in his social environment can take place only by his encroaching upon another's freedom, by imposing himself upon another to a certain degree. It necessarily follows that a normal, ordered life calls for a balanced relationship between compliant and encroaching behavior. Goldstein felt that only when that balance exists can the individual realize himself and assist others in achieving self-actualization.

Maslow, who is generally regarded as a leading self-actualization theorist, was greatly influenced by the research and philosophy of Goldstein. He noted in Toward a Psychology of Being that "the [individual's] needs for safety, belongingness, love relations and for respect can be satisfied only by other people, i.e., only from outside of the person. This means considerable dependence on the environment" (1968, p. 34). "Other people" and exterior "environments" are, then, according to Maslow, integral to a person's sense of well-being. Without positive contact with others, with other environments, self-actualization is limited. As will be seen throughout this chapter, Maslow's concept of self-actualization can be applied usefully to the study of racial and bicultural conflict.

Self-actualized people, according to Maslow, feel at ease with their body, with their ideal self, and with their self-identity. They

have a sense of inner continuity, a sort of natural flow, through their past, present, and future selves. Their various roles in life seem to "fit together" harmoniously, and Maslow and Rogers describe this unity of personality as integration.

Influenced by Jung and by the self-actualization theories developed by Horney (1937), Goldstein (1939), Rogers (1951) and others in the behavioristic sciences, Kramer, McDonnell, and Reed (1972) reported:

One of the major goals of collegiate nursing curricula is to help the nurse aspirant to become self-actualized. Complementing these goals are the characteristics fostered by the professional work system: decision making, autonomy, inner-directed judgment and standards, general awareness, self-perception, and interpersonal sensitivity. (p. 115)

Maslow (1970) developed a list of qualities expressed in the self-actualized individual which are, in part, as follows:

1. Clearer, more efficient perception.
2. More openness to experience.
3. Increased integration, wholeness, and unity of the person.
4. Increased spontaneity, expressiveness; full functioning; aliveness.
5. A firm identity; autonomy, uniqueness.
6. Increased objectivity, detachment, transcendence of self.
7. Recovery of creativeness.
8. Democratic character structure.
9. Ability to fuse concreteness and abstractness.
10. Ability to love, etc.

To become self-actualized is a need, according to Maslow. It refers to man's desire for self-fulfillment, to become everything that one is capable of becoming (1954, pp. 91-92, 193, 352). Recognition of this basic need often depends upon prior satisfaction of physiological safety and the need for love and esteem.

Maslow's self-actualization theory parallels the growth hypothesis postulated by Rogers (1951), who emphasized the self-directive

capacity of the individual and the importance of a growth-promoting therapeutic climate; both make steps toward maturity possible.

A "fully functioning person," Rogers' counterpart of Maslow's self-actualized human, has increasing trust in his/her own reactions. In Rogers' view, the fully functioning person's interpersonal relationships are characterized by genuineness, acceptance, and empathy; together they foster the development of a creative, adaptive, autonomous person (Rogers, 1961).

In relating his concept of the self-actualized person to the health sciences, Rogers hypothesized that "to the degree that the nurse can create such relationship with her patient, she will release in the patient psychological strengths which promote growth and healing, and which parallel the psychological forces operating in that direction" (1951). Maslow, in turn, contended that "gratification of higher needs produces more desirable subjective results, e.g., more profound happiness, serenity and richness of the inner life" (1970, p. 9).

An efficient perception of reality, a philosophical sense of humor, an ability to create healing nurse-patient relationships, etc. are, then, important parts of a nursing education. Or, in Maslow's words, "All those psychological and social factors that increase fear will cut our impulse to know; all factors that permit courage, freedom and boldness will thereby also free our need to know" (1968, p. 67).

#### Building Self-Actualizing Relationships

In order to be self-actualizing, one must be involved in relationships with other people (Johnson, 1973, p. 49). Johnson further stated that a relationship promotes self-actualization to the extent

that it facilitates the mutual (1) development of personal resources and potential, (2) experiencing of positive emotions such as joy, and (3) experiencing of feelings of personal fulfillment. The development of self-actualizing relationships depends upon one's interpersonal effectiveness, mutual self-disclosure (which is based upon self-awareness and self-acceptance), trust, effective cooperation and communication, and the constructive use of conflict.

In self-actualizing relationships, each person intends to facilitate the development of his/her own and the other's potentialities and resources and to experience positive emotions such as love, joy, feelings of personal fulfillment and intimacy (Johnson, 1973). Whether two individuals achieve this depends upon their interpersonal effectiveness. Interpersonal effectiveness is used here to indicate the extent to which the consequences of a person's behavior match his intentions.

Goble (1970), in discussing Maslow's theories, stated that self-awareness and self-understanding were the most important roads toward self-actualization. When an individual understands him/herself he/she will understand his/her basic needs and his/her true motivation and learn to behave in a manner which will satisfy those needs. Self-awareness and self-understanding will also enable one to understand and relate to other people more effectively.

Rogers (1951) considered self-acceptance as crucial for psychological health and growth. Self-acceptance was defined as a high regard for oneself (Johnson, 1973). To develop psychologically, therefore, one must be self-accepting. To help others grow and develop psychologically one must help others become more self-accepting.

With this background of self-actualization in mind, the following sections will focus on the black nurse aspirant's inheritance: attitudes of blacks toward the American educational process; the black student's culture; and the cultural conflict the student may experience in American schools of nursing. The section ends by considering the black student nurse's relationship to the role-senders, the white administrators, faculty, and students.

#### Attitudes of Blacks Toward the American Educational Process

Du Bois, reacting in part to the arguments of Booker T. Washington concerning "industrial"\* education for blacks, once noted that the "training of men is a difficult and intricate task. Its technique is a matter for educational experts, but its object is for the vision of seers" (Frazier, 1962, p. 62). In 1903, when Du Bois spoke, seers were rare: "Black students were taught to speak English correctly, to be courteous, to speak softly, to avoid boisterousness." "Heart and hand" were the central tenets of black education; the head was required to be humble, to accept its "morally justified" inferior status (Frazier, 1962, p. 63).

Staples (1976, p. 79) noted that some blacks, in order to survive, were required to adopt the same cultural goals as whites, but were denied the resources to achieve such goals. Of the many consequences of this

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\* Industrial education schools, as opposed to higher learning schools, received the support of antebellum northern industrialists; they were designed to teach trades. In effect, they taught "humility and an acceptance of [black] inferior status" (Frazier, 1962, p. 63).

situation, one was that many blacks adopted white-associated traits, favoring, for example, lighter shades of black skin color and straight hair texture. The personalities of those involved in this racial and bicultural conflict often tended toward self-abnegation, apathy, and hedonism.

The black student must continually ask the question: "Will I be smart, clean, clever, obedient, loved, successful, important, rich (and white)? or will I be stupid, dirty, awkward, defiant, despised, unimportant, and an impoverished failure (who is black)?" (Greer and Cobbs, 1968, pp. 110-111). Intellectual achievement can be regarded by blacks, therefore, as elevating oneself to a higher plane and removing oneself from the brotherhood. Such removal is destructive, since blacks strongly believe in equality: to say, in short, that one is smarter is to say that one's brothers (sisters) are dumber (Greer and Cobbs, 1968, p. 118). Because of this dilemma, many blacks perceive the formal educational process as different, unnatural, not meant for them, and not really relevant for them (Ibid., p. 112).

Of course, not all blacks are subject to the above perplexity. To so state would be to presuppose that blacks have a decisive educational and/or cultural aim distinct from, or even opposed to, that of whites (Miller, 1972, p. 249). Although the desired goals of both blacks and whites are similar, attitudes toward goal-seeking processes differ. Some blacks, having plowed through the educational system, deservedly enjoy the rewards, but since the majority of their race continue to exist at or near poverty levels, it is obvious that difficulty with the educational setup continues to persist. This difficulty

is primarily due to black attitudes toward the American educational process.

#### The Black Nurse Aspirant—Her Culture

As the black nurse aspirant walks up the steps of a predominantly white school of nursing to begin the first-clinical-year, she probably carries a bag, some books, and a scratch pad. She also carries her culture. Although culture is a complex and an intangible concept transmitted from parents to children, a "reticulum of patterned means for satisfying needs . . . [and also] a network of stylized goals for individual and group achievement" (Hughes, 1972, p. 186), it is recognized by the usual familiar patterns of discipline acquired by training.

What, then, is the culture that the black nurse aspirant carries up the steps of the PWSN for the first time? Self-concept is significantly influenced by cultural traits and beliefs; and there is evidence that the black self-concept—that group of attitudes and beliefs which the individual assembles—is changing to one of being more confident and more self-assertive. Powell (1973), for example, using the Tennessee Self-Concept Scale (TSCS), studied the black self-concept in terms of factors such as race, age, sex, and social class. She found that "black children [in the 12-15 age group in a southern U.S. city] scored significantly higher on the total positive score—358, in the 50th percentile range, an indication . . . that [they] felt more certainty about self than their white classmates did" (1973, p. 24).

These assumptions about the self are tacit and deeply held beliefs about the self and the way the world is. When these assumptions



cease to work, there is a sense of personal conflict and crisis similar to Kuhn's description of what scientists experience when their paradigm is no longer working (Kuhn, 1962).

Similarly, Attenborough and Zdep, after studying 1,800 girls aged nine to seventeen across the nation, concluded that black girls had a significantly higher self-image than white girls. On all six questions of the Attenborough and Zdep test, blacks rated themselves higher than whites. They considered themselves far superior in sports and games and in physical appearance and dress. Finally, in refutation of two earlier studies (Clark and Clark, 1939, 1947), Gregor and Macpherson (1966) and Hraba and Grant (1970) found that both black and white children preferred dolls of their own color.

The results of the above studies are, of course, inconclusive, as are those of the 1940s and 1950s, which, for example, generally argued that black standards must necessarily be regarded as deviant forms of white cultural standards. Such arguments were automatic, since they were based upon implicitly held value biases. For example, "the original cultural and philosophical heritage of Black people was destroyed [by, for instance, the years of bondage]; and, consequently, Black families are a form of American families and are primarily deviations of the standard (conceptually) white family" (Nobles and Goddard, 1976, p. 105). The point is made that black self-concept is gaining in differentiation and self-confidence.

#### Black Cultural Traits

The values which the black student nurse holds are very complex. "Since values are subjective and probably none are unique to blacks or

exist in the same degree among all of them, one can describe only the traits which in their intensity and prevalence seem to distinguish them from Anglo-Saxons" (Staples, 1976, p. 76). Staples considered such traits under four categories: mutual aid, compassion, adaptability, and racial loyalty.

Stack's study in 1974 of poverty-level blacks living in the flatlands of a midwestern city illustrates the value of mutual aid and cooperation. If this group were viewed from the perspective of white middle-class values, they would have to be considered incompetent. As soon as they find themselves in possession of money or goods, they give away these possessions. A welfare check intended for rent, for example, goes to pay for a friend's furniture. But what emerged as Stack studied these people over a number of years was a highly complex system of swapping. While accumulation of wealth for the individual was not possible, a highly adaptive network of mutual aid was able to supply more and with more flexibility than would have been possible for the individual existing alone on a less than subsistence income.

Two possible extensions of Staple's concepts are pertinent here. First, black students in their first-clinical-year are likely to favor social science-oriented nursing skills such as "achieving rapport with the patient, working with the patient's psychological needs, and recognizing the patient's sociocultural situation" (Olesen and Whittaker, 1968, p. 113); and they are likely to favor these skills over the more traditional medical-surgical nursing skills. In most PWSN the focus of the curriculum in the first-clinical-year is on medical/surgical nursing. Second, as will be noted in an upcoming discussion of the

multiproblem family and disengagement theories, the intense and prevalent interest of blacks in mutual aid is the result of actually living in black communities, of being subjected daily to white political, economic, and cultural oppression. This interest of blacks in mutual aid significantly affects their reaction to some PWSN curricula.

Regarding compassion, Staples stated that "a humanistic attitude toward people is a black characteristic . . . people are more important than property . . . most blacks believe that if they possessed the power of whites, they would never treat them as harshly as they have been treated" (1976, p. 76). The relevance of this black trait to the black nurse aspirant can be demonstrated by considering the "bedside manner" as it is taught in many PWSN.

Jourard (1971) has considered this "manner" in terms of "interpersonal behavior—its origins, functions, and connections with nursing care." Jourard stated that the detached, distanced, "professional" behavior of nurses confronted with the anxieties engendered by repeated encounters with suffering, demanding patients has, as a latent function, the reduction of the "possibility that patients will behave in ways that are likely to threaten the professional person." Another latent function "is to prevent the person from disclosing himself." A third and final latent function of the detached, professional manner is that it fosters "increasing self-alienation in nurses, thus jeopardizing their own health and well-being" (pp. 180-184).

Given that student nurses often come to their educational careers "loaded with responsiveness [of the] real-self to the experiences which confront them . . . they experience and sometimes express

feelings of panic, disgust at excreta, [and] shame at exposures of the human body . . . one can conclude that [they] may change radically from what they were in early training" (Jourard, 1971, p. 185).

But this authentic change will not occur unless the student nurse has been able to acknowledge and express her feelings openly and test all of her expectations with regard to the provoking experiences. . . . In time, following the role models available to her, she becomes a nurse with a squelched real-self and contrived bedside manner. . . . It seems very likely that students actively learn and are actively taught to be estranged from their real selves—more estranged than their family roles required them to be—and so it is no accident that they arrive at graduation with a cool (and contrivedly warm) bedside manner. (Jourard, 1971, p. 185)

The relevance of Jourard's discussion for the first-clinical-year black student nurse is borne out by the writer's experience with numerous black students and in the interviews conducted in support of this research in which a recurrent theme of discontent emerged: black student nurses regard the objective bedside manner technique as repugnant and as foolishly rigid interpersonal behavior. They state that a chat with a patient or a sympathetic listening to a patient is therapeutic. They also offer, given their cultural emphasis on mutual aid and compassion, that such a bedside manner is morally necessary. Consequently, teaching methods that stress professional distancing techniques are likely to create severe cultural conflict.

Nobles and Goddard (1976) support Staple's view of the black trait of adaptability, calling it a dilemma "to maintain its cultural integrity as a people, thereby insuring the survival of the group, while . . . learning how to survive and advance in the hostile, wider (white) society."

Given these questions of adaptability, it is useful to consider the black nursing student as coming from either a low-income or a middle-income class. Frazier (1962) has stated that middle-income blacks, because of their income and because of their relatively advanced educational status, escape the more blatant forms of racial prejudice. They must, however, learn to adapt to the more subtle forms of racial discrimination found in institutional racism. Low-income blacks are required to adapt to more direct forms of oppression such as economic discrimination and its resultant poverty.

In short, although it is only the form and intensity of the oppression that allows some distinction between the probable adaptive patterns of middle- and low-income blacks, one can posit that the adaptive patterns of the two groups differ. The black nurse aspirant from a low-income family requires masks and various coping strengths for dealing with a lack of money to maintain an acceptable appearance, to buy books, and to contend with peer pressures; what primarily troubles the middle-income black nurse aspirant is a lack of respect, plus an understanding of and an annoyance with the more subtle forms of racial discrimination.

In discussing racial loyalty, the fourth and final major black trait, Staples stated:

Black people believe that no matter what your basic differences may be with fellow blacks, you must stand together in a common cause. Whites are never to be thoroughly trusted or incorporated into the intimate life of the Black Community. . . . Right or wrong, a fellow Black must be supported in any confrontation with whites. (1976, p. 77)\*

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\*Staples also noted seeming distinctions between black and white value orientations vis-à-vis emotion, time, money, and morals (p. 77).

Campbell and Levine (1968), in considering ethnocentrism and intergroup relations, supported Staples' assertion: "The more mutual liking there is within the ingroup, the more ethnocentric the group will be if ethnocentrism is defined for this purpose as degree of hostile attitudes toward outgroups" (p. 559). If the black nursing student's culture has taught him/her to be wary of whites and "no matter what" to be supportive of blacks, then experiences inside the PWSN will only complement such teaching.

The black nurse aspirant may quickly read about the severe health differentials between minorities and whites in the contemporary United States (U.S. Congress, Congressional Budget Office, 1977). These differentials may affect the student's value system and reinforce his/her racial loyalty. Similarly, it can be stated that the black nurse aspirant will read literature by blacks and by other minorities concerned with health care and related fields; for example, the views of the California Nurses Association Minority Task Force (1973), Stokes (1977), Staples (1976), Nobles (1974, 1976), Nobles and Goddard (1976), and Gibbs (1973). This literature criticized the status quo in the U.S. institutions, and often insisted that those who attempt to teach students or care for patients without developing an understanding of their cultures—for example, the form and intensity of racial loyalty and the reasons for such loyalty—are in error.

In summary, the culture that the black nurse aspirant carries up the steps of the PWSN is multidimensional. Six dimensions have been reviewed here: first, there will probably be skeptical and/or ambiguous attitudes toward the U.S. process of education, a process which might

be viewed as colonization. Second, the black self-concept, in spite of or possibly because of institutional racism,\* is self-confident and self-assertive. Third, the cultural background, favoring as it does mutual aid and compassion, will probably make it difficult for the black nurse aspirant to adjust to a curriculum that teaches theories that are antithetical to his/her life-style. Fourth, if his/her culture has taught that individual racism and institutional racism exist, the student's experiences of the organizational strata and system of the PWSN will support this finding. Fifth, in the face of severe health care differentials between blacks and whites in the United States, the black student's attitude toward the U.S. health care system will probably be critical. Sixth and finally, it can be stated that the black student nurse's value system, particularly regarding traits such as mutual aid, compassion, adaptability, and racial loyalty, differs from that of whites.

The following section further considers black culture with references to cross-cultural interaction.

#### Crossing Cultural Frontiers

"The crossing of cultural frontiers is hazardous . . . if one arrives at all, he does so by a fundamental change of outlook" (Reyburn, 1967, p. 249). This quote provides a governing focus for the following discussion of the first-clinical-year black student nurse's confrontation with the value system of a PWSN.

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\* Conflict theory argues that conflict has some positive effects. See later section on conflict in this chapter.

Culture is learned; a key point being that "rewards and punishment are used in the learning of culture" (Reyburn, 1967, p. 249). That is, the individual applies learned value standards—either cognitive, appreciative, or moral—to differentiate between the true and the false, the beautiful and the ugly, the good and the bad, and so on; if he makes the choices prescribed by a given culture, then rewards are forthcoming, and vice versa. In short, culture is a powerful determinant of personality. For the black nurse aspirant, the implicit demand to take on white middle-class values may create confusion, conflict, and finally cultural shock.

"Culture shock is precipitated by the anxiety that results from losing all our familiar signs and symbols of social intercourse" (Oberg, 1960, p. 177). Confronted with culture shock, the black student can reject the environment or regress emotionally to the home environment; since the home experience is crucial for blacks, such regression is probably common. Whatever the specific nature of the "shock" reaction, Oberg (1960) suggested that three stages characterize culture shock: honeymoon, hostility, and adjustment.

For those black students who choose to remain, the "honeymoon" at a PWSN may be characterized as a period of "fascination. . . . Friends and colleagues act as interceders, the newcomer has no real contact with the host country. . . . Soon, however, familiar cues such as rewards, sanctions, and role behaviors are lost. The honeymoon phase is over" (Kramer, 1974, p. 5).

The hostility stage is characterized by the conflicts engendered by the difficulty of adjusting to the PWSN. If conflict is a standard



reaction to the difficulties of learning, it is compounded for the black nurse aspirant at a PWSN by his/her encounter with white values which are neither understood nor accepted.

If the black nurse aspirant survives the first-clinical-year, then the likelihood of adjustment is greater—whether it is influenced by patterns of socialization that are found to be acceptable, such as standard professional norms, or by patterns of colonization that are found to be hard to accept but not destructive.

In summary, the crossing of a cultural frontier often requires severe changes in learned value systems. Cultural shock often results. As a means of further developing this discussion of culture shock, conflict will now be considered in some detail.

#### Black Students in the PWSN—Conflict

The definition that has been developed of the black nurse aspirant's culture will serve as a basis for the following discussion of conflict and of those cross-cultural contacts that may generate conflict. A governing focus for this section is provided by Zurcher et al. (1965), who, in studying differences between Mexican-Americans and Anglo-Americans, concluded that "specific cultural values have measurable impact on behavioral intent" (p. 545).

Rizzo, House, and Lirtzman (1970) have reviewed the literature on role conflict and ambiguity. They conclude that role conflict is associated with decreased satisfactions, experiences of stress and anxiety, and coping behavior that is dysfunctional for organizational stability (p. 150). Further, Gullahorn (1956) suggested that "Role

conflicts refer to the situation in which incompatible demands are placed upon an actor (either an individual or a group) because of his role relationships with one or more groups" (p. 299). In addition, "conflict . . . demarcates groups from one another and, thus, helps to establish group and personal identities; external conflict often fosters internal cohesiveness" (Johnson, 1973, p. 162).

To establish a general understanding of the conflicts that can occur at a PWSN, black and white traits vis-à-vis time and emotions will be examined. Staples stated that whites view time as "an element in society by which the individual compulsively regulates his life. Punctuality is of the highest importance . . . [whereas blacks have a] flexible adherence to schedules. What is happening now is important and one must adapt to ranges in time rather than fixed periods" (p. 77). It is also important to note that the PWSN is a multipurpose membership society, and that "in such societies the possibility that the individual will belong to mutually conflicting normative systems [is great], since each group seeks to transmit and enforce its own particular norms and values" (Rosen, 1955, p. 155). Staples said that whites tended

to be under rigid control in order to maintain discipline and not reveal emotional weakness. [They are] very guarded in public settings and never . . . fully released. . . . Blacks tend to express natural feelings in all settings. [They are spontaneous] in response to events and gestures. . . . [They are] uninhibited . . . in reactions to verbal and physical stimuli. [They let] their inner feelings show. (1976, p. 77)

This issue—that whites are more controlled than blacks and that blacks are more naturally responsive than whites—was considered in the earlier discussion of the "bedside manner." It will be considered again

when the theories of disengagement and multiproblem family are discussed in the following section.

Finally, conflict can be destructive; it can lead to wasteful competition between ethnic groups, inefficient health care in black communities, and to an increase in the dropout rate of black nurse aspirants. Conflict can be a constructive experience also: "When conflict is handled constructively, it can lead to increased closeness and a higher quality of relationship. . . . Conflicts are often of personal value, leading to personal change, growth, creativeness, and curiosity" (Johnson, 1973, pp. 145-146). Conflict can prevent stagnation, stimulate interest, and provide a medium through which problems can be aired and solutions arrived at. It can also eliminate sources of dissatisfaction in social groups (such as a PWSN) by permitting resolution of rival claims, and by ascertaining the relative strength of antagonistic interests within a social system, thereby constituting a mechanism for continual readjustment of the balance of power (Deutsch, 1969).

The following section further clarifies and illustrates possible conflicts the black nurse aspirant might experience when forced to study theories that are antithetical to his/her life-style, such as the multiproblem family and disengagement theories.

#### Multiproblem Family and Disengagement Theories— Some Exploratory Questions

The Multiproblem Family Theory. A primary problem for the black nurse aspirant who is asked to accept the validity of this theory is that it is often used to characterize families similar to his/her own.

Initially, the theory was divided into five problem classifications:

1. Failure in the functioning of the mother.
2. Failure in the functioning of the father.
3. Failure in the functioning of the siblings.
4. Failure in the marital adjustment.
5. Economic deprivation and grossly inadequate housing.  
(Community Research Associates, 1954)

A similar, and perhaps derivative, categorization system is as follows:

1. Multiplicity of problems.
2. Chronicity of need.
3. Resistance to treatment.
4. Handicapping attitudes, such as alienation from the community, hostility and suspicion towards authority.  
(New York Charities Aid Association, 1960)

Such classification systems are used by social service and health care agencies to categorize multiproblem families, to disburse funds to them, to withdraw funds from them, to provide health care for them, and so on. Given such systems, the probable focus of such agencies is upon characteristics such as the large size of the multiproblem family, its high rate of mobility, its asserted isolation and alienation from kinship groups and neighbors, and its "maladjusted" spousal relationships such as role reversal and matriarchal, one-parent families (Spencer, 1963, pp. 11-12). In short, the families that are subject to the multiproblem theory of categorization are "those families which are of public concern because of their social and economic cost to the community" (Spencer, 1963, p. 12).

The immediate problem with such categorization systems is that they are too broad and too comprehensive. They have come to include a heterogeneous collection of types of families and at times are used to indicate any family with problems (Spencer, 1963, p. 7). But the crucial

problem for the black nurse aspirant, and for blacks in general, is that although the multiproblem family theory can be used as a spur to more critical thinking about the social (health) services, their coordination, integration, and planning, it is often used, according to Spencer, to consider the so-called

exploitative behavior of the nonconformist minority of families who take from society far more than they contribute, who fail to respond in any positive manner to the efforts of the social services to rehabilitate them, who appear to transmit the same patterns of behavior from one generation to another, and whose disorganized and often destructive way of life seems to threaten society's basic values and standards. (p. 7)

Staples noted that "the Black child is more likely to grow up in an extended family setting . . . [with] a number of adult relatives and friends around to transmit the culture he will join" (1976, p. 59). Similarly, Nobles, who stated that black American families must be considered in terms of their historical African heritage, noted that

the African (Black) family is defined as simply a group of persons related by marriage and/or ancestry. . . . The critical distinction in this definition is that the family goes beyond the household. It transcends household boundaries to include every member of the community who is by marriage or ancestry related. (1972, p. 5)

Further, as Hill noted, "kinship relations tend to be stronger among black than white families" (1971, p. 5). For example, in examining census data, Hill concluded that "for families with no children of their own under 18 years at home, we find that black families are much more likely than white families to take in other young related members. . . . [Indeed] in families headed by a woman, the black families demonstrate an even greater tendency to absorb other related children" (p. 5). Hill estimated that "more than 160,000 out-of-wedlock black babies were

absorbed in 1969 by already existing black families. . . . This feat of self-help among black families is remarkable when one realizes their precarious economic position" (p. 7).

A related issue, the consequences of which similarly undermine the multiproblem theory, has to do with the role of women within the black family. Hill noted that "the literature is replete with references to a 'matriarchal tradition' among black families" (1971, p. 18). But he then proceeded to refute that "tradition" by correcting the findings of Blood and Wolfe (1960) and by noting the findings of Hyman and Reed (1969) and Middleton and Putney (1960). In short, an equalitarian pattern of father-mother responsibility characterizes most black families.

Although the literature supports the assertion that black families exhibit an equalitarian pattern of father-mother responsibility, we are still left with the fact, one which is often used in multiproblem family theory, that "the higher proportion of families headed by women [with no husband in the household] among blacks [can be] taken as an indicator for disorganization and instability" (Hill, 1971, p. 21).

As Hill noted, "It should not be inferred from our discussion of the adaptability of one-parent families that this family form is a preferred family form among blacks or that it has no problems functioning" (p. 22). But neither should it be assumed that all two-parent families function "positively." In considering the question of potential "disorganization and instability" among one-parent families, Hill noted two studies: (1) Herzog and Sudia in 1970 studied the common belief that one-parent families have a negative impact on children.

They concluded that the data supporting the belief are far from conclusive and that the data are of dubious relevance to black youth in American ghettos. In fact, their investigations found that many one-parent families function better than many two-parent families. (2) Aug and Bright (1970) attempted to test whether one-parent families with out-of-wedlock children were more "pathological" than two-parent families with "in-wedlock" children. They found a high degree of normal psychological development in those families with out-of-wedlock children that had the support of other family members and relatives. As noted earlier, such support is a primary characteristic of black family culture. One may then conclude that the absence of one parent does not necessarily result in "pathological" functioning of the family and that, as a consequence, categorizing black families along lines of whether husbands or wives are "functioning" is questionable.

Disengagement. The disengagement theory, first proposed by Cummings and Henry in 1961, is a provisional theory of the process of aging based on the patent observation that many people increasingly withdraw as they advance into old age. It has been defined as "an inevitable mutual withdrawal which results in decreased interaction between the aging person and other people in the social system to which he belongs" (Carp, 1968, p. 73). Although "health appears to have a much more powerful effect on engagement than does any other factor including age" (Tallmer and Kutner, 1979, p. 73), the primary focus of disengagement theory literature has been upon psychological and social withdrawal. It is these two foci that are the concern of this thesis. For, while physiologically induced withdrawal occurs and can easily be

observed, the actual form and intensity of psychologically and socially induced withdrawal are subject to considerable question.

Disengagement theory is taught at many PWSN , often as part of the general developmental theory that considers the relative importance of family members and argues that changes in social responsibility, for example, occur from one life stage to another.

Tallmer and Kutner (1969), who studied the effect of factors other than age on disengagement, report that "income status has a slightly larger effect on engagement than does age" (p. 73). And Staples noted some related statistics that ask one to throw just about all theories out of the window:

. . . the Black aged family has a median income of only \$3,222. Of those elderly Blacks living alone, about 75 per cent had incomes of less than \$2000 in 1969. One result of this overwhelming poverty is that 26 per cent of the elderly wives in Black families continue to work after reaching the age of 65. Only 15 per cent of elderly white wives remain in the labor force past that age. (1976, p. 136)

But, as in all other cases of blacks responding to economic oppression, institutional racism, and so on, "the extended kin-structure in the Black community manages to buttress the psychological isolation and poverty of the Black aged" (Staples, 1976, p. 136).

Others have questioned and modified the theory since 1961. For example, Carp (1968) has shown that disengagement from family members and friends is not coincident, and that disengagement is not limited to immediate interpersonal involvement. In fact, he argued that as involvement with friends and acquaintances diminishes, the parental role becomes relatively more important. (Carp noted that disengagement from the directive parental role can be associated with a more positive



self-image.\* He also touched upon an important characteristic of black families, namely, the honor given to and the continuing responsibility of black family members.)

Tallmer and Kutner (1969) point out another weakness of the original theory, noting that it deals with "chronological age as an entity when in fact it comprises many factors."

Although Cummings and Henry [1961] speak of disengagement as a process of socio-psychological withdrawal, they do not draw a fine distinction between these processes. It is possible for psychological withdrawal or disengagement to occur prior to or concomitantly with social disengagement. (p. 71)

In terms of social disengagement, Tallmer and Kutner note that "certain factors other than aging, namely, stress-inducing environmental and circumstantial disturbances, have social consequences previously attributed to disengagement" (p. 71). In short, disengagement can be seen as an extrinsic process rather than the intrinsic one posed by Cummings and Henry. One consequence of this view of disengagement is that it validates study of the effect of poverty on disengagement; that is, if the psychological patterns of disengagement are important, then so is the debilitating effect of less than \$2,000 a year.

In one of the few studies of disengagement involving black families, Lippman and Smith (1968) examined disengagement among the poor, the black, and the ill. Their primary purpose was to test whether disengagement is as functional for the personality system as presumably it is for the social system. They question whether disengagement

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\* It would be interesting to see whether this finding applies to black families.

actually is the "normal" way to grow old, or the most functional method of preparing for death. They found, for example, that levels of aspiration did not decrease with age and that life satisfaction was positively associated with the level of social interaction among the aged. They also found that "another factor to be considered in evaluating the relationship between disengagement and morale is race" (p. 150).

Lippman and Smith (1968), in their study of the relationship between disengagement and race, found that "engagers," both white and nonwhite alike, had significantly higher morale than did "disengagers." In addition, however, they found dissimilar patterns of disengagements: "Whereas 33.8 percent of the whites were engaged, 66.4 percent of the non-whites were engaged" (p. 520).<sup>\*</sup> In considering this difference they note that "the higher degree of engagement of the nonwhite population might be explained in part by the extended family pattern of the Negro, which offers him a greater possibility of non-nuclear familial interaction" (p. 521), thereby presenting the foundation for another cultural conflict between PWSN and the black nurse aspirant.

### Summary

This section has described some of the cultural norms of the black nurse aspirant. As the student walks for the first time up the steps of a PWSN, he/she is probably self-confident and assertive, aware and critical of the health care differentials that continue to

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<sup>\*</sup>Interestingly enough, in spite of this differential, Lippmann and Smith still found that whites had higher levels of morale than non-whites. The effect of income and of the extended family structure upon aged black morale would make a useful study.

characterize the U.S. health care system. He/she is probably keenly aware of black culture, its beliefs and needs, and, as a consequence, is aware of and driven toward role confusion and role conflict by theories that contradict the norms of that culture. Multiproblem family theory and disengagement theory exemplify this contradiction of experience and study. Perhaps most important, when the black nurse aspirant enters a PWSN for the first time, is that he/she enters an institution that is permeated by values that in their very genesis and function are dissimilar to his/her own.

#### Chapter Summary

In Chapter II, a review of the literature related to the concerns of the present study was presented. The various forms of conflict that black students may experience in the PWSN were noted. The conflict is generated by the inadequacy of their educational experience prior to nursing school, by the processes of acculturation that inevitably occur at a PWSN, and by their skeptical attitude toward the U.S. educational process. This skepticism is engendered by awareness of the inadequacy of available facilities, teaching methods, and counseling procedures, and by the recognition that the educational process itself is built upon white values and beliefs. One negative result is that the black nurse aspirant's growth toward self-actualization is hampered. Another, of particular concern to many black students, is that they are not prepared to practice in black neighborhoods. Chapter III will present the conceptual framework of the study.

## CHAPTER III

### CONCEPTUAL FRAMEWORK

The conceptual framework for this study was derived from the theories of self-actualization, professional socialization, and culture and conflict, as these were woven together by the guidelines of the Kahn, Wolfe, Quinn, Snoek, and Rosenthal model.

As a means of refining and clarifying the various and volatile situations that occur when one considers racial interaction, the Kahn et al. model (1966) was employed. That is, black-white interactions were considered. In order to demonstrate the validity of the model's use, the subsection concerned with white administrators and their interactions with black student nurses begins with a systematically developed role-episode. In particular, the model's ability to detail the various possible components of a racial-cultural-social-educational conflict at an American school of nursing is demonstrated. Emphasis is upon the model's ability to consider how the white administration, faculty, and student body of an American school of nursing might usefully approach a black student nurse (and vice versa). Finally, the model was employed to detail the various role-senders and focal-persons at American schools of nursing and the likelihood of joint problem solving. The chapter concludes with identification of the hypothesis to be tested in the study.

Every student entering nursing school is about to embark upon an adventure filled with challenges and conflicts. Some are planned

and built into the curriculum as a means of preparing the student for the realities of the profession. Others, while not planned, are anticipated, considered unavoidable, or not worth avoiding.

For black students, unless they attend one of the few predominantly black schools of nursing, there is a special dimension of conflict with which they have to cope. Cultural conflict in a predominantly white school of nursing is, to some extent at least, unavoidable. Its effect on self-actualization among nursing students has not previously been documented. While conflict, in itself, can be either a positive or a negative factor, cultural conflict, by its nature, seems more likely to hinder self-actualization.

An old African proverb says, "No one tests the depth of a river with both feet" (Harris, 1972, p. 284). For the black student nurse entering a nursing school, testing the depth of the "river" is very serious business. Since society has required this student to develop qualities of strength and endurance and to be flexible and adaptive, the testing of the school and its various requirements will always be done with one foot. Whatever the style of investigation, the black student knows that very few of the people she meets will have real understanding of her needs, her culture, her history:

Each day you see us black folk upon the dusty land of the farms or upon the hard pavement of the city streets, you usually take us for granted and think you know us, but our history is far stronger than you suspect and we are not what we seem. (Wright, 1940, p. 5)

The process of learning can, of course, be difficult for anyone, whether white or black or any other color. It is often a lonely experience. Triumphs pass unnoticed. Mistakes bring admonition and poorly

concealed contempt. Although all students share these problems, blacks, unlike whites, have greater difficulty accepting the importance of the available rewards. In short, the reward for successfully completing a course of study is a passport to the white world, an invitation to become a white black person. Hence the numerous dilemmas.

The classic admonition of the black mother, "Get an education. No matter what, they can't take that from you," is therefore permeated with irony. The black nurse aspirant may complete the get-educated "race," but the ghetto, and black people, and the black nurse's ability to care for them are by that distance removed.

Black self-concept is gaining in differentiation and self-confidence. One can then assume, with good reason, that the 1980 black nurse aspirant walking up the steps of the PWSN is relatively more sure of his/her self-concept as a black and more assertive about its validity than was his/her 1948 predecessor.

Perhaps the first thing the student notices inside the PWSN is that the man who carries the mop is most often black. The second is that the licensed vocational nurses (LVNs) are predominantly black. (Upon inquiry, it will be learned that many blacks conclude that the predominance of black LVNs is the result of white high school counseling programs.) The nurse aspirant will also note that the predominant number of registered nurses, head nurses, supervisors, and directors are white. These forms of institutional racism will obviously affect the black nurse aspirant, and will surely reinforce racial loyalty and suspicions about whites.

Professional socialization is a powerful acculturation process. Student nurses do not merely learn how to perform nursing functions; they learn how to be nurses. The dominant values the nurse aspirant is expected to assume are those of the white middle class. For the black nurse aspirant, this powerful implicit demand to take on white middle-class values may create confusion, conflict, and, finally, cultural shock.

In examining possible conflicts between first-clinical-year black student nurses and white administrators, faculty, and students, some consideration of differing values of time is useful. For example, it can be posited that the black nurse aspirant might have trouble keeping appointments or even arriving at classes on time. While an organization must have some inflexible rules about time and the black nurse aspirant must find some way of meeting class schedules, some flexibility is possible in handling those appointments that the aspirant fails to keep with administrators or faculty or, particularly, counselors. Given that Staples' ideas about the black pattern of flexible adherence to schedules is valid (1976, p. 77), a useful response would be to encourage black nursing students to form a system among themselves to remind, reinforce, and lend support to each other to keep appointments and schedules in relation to the importance of these behaviors for successful completion of nursing school.

Given the process of socialization—of acceptance of the norms of the nursing profession—the black nurse aspirant may adapt to the conflicting values of the PWSN and black culture vis-à-vis time probably after completion of the first-clinical-year. As conflict theory

suggests, the nursing student will choose the more legitimate of the opposing values or adjust to the demands of both. Theories such as the multiproblem family and disengagement commonly taught in some PWSN indicate little or no understanding of the characteristics of the black family and black culture. Black families need to be understood, analyzed, and evaluated in terms of their actual, functioning cultural practices. For the black nurse aspirant, then, the appearance of multiproblem family and similar theories in the curriculum of a PWSN causes conflict to the extent that such theories contradict his/her actual experiences and ignore important characteristics of the family structure.

Kinship bonds between black families, bonds that are extended beyond boundaries by marriage and ancestry links, are strong within black culture. It is these bonds, and the knowledge of their power and importance, that require the black nurse aspirant to question the validity of multiproblem theory categorizations such as the functional failure of father, mother, and siblings.

In developing questions about the theory, the black nurse aspirant might begin by noting one obvious failure: the theory concentrates on weaknesses rather than strengths. More importantly, the student might note that although his/her family (or families encountered) can be boxed into the categorizations, they nonetheless cope with their difficulties. Indeed, they develop coping strengths, such as mutual aid, compassion, and adaptability. The black nurse aspirant might also note, upon reading the views of Staples (1976), Hill (1977), and Nobles (1974), that the theory which is often used to characterize the families of his/her race simply does not expound their true characteristics.



The point is that social theories which are presented as pathological and indicative of social inferiority or failure do not take into consideration the situational demands, constraints, and opportunities the sociocultural group is coping with. As social research becomes more process-oriented and examines the context of the situational demands which create a particular response pattern, the culture-bound value judgments inherent in pathological views of society will give way to broader process-oriented perspectives such as Stack's (1974) study of poverty-level blacks, cited earlier.

Both black and white students experience conflict in the PWSN. "Self-role conflicts that are likely to follow from ambiguous role expectations" (Kibrick, 1963, p. 140) are more prevalent among black students than among white students. The primary reasons for the tentative assertion are that the white student's self-concept is complemented by the predominantly white administrators, faculty, and students whom she encounters; and that her socioeconomic background better prepares her, at least during the crucial first-clinical-year, for the types of problems that both black and white students encounter.

Finally, as a means of clarifying the attitudes of blacks toward the American educational process and identifying the various forms of conflict that can occur during a particular educational process (e.g., at a PWSN), the Kahn, Wolfe, Quinn, Snoek, and Rosenthal model will be employed.

## The Kahn, Wolfe, Quinn, Snoek, and Rosenthal Model

### Description of the Model

The model accepts that "an adequate understanding of [the] processes of adjustment to stresses in organizations must [consider] many factors" (Kahn et al., 1966, p. 277). The individuals who determine roles in organizations are listed under the heading "role-senders." The individuals who must respond to the determined roles are then listed under the heading "focal-persons." An interaction between a role-sender and a focal-person is termed a "role-episode." One example of a role-episode is to consider factors such as the "role expectation" and "role pressure" of the role-sender as he/she attempts to define the role of a focal-person, and then to consider the resulting "psychological conflict" and "coping efforts" of the focal-person. Other factors and their role-sender/focal-person interactions are similarly considered.

Figure 1 illustrates the core of the model: role-episode occurrences are here considered at a given moment in time. Figure 2 illustrates the enduring states of an organization, of a person, and of the interpersonal relations between a role-sender and a focal-person.

The model can then provide a general understanding of a role-episode, "a way of thinking about a large set of factors and conditions in a complex interaction" (Kahn et al., 1966, p. 282).

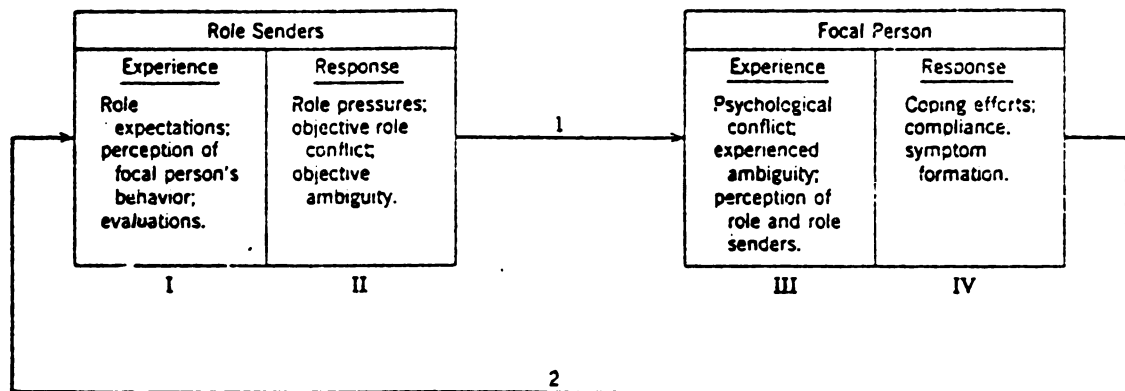


Fig. 1. A Theoretical Model of Factors Involved in a Role-Episode. (Kahn et al., 1966, p. 277)

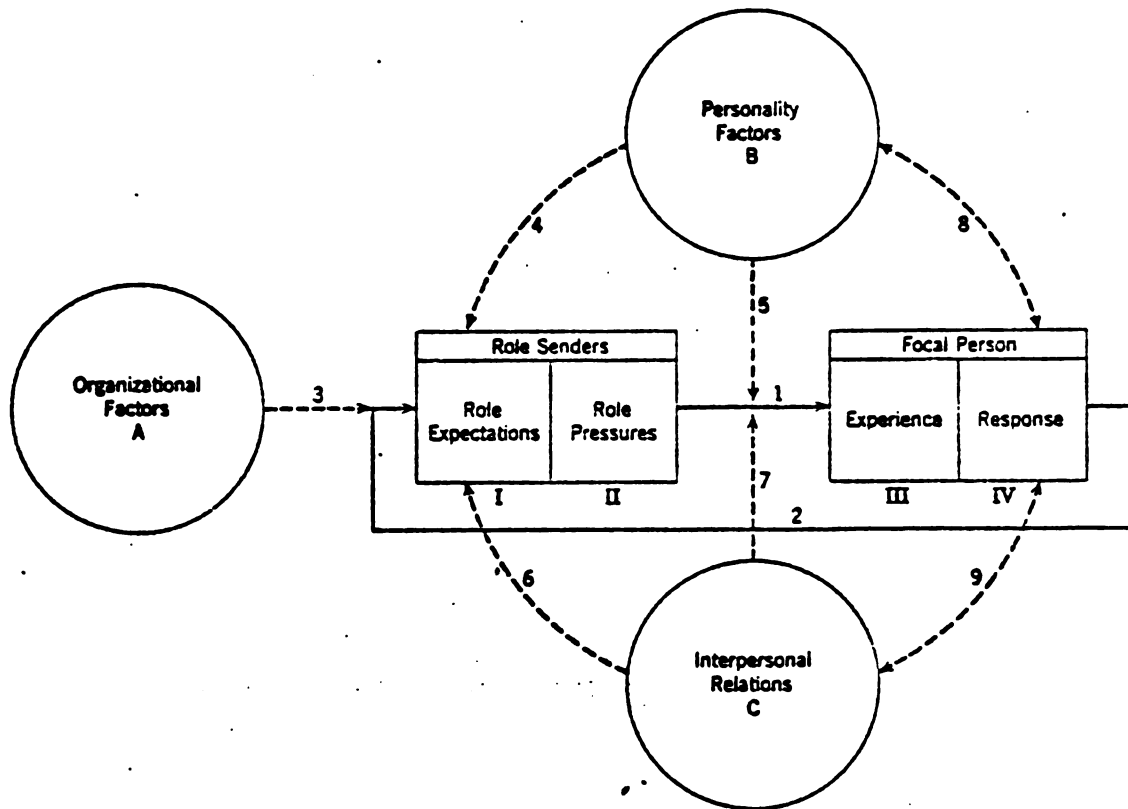


Fig. 2. A Theoretical Model of Factors Involved in Adjustment to Role Conflict and Ambiguity. (Kahn et al., 1966, p. 280)

### Role-Sender: Administrators, Faculty, Students

For purpose of discussion here, the black student in a PWSN will be considered as the focal-person. The role-senders in the PWSN are the white administrators, faculty, and other students. First, the relevant parts of the Kahn model, as they pertain to the role-senders, are outlined. Then, administrators at the PWSN, their "experiences" (particularly their "expectations"), and their responses during role-episodes are examined. Next, faculty experiences, expectations, and responses are examined. The section closes with a discussion of the white nurse aspirant and his/her experiences, expectations, and responses during a role-episode.

The general focus of this section centers on how the white administration, faculty, and student body transmit "role pressures" to the black student nurse. Processes of communication and social influence and the intrapsychic processes related to psychological conflict, tension, and anxiety are integral parts of this.

### Relevant Parts of the Model

A role-episode "is a complete cycle of role-sending, response by the focal-person, and the effects of that response on the role-senders." Kahn et al. (1966) noted that:

Role-senders have expectations regarding the way in which the focal role should be performed. They also have perceptions regarding the way in which the focal-person is actually performing. They correlate the two, and exert pressures to make his performance congruent with their expectations. These pressures induce in the focal-person an experience which has both perceptual and cognitive properties, and which leads in turn to certain adjustive (or maladjustive) responses. . . . For both the role-senders and the focal-person, the episode involves experience and response. (p. 277)

The experience of a role-sender may include perception and evaluation of a focal-person's reaction, whereas the role-sender's response may reflect objective role conflict or objective ambiguity (see Figure 1). Whereas the focal-person's experience and response to the assigned focal role may include, respectively, psychological conflict and nature of sent role pressures, the expectations of each role-sender must be investigated separately (Kahn et al., 1966, p. 278).

Such an investigation is, of course, one of the primary purposes of this section. In discussing the effect of response or role expectations, Kahn et al. note that a role-episode "is abstracted from a process which is cyclic and ongoing: the response of the focal-person to role pressures feeds back on the senders of those pressures in ways that alter or reinforce them" (p. 279). A thorough understanding of the causal dynamics of such episodes requires consideration of "organizational and ecological factors, personality factors, and the character of interpersonal relations between the focal-person and the character of interpersonal relations between the focal-person and the role-sender" (p. 279). In view of this cyclic nature of an episode and the complexity of the necessary episode analysis, Kahn et al. introduce another, more inclusive figure (see Figure 2). The figure "represents not momentary events as illustrated by Figure 1 but enduring states of the organization, the person, and the inter-personal relations between focal-person and role-senders" (p. 279). This study considered the enduring state of the role-episode situation.

One such role-episode will now be considered. It is governed by the Kahn et al. theoretical model of factors involved in adjustment

to the role conflict and ambiguity (see Figure 2). The subject of the episode is the recruitment of blacks into the PWSN. The role-sender is a white administrator at a PWSN responsible for recruitment policies and admission standards. The focal-person is the black nurse aspirant.

A few studies have considered the issue of black underrepresentation in the United States nursing profession. In 1955 Ravitz concluded:

To explain this lack of Negro Students in nursing school as indicative of Negroes' disinterest in nursing cannot realistically be tolerated. The presence of Negro students in non-restricting hospitals and the existence of numerous Negro girls, who, with adequate physical and scholastic attainment, sought to enter but were refused admittance to training school underscores the inadequacy of such an interpretation. (pp. 295-296)

In 1971 Winder suggested that underrepresentation of blacks in professional nursing is the result of insufficient black nurse role models. Blacks, in short, question the viability of a career in nursing because so few blacks enter and succeed in the profession (pp. 57-63).

The focal-person's (first-clinical-year black student nurse's) experience and coping feedback response varies. As the black student contemplates entering a school, the thoughts of a black senior nursing educator might be echoed: "Blacks have been excluded for so long that black kids don't believe it when you say they're wanted in the profession. They look at other blacks who've gotten into nursing schools and then failed, and they say: 'sure, they get you in, but then they try to get you out'" (Robinson, 1972, p. 39). Or, Miller's conclusion might be pondered:

Considering the fact that black students had significantly lower family incomes than the whites, it was expected that

they would have the higher proportion of full and partial scholarships. Not so. Although black students had more partial scholarships (19 percent) than white students (13 percent) white students had more full scholarships (10 percent) than black students (3 percent). Instead of scholarships, blacks had student loans (25 percent compared to the 15 percent figure of the whites). (1972, p. 255)

In short, the black student might conclude with Miller that "need" does not necessarily represent the criterion for granting scholarships at the school he/she contemplates entering. With regard to student loans, the student might agree with a black director of nursing:

Contrary to popular belief, blacks don't like to be in debt. Sometimes they can't do anything about past due notices except feel terribly guilty. When they're forced to borrow, it really becomes a shackle. Black students need liberal scholarship aid. Loans intensify their problems. (Robinson, 1972, p. 36)

The above issues constitute the initial framework of the role-episode in which organizational factors, interpersonal relations, and personality factors are also involved.

Arrow 3 on Figure 2 asserts a causal relationship between various organizational variables and the role expectations and pressures which are held about, and exerted toward, a particular position (Kahn et al., 1966, p. 279). In short, the organization (the PWSN) dictates what the focal-person (the student) is supposed to do, with whom, and for whom. In terms of recruitment policies, the first-clinical-year black nurse aspirant is supposed to accept the number of other black student nurses with whom to interact, to accept the form and number of available training programs, and to accept the organization's financial aid programs. Whatever her particular coping response, it isn't adequate for the challenge. Claerbaut, in reviewing the available literature on the experience of the black student nurse at nursing



schools (Miller, 1972; Johnson, 1974; Robinson, 1972; Smith, 1975; Winder, 1971; Harris, 1972; Piero, 1974; Cofer, 1974), concluded that "there is sufficient general evidence of a strain of alienation among black nurses" (1976, p. 212).

As stated, interpersonal relations are also involved in a role-episode. They include "the more or less stable patterns of interaction between a person and her role-senders and . . . their orientation toward each other" (Kahn et al., 1966, p. 280). Dimensions such as power or influence, respect, trust, cooperativeness, dependence, and style of communication are integral to the process (ibid.). In terms of recruitment policies, it is interesting to note that "some kinds of coping responses (like overt aggression) may be virtually ruled out when the pressures are exerted by a hierarchial superior" (ibid., p. 281). If the first-clinical-year black student is dissatisfied with the school's policies, she is unlikely to directly challenge the responsible administrator. Some other channel for her frustration must be found. In contrast, "strong bonds of trust and respect [such as those engendered by eliciting the advice of students regarding recruitment and related policies] may encourage a response of shared problem-solving" (ibid.).

The final component of this white administrator/black student role-episode involves personality factors. They describe a person's propensities to behave in certain ways, his/her motives and values, his/her sensitivities and fears, habits, and the like. As the remainder of this section and the remaining sections in this chapter indicate, white administrators, faculty, and students do not fully understand the behavior of blacks. Consequently, when they assume the role-sender

position, the coping response of the focal-person (black student nurse) tends toward tension and anxiety. Regarding recruitment policies, a female black dean of a school of nursing suggests that counselors could lessen this tension and anxiety: "It's up to the nursing profession to develop a better system for spelling out to counselors what nursing is all about" (Robinson, 1972, p. 40). Some similar suggestions developed in Robinson's report are as follows:

[Let the black nurse aspirant see more] Black nurses as recruiters.

We have to devise better methods of interviewing and otherwise screening prospective students. . . . We have to admit some high-risk students, and provide built-in methods of support—we need ways of translating black students' informal [life] experiences into a more formal framework.

A year of remedial work should be provided for those who need it. (pp. 40-41)

Green provides a pertinent conclusion to this role-episode investigation:

. . . the foremost challenge to predominantly white institutions of higher learning is to evaluate carefully and to reconsider those admissions policies of many years' standing in order to provide all segments of our society with an opportunity to share in programs of higher learning. (Green, 1969, p. 910)

Four expectations of white administrators will now be considered, in the context of a PWSN. All are influenced by J. T. Gibbs's article "Black Students/White University: Different Expectations" (1973, pp. 463-469).

The first expectation transmitted to the black student nurse arriving at a PWSN is that she must assimilate herself. As recurrently noted, it is this expectation that engenders severe conflict, a conflict

made all the more intense by the inability of the other half of the dyad—the white administrators, faculty, and students—to recognize its existence, the demands it makes upon the black student, and its destructiveness. But other forms of conflict exist. For example, if the student is a "high-risk student," he/she might conclude that substantial alteration of the academic structure of programs—such as the provision of adequate support services—will not be forthcoming. The administrator's (role-sender's) "experience" regarding lack of support services probably involves budget limitations, staff nonavailability, and so on: "I only have so much money. I must allocate it fairly and wisely."

The response of the focal-person (student) varies. Because of the student's intelligence, education, stable family life, etc., he/she may not be affected by the lack of support services. He/she may quietly fail and disappear or may struggle through; he/she may violently criticize the unfair allocation of resources, and may ask, with justification, "why accept my presence and then fail to see that I have a fair chance of success?" In turn, Kahn et al. posit that the role-sender can respond positively or negatively to the request. Support services at American schools of nursing are inadequate; as Robinson (1972) and Miller (1972) suggest, their absence is an obvious and important factor in the high dropout rate of black nurse aspirants.

The second expectation that confronts the black nurse aspirant is that he/she is expected to compete academically with white students, who generally have had superior high school preparation and have better developed skills (Haetenschwiller, 1971, p. 29). The role-sender's message probably relates to budget, to personnel availability, and to

admission policies that should ensure that the black student who is accepted can indeed compete.

The literature suggests that the black nurse aspirant entering a PWSN needs a realistic, carefully developed assessment of his/her academic skills and deficiencies. Given that, a realistic, sensibly paced program to correct any deficiencies needs to be planned. Until such arrangements are made, no significant reduction in the black nurse aspirant dropout rate can be expected.

The third administrator-generated expectation that confronts the black student entering a PWSN is to blend into the social life of the campus. A way of considering this expectancy is to note the Kramer et al. report, which asserts:

. . . nursing education constantly focuses on the ability of the nursing "student to know herself." "How did you feel in that situation?" "How did your patient respond today?" are common instructor-stimuli aimed at enhancing the self-awareness of the nursing student. (1972, p. 113)

Kramer (1974) later adds to this study by noting that the

major goal of nursing school curricula is to help the nurse aspirant to become self-actualized. Complementary are the characteristics fostered by the professional work system: decision making, autonomy, inner-directed judgement and standards, general awareness, self-perception, and inter-personal sensitivity. (p. 115)

Clearly, such foci and goals are ambitious, and clearly such ambition is necessary; but the literature suggests (Gibbs, 1973; Miller, 1972; Claerbaut, 1976; Robinson, 1972) that the black student nurse—having dissimilar experiences and frustrations, and coming from dissimilar social settings than the white student nurse—cannot easily respond to them. All of the above foci and goals require a firm

understanding of oneself. And, confronted with the values and beliefs of the PWSN, the black nurse aspirant probably has a very difficult time understanding him/herself. For example, the problems of black students related to dormitory life, dating, and extracurricular activities are often misunderstood by white administrators (Gibbs, 1973, p. 466). Similarly, black nurse aspirants, during their dormitory life, need contact with an adequate number of other blacks; otherwise, they are forced into "last chance," sometimes compromising, situations. They lack the confidence, skills, and/or interest for participation in white social events (Gibbs, 1973, pp. 446-469).

The fourth and final expectation of the white administrator is for the black student nurse to be overtly grateful for having been given the opportunity to obtain a quality integrated education (Gibbs, 1973, p. 464). Administrators confronted with students who protest or demonstrate against nursing school policies express bewildered disillusionment. Their experience of white middle-class attitudes toward education has taught them to expect pliant and grateful students. As a result, they often react negatively to the criticisms of black students (ibid.)

#### Teachers in the PWSN

Integral to the following discussion is the effect of the teachers' attitudes toward the black student nurse in relation to grades, class standards, counseling, and assignments. The focus is primarily on the first-clinical-year experience of this relationship, since "most changes in student imagery occur mainly during the first year. . . . Beyond that point the curriculum ceases to alter to any significant

extent the basic configuration of student imagery, consensus, and consonance established by them" (Davis and Olesen, 1964, p. 4).\*

Black Student/White Student Interaction—  
Processes of Socialization

Socialization has many forms. The particular form of socialization here considered is that which the first-clinical-year black student nurse must experience if she remains at a PWSN. Olesen and Whittaker (1966) noted:

Three central and related tasks of professional socialization, shared mutually by students, faculty, and the socializing institution, are: (1) to bring the student awareness of what is required in the professional role; (2) to lead him to recognize himself in that role; and (3) to foster in him the capacity to properly communicate about himself as a professional. (p. 381)

Perhaps the primary problem for the black student is that the process of professional socialization is a double-edged sword. One side allows the student to cut through the process of education and to accumulate the knowledge to practice. The other cuts the ties to the black community, lessening the ability to recognize his/her black self. By recognizing "separation from the world of laymen through being aware of special knowledge" (Olesen and Whittaker, 1966, p. 395), the ability to communicate with fellow professionals is enhanced. Such recognition does not necessarily enhance the black nurse aspirant's ability to

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\* Similarly, Simpson (1967, p. 47) noted three distinct phases during the socialization of the student nurse; during the first, the nurse "shifts [her] attention from the broad, societally derived goals, which led [her] to choose the profession, to the goal of proficiency in specific work tasks. During the second, certain significant other persons in the work milieu become [her] main reference group." During the third she "internalizes the values of the occupational group and adopts the behavior it prescribes." In short, first-clinical-year experiences are crucial.

understand sympathetically black clients in black neighborhoods. Many of the values and beliefs inherent in the PWSN and its curriculum contradict or differ from those of black communities.

"Once the educational system has formally started work on the student, his empty head is filled with the values, behaviors, and viewpoints of the profession" (Olesen and Whittaker, 1968, p. 5). In addition, this head-filling process requires

students in professional socialization . . . [to be] subordinate to their teachers in the role arrangements of the professional school. The faculty roles, after all, are those in which the institution and profession invest the authority and responsibility to pace, order, and sanction the progress of the aspirants to the profession. (Olesen and Whittaker, 1968, p. 6)

The socialization process of education involves observing, modifying, and molding. Course titles such as Professional Adjustments, Nursing Ethics, and Professional Department abound. As is well documented in the literature, one result of this "molding" is the high dropout rate for all students in U.S. nursing schools. Since this molding at the PWSN is based on white values and beliefs, the black nurse aspirant's confrontation with the educational socialization process compares to the reality shock that Kramer (1974) describes.\*

Reality shock . . . describes the phenomenon and the specific shock like reactions of new workers when they find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared, and then suddenly find that they are not. (pp. vii-viii)

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\* Kramer primarily considers the shock that students experience as they enter the professional world. But this shock, it can be argued, is analogous to that experienced by black students as they enter a PWSN.

As previously noted, prior educational preparation for blacks tends to be inadequate; in particular, secondary educational facilities are inadequate, relative to those available for whites. Most of the black nurse aspirants' early educational experiences are well expressed in this interviewee's statement:

Well, I don't know. I keep thinking that things could have happened earlier in my education, like in high school, that would have made my course in life much easier. This school of nursing is geared to student nurses expressing themselves in the form of writing. I always remember a test that I had in English in high school where I was asked "What color is that boy's shirt?" in a certain story. I am sure that the white students, in their high schools were asked to analyze material to be able to express themselves coherently. That really ticks me off every time I go to write a paper! that I wasn't prepared to write or to express myself verbally to deal with this school and what it expects of you. (Davis, 1973).

But aside from inadequate educational preparation, shock waves are generated when the black nurse aspirant confronts the values and beliefs of the white faculty. A "discrepancy [occurs] between what she learned was good and valued in the [pre] socialization period, and what she now finds out is the way things are done" (Kramer, 1974, p. 4). In short, cultural shock occurs. And this shock is compounded, since hospitals themselves are subject to hierarchical role conflicts; "discrepancies [for example] in nursing role values between head nurse and nursing faculty . . . exist" (ibid., p. 21). Kramer here was talking about all nurses, but this cultural shock is especially true for the black nurse aspirant.

In summary, the process of professional socialization requiring, as it does, subservience to institutions and to the discipline of education, exacts payment from everyone. For the black nurse aspirant



this payment is particularly expensive since she additionally experiences various forms of reality and cultural shock.

Adjustment and recovery can, and do, occur.

A beginning sense of humor is the first sign of the recovery phase. There is a lessening of tension and an ability to see the amusing side of things, coupled with a beginning capacity to weigh, assess, and objectively evaluate aspects of the host culture. (Kramer, 1974, pp. 7-8)

In other words, "laughter provides a way to criticize role superiors whilst sustaining structure. It yields a type of correction . . . and it links the personal and collective values in the socialization process" (Olesen and Whittaker, 1966, p. 388). To objectively weigh the host culture, to laugh at both its strengths and its weaknesses, to better understand oneself and the values of the host culture—in short, to develop a sense of biculturalism—is difficult. But, more importantly, it takes time. That is, PWSN that attempt to consider the problems of black students might well concentrate on the first-clinical-year, particularly the first months of that year. That is when the culture shock occurs most intensely and that is when the aspirant probably looks home-ward and all too often goes home.

Teaching techniques. A primary teaching technique used in the PWSN is termed the "rationale of science." Classically scientific at its base, the technique stresses rationalism: here is a problem, here is a solution, here is a probable solution, here is a possible solution, here's everything we know about this as yet unsolved problem. Clearly, the technique has advantages. One of them is that, because of "class instruction about scientifically derived knowledge, students become aware . . . that in many of their intimate patient care tasks there are specific

consequences for a particular type of care" (Williams and Williams, 1959, p. 23). That is, the student can draw upon the rationale of science, the cause and effect relationship between specific nursing care and the patient's well-being, to justify providing a type of care that is personally or culturally repugnant.

The rationale of science technique has advantages vis-à-vis the problem of black student nurses. It avoids value predilections. It is a rationale and persuasive way of avoiding value confusion. "As with all forms of social influence, the assimilation of faculty viewpoints and standards is in large part a function of students' own values, cognition, and prior experiences" (Davis and Olesen, 1964, p. 13). The values, cognitions, and prior experiences of white faculty rarely coincide with those of black student nurses. Rational teaching methods are probably more useful in terms of communicating with black student nurses than value-permeated ones.

Teachers and black students—Examples of role-episodes. Whatever their value predilections, whatever their techniques, teachers are obviously important role-senders in American schools of nursing. The classroom situation is swamped with "assigned focal-roles," replete with focal-person and role-sender conflicts and coping efforts. Illustrative role-episodes will now be considered.

The first role-episode involves the actual experience of a black student nurse in a Bay Area hospital (Davis, 1973). The episode has three role-senders: a white young female faculty member; several white, variously aged female staff members; and a white, middle-aged male patient in the recuperative phase of his illness. The focal-person is

a black student nurse. Organizational factors, personality factors, and interpersonal relations are considered (see Figure 2, p. 48).

The episode began with the black student nurse attempting to assist the patient into a wheelchair. She was rebuffed by the patient: "Don't put your dirty black hands on me." Several white staff members in the area heard this remark. The black student nurse sought the advice and sympathy of her immediate superior, the white female faculty member, as she attempted to cope with the patient's behavior. The faculty member offered little sympathy. Her advice was: "Forget it. The patient is sick. Doesn't know what he is doing." The patient, in short, is always right, even when he practices overt racism.

It is important to note that the patient was up and about, in control of his faculties. This does not mean that sick white patients should be allowed to insult black women, but the patient's state of health does crucially affect this role-episode. That is, even though the patient was clearly in the recuperative phase of his illness, he was not confronted with any indication that his behavior was inappropriate. The resolution was that the black student nurse was reassigned.

Several consequences accrue with regard to personality and interpersonal relations. The black student must accept that white role-senders have no intention of helping in difficult racist-oriented situations. The situation could have been the basis for a useful lesson in how to deal with racism in the work situation. Perhaps even more important, in terms of her pride and her mental well-being, she must accept that her white peers—the other staff members who heard the insult—have seen her insulted and have seen that nothing was done.

If the black woman remains at the hospital—and she did—her experience and her future responses to the various role-senders are significantly affected by this interaction.

Organizational factors are also involved. At least two alternative responses in the above role-episode are possible. The white faculty member could change her behavior and response. Or, a responsible administrator could advise the patient clearly and forcefully that "This hospital will not accept such behavior." Neither happened. And the consensus among black student nurses whom the writer interviewed is that these interventions will not happen, primarily because such occurrences rarely plow their way through the system to a responsible administrator. The common practice is to delay and obfuscate the various questions within such situations; in a very real sense the administrator is protected. In order to ensure that upper-level personnel have positive views about the lower levels of the hospital organization, lower-level white faculty simply do not forward reports about racial insults and the like.

The remaining role-episodes considered here are actually composites of several recurrent episodes involving white faculty, white student nurses, and black student nurses. While hypothetical, the parts are drawn from interviews conducted by the writer and from the writer's many years of experience with black student nurses. Each episode has two role-senders, a white faculty member and a white student nurse, and one focal-person, a black student nurse. Again, organizational and personality factors as well as interpersonal relations are considered. The focus is upon issues related to grades and communication.

Role-episodes involving grades are endlessly complex. Grading is inevitably a subjective experience; most students inevitably experience conflict around grades at some time or another with the majority of their teachers. Therefore, two points are pertinent. The first is that black student nurses, primarily because of the previously noted value confusions, have a difficult time accepting low grades from white faculty. Obviously, this is a complex question well worth further study. Secondly, white faculty, when confronted with black students, tend to offer a "deal." "Leave me alone. Don't ask too much of me. Don't rock the boat . . . and I'll give you a good grade." Such treatment insults the black student nurse. The numerous consequences of such a "deal" are again complex; they, too, are well worth further study.

Language styles also have a crucial effect on role-episodes. The white faculty and white student role-senders in the small seminars that dominate PWSN say, in effect, to black student nurses that they must be adept at white rhetorical practices. Many of the black student nurses interviewed stated that quick, verbose answers to quick questions tended to dominate teaching seminars, adding up to a verbal buffoonery that the black nurse aspirants preferred to avoid. Or, when confronted with the dry-mouthed anxiety of not talking, the student chooses to enter the dialogue, only to find that few faculty or students will make a serious effort to understand his/her rhetorical practices. As a result, the student remains quiet, subject to the accusation that he/she refuses to take part in the dialogue.\* The problem here, one

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\*Blacks favor a fluent and lively way of talking. They are fond, for example, of insult games, of coining words (often picked up by whites) during rap sessions. Specifically, "linguists have noted

noted by Olesen and Whittaker (1966), is that silence does not allow "the emergence of role in which . . . new awareness could be played out while the interaction continued, the structure was sustained, the situation maintained, and the individual supported" (p. 394).

Comparison of Role Conflict Experienced by  
Black and by White Nursing Students

Kibrick reports that the majority of nursing students who withdraw from a program of study—approximately one-third of those who enter—are resentful of authority and unwilling to submit to the routines and practices of their schools. "They had a desire for independence; [they were unconcerned] with the welfare of patients" (Kibrick, 1963, p. 148). Those who remained, in contrast, were nurturant, capable of placing the welfare of others above personal interest, responsive to patients, and accepting of an obligation toward their classmates. A pertinent conclusion is that the critical period of the nurse aspirant is the first-clinical-year (see also Davis and Olesen, 1964, and Simpson, 1967). If the student survives the fears, torments, and hard work of the first year, if resentment of authority and desire for independence are curtailed, if a concern for patient welfare is developed, then the succeeding years are relatively free of problems. Accordingly, in comparing the experience of white and black student nurses, this section will again focus on the critical first-clinical-year of study.

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parallels in African and Afro-American usage . . . similarities in the vowel sounds where the vowels are generally shorter and more stable, the use of the habitual tense, expression of plural nouns and multiple negatives, and employment of one-gender pronouns" (Staples, 1976, pp. 73-75).

The knowledge which nursing students have about nursing school programs and their consequent roles varies from comprehensive and accurate to negligible and inaccurate (Kibrick, 1963, p. 140). Since the degree of adjustment to a role varies directly with the clarity with which such roles are defined, "self-role conflicts are likely to follow from ambiguous role expectations." Pertinent variables include "the student's self-concept, her perceptions of the role of the nursing student, consensus on role definition between role definers and role incumbents . . . [and] her socio-economic background" (ibid.)

This chapter, while accepting that the nursing school experience is difficult for all students, recurrently attempted to distinguish between the role of the black student nurse (the focal-person) and the role filled by white administrators, faculty, and other students (the role-senders). Invariably, the distinguishing factor between the black experience and the corresponding white experience is one of degree. Confronted by a society that recurrently prescribes roles which ask the student to submit to white authority, to follow the routines and practices of white America, the black student nurse's desire for independence becomes even greater. The coping responses of the black student nurse are more intense, more fraught with conflicts. In short, the learning process in PWSN, to the extent that it is based on value judgments and control techniques, is difficult for all students, but it is doubly difficult for black students. The above variables will now be considered vis-à-vis white nurse aspirants.

The white nurse aspirant's self-concept is derived in general from the cultural ideals and beliefs of the American middle class.

These are in large part complementary to those of the white administrators and faculty in the PWSN. The students' perceptions of the nursing student's role vary; for instance, there may be dreams of the glamor and glory of Florence Nightingale. The shock of reality is intense. But whatever her perception, the literature suggests that if she survives the first year, most role-perception conflicts are significantly alleviated.

A reason for the student nurse's survival is illustrated by the governing hypothesis of Kibrick's study: "The hypothesis investigated was that the greater the degree of consensus between nursing educators and nursing students the more likely the students would be to remain in the program" (1963, p. 141). The hypothesis was substantiated. Kibrick's findings have relevance for this study. Since the faculty and the administration of the PWSN and the white students have similar backgrounds (Williams and Williams, 1959; Davis and Olesen, 1964), the white student nurse's role is more clearly defined by the white faculty and administration than is the black student nurse's. The white student's adjustment to the role is relatively easier than would be the adjustment of the black student nurse.

The white student nurse's socioeconomic background also illustrates that there are advantages which the black student nurse does not enjoy. In general, white student nurses come from middle-class, relatively (that is, relative to the black student nurses) prosperous families; as a consequence, the intricacies and demands of student financial aid programs can often be ignored. Similarly, as Yerby (1964) notes, white students participate in an educational tradition, one that



provides good teachers and good facilities, one that is actively supported by family conviction and interest, and they can often ignore remedial and tutorial services.

Miller (1972), using a sample of 331 black and white freshman nursing students, noted some "significant differences between [black and white students] in areas concerned with their perception of career choice, salary levels, salary comparisons, and length of nursing training" (p. 257). Although Miller concluded that "racial differences between nursing students appear to have little effect on their over-all attitudes and opinions about nursing" (p. 260), his findings remain pertinent to this study, particularly since the literature offers little or no data about black student nurses' attitudes.

White students chose a nursing career because they enjoyed people, because they perceived nursing as a gratifying, useful career (23 percent), or because they had prior experience in the field of medicine (21 percent). In contrast, a higher percentage of blacks (34 percent) chose a career in nursing because they enjoyed people; a lower percentage (13 percent) because they had previous medical training (Miller, 1972, pp. 257-258).

Regarding salary levels, "black students (45 percent) were significantly more likely than the white students (31 percent) to believe that the salary received by nurses is excellent" (Miller, 1972, p. 259). Given that the family income of the white students averaged \$10,000, as opposed to \$7,000 for blacks, this finding is not surprising (ibid., p. 253). Similarly, "almost twice the percentage of blacks than whites (46 percent) said that nurses received higher salaries than

teachers and social workers" (ibid., p. 259). Finally, regarding the length of training, "18 percent of the black students contended that nurse training was 'too long' [but] only 4 percent of the white students remarked similarly" (ibid.).

The Black Student Nurse—Her  
Self-Concept and Beliefs

Nobles (1973) considered the black self-concept. He asked, "What is the black self-concept and what, if any, is the dynamic relationship between it and the individual's conception of his group?" (p. 22).

. . . most of the theoretical approaches taken in the empirical investigation of the black self-concept have failed to incorporate African conceptions. My thesis is that only through full understanding of the African concept can valid or reliable research be done in the area. (p. 11)

In discussing his thesis, Nobles modified Mead's approaches to the question of defining the self:

I . . . suggest that the notion of self is a social process within the individual which reflects the awareness of three referents for self: the "I"—the self as perceiver of oneself in relation to others' attitudes and feelings towards you, the "me"—the self as the internalized or incorporated perceptions of others, and the "we"—the self as the feelings or perceptions one has toward the group and being (on interacting with) the group. (p. 17)

Nobles closed his discussion by noting that "the self is established as a consequence of two processes—aposition and/or opposition. Even though most (Western) scholars recognize the two possibilities, most define the self as being established oppositionally; that is, the self is individually unique and different from other selves" (p. 23).

This Western establishment-of-self process is then considered in the context of the African world view, which "suggests that 'I am

because we are and because we are, therefore, I am." Although Nobles makes no "explicit [distinctions] between Western (white) and African (black) conceptions of self" he does note that

the Western conception suggests that the self is that which makes one individually unique or different from, while the African conception suggests that the self is a "Transcendence into Extendation" or an extended self. That is to say, the African self is one's people or tribe; the two—oneself and one's people—are more than simply interdependent or inter-related, they are one and the same. (pp. 22-23)

Similarly, in an earlier paper, Nobles (1972) noted that "the black family unit psychologically sets its members to perceive no real distinction between personal self and other members of the family. They are, in a sense, one and the same. One's being is the group's or family's being. One's self is the 'self of one's people'" (p. 61).

Given Nobles' view of the black self-concept, it can be stated that the black student nurse's self-concept is different from that of the white administrator, faculty, and students with whom he/she must interact in daily activities. The family, the group, the tribe are all important. Since the black student nurse can expect to encounter few blacks in the PWSN environment, the conflicts in white-dominated role episodes must at times seem insurmountable.

#### Concluding Remarks

Growth means giving up what is familiar, satisfying, and comfortable. Often it means separation from familiar people, familiar scenes, and familiar ways of doing things. Whether the growth will be stunted or distorted, or whether it will proceed in a natural, healthy way depends on the strength of the individual, as well as the encouragement of others. If a black student going into a white school of

nursing experiences cultural conflict that is left to seethe and boil, then the black student's self-actualization may be stopped entirely, or retarded, or regressed.

Conflict can result in positive benefits as well as negative outcome.

Conflict is a natural part of being alive and functioning in an environment which consists of other individuals. Being involved with the environment, society, other persons, and oneself provides one with continuing sources of conflict which must be managed effectively in order to become an actualized, fulfilled, and joyful person. (Deutsch, 1973, p. 147)

The constructive use of conflict has become so accepted by social scientists today that it has spilled over into the "pop" psychology books aimed for the lay reader. Probably the most familiar of these is The Intimate Enemy by Dr. George Bach, which is in fact a handbook for fair-fight techniques in which he described how verbal conflict between intimate associates is constructive and desirable, and even may lead to a game-free existence.

Johnson stated in 1973 that "conflicts are inevitable in relationships and, if productively handled, are of great value in increasing the quality of the relationship and the work efficiency, personal growth, and self-actualization of the individuals involved" (p. 148). He refers to Rogers' work in his own book on social psychology, saying, "Perhaps the major barrier to effective communication is the human tendency to judge, to approve or disapprove, to evaluate the message of the sender from one's own frame of reference."

There is a special dimension of conflict for black students, unless they attend one of the few predominantly black schools of nursing.

Some cultural conflict in a predominantly white school of nursing is unavoidable. Its effect on self-actualization among nursing students has not been previously documented. While conflict in itself can be either a positive or a negative factor, cultural conflict, by its nature, seems more likely to hinder self-actualization. A model for viewing cultural conflict was presented in this chapter. Drawing heavily from the literature, this chapter was designed to serve as a "framework . . . for supporting, defining, and enclosing selected parts for a larger cohesive whole" (Chater, 1975); this whole comprised the design of the study.

#### Hypothesis

Based on the analysis of the theories of self-actualization, professional socialization, the culture of the black nurse aspirant, and conflict theories in this chapter, the hypothesis to be tested was: There will be no significant differences between the mean difference scores obtained by black, generic nursing students and white, generic nursing students enrolled in predominantly white schools of nursing on scales of the Personal Orientation Inventory, the Inventory having been administered at the beginning and at the end of the first-clinical-year in their nursing programs.

## CHAPTER IV

### METHODS OF DATA COLLECTION AND DATA ANALYSIS

It will be recalled that the purpose of this study was to investigate the conflict thought to be faced by black, generic nursing students in the milieu of the predominantly white school of nursing. The impact of such conflict upon the black student nurse's self-actualization compared to the impact on the self-actualization of the white nursing student was a focal concern of the study.

The specific research problem was to determine whether there is a significant difference in the degree of change in self-actualization reported by black, generic nursing students and white, generic nursing students at the end of their first-clinical year. The differences in self-actualization were assessed by a pre- and post-administration of the Personal Orientation Inventory (Shostrom, 1966).

The hypothesis to be tested was that there would be no significant differences between the mean difference scores obtained by black, generic nursing students and white, generic nursing students enrolled in predominantly white schools of nursing on scales of the Personal Orientation Inventory (POI), the Inventory having been administered at the beginning and at the end of the first-clinical-year in their nursing programs.

### Design of the Study

The design used to assess the effect of the independent variable was a quasi-experimental design, as outlined by Campbell and Stanley (1963). The pretest and posttest design was selected because it permitted the measurement of change over a period of time. Schematically, the design can be represented as follows:

OX<sub>B</sub>O (Black student group (B:))

ROX<sub>W</sub>O (White student group (W:))

The Os represent pretests and posttests administered to the black student group and to the white student group enrolled in nine institutions. The Xs represent the independent variable, which in this study was the effect of participation in the first-clinical-year of nursing in predominantly white schools of nursing (PWSN). This study was concerned with change scores on personality variables over one academic year. In order to measure change, the POI was administered on a pretest-posttest basis to 75 invited "volunteers" from nine different institutions. The white student (W:) group was randomized (R); however, the black student (B:) group consisted of all black students within each school who showed a willingness to participate in the study.

In this study there was a variety of variables existing across institutions that the researcher could not control, but that may be presumed to be "randomly" functional across institutions. These variables fall within the following areas:

- faculty characteristics, philosophy and attitudes
- physical environment
- students' experiences in the clinical area (i.e., hospitals, patient assignments, other employees, etc.)

- students' course content
- students' social and living accommodations
- students' age, sex, marital status, and past psychological experiences.

With reference to the numerous variables which could not be controlled, it should be noted that the results are from "real-life," natural social settings, and in that sense the data are valuable in other real-life situations. A description of the independent and dependent variables follows.

#### The Independent Variable

The independent variable in this study was the pervasive white, middle-class nursing culture and program that were "demonstrated" in predominantly white schools of nursing. A predominantly white school of nursing was defined as a school with a baccalaureate degree program in nursing, consisting of both liberal arts and nursing courses; it is usually four years in length, although a few require five years for completion of a bachelor's degree in nursing. The student and faculty populations in all schools were both well over 51 percent Caucasian.

#### The Dependent Variable

The degree of change on a composite measure of self-actualization was the dependent variable in this study. Derived from the theoretical construct by Maslow, self-actualization means to become more and more what one is capable of becoming (Maslow, 1954). For the purpose of this study, self-actualization was operationalized or assessed by scales on the Personality Orientation Inventory. The Inventory results provided relative standings on 12 dimensions (scales) of self-reported



value orientations. A description of the methodological tools used in the study follows.

### Methodological Tools

#### The Personal Orientation Inventory (POI)

The POI, a test purported to measure self-actualization, was developed by Everett Shostrom (POI Manual, 1966). Shostrom noted in the POI Manual that the tool was created to meet the needs of counselors and therapists for a "comprehensive measure of values and behavior seen to be of importance in the development of self-actualization" (p. 5).

The POI consists of 150 two-choice comparative value and behavior judgements. The items are scored twice, first, for two basic scales of personal orientation, inner-directed support (127 items) and time competence (23 items) and, second, for ten subscales, each of which measures a conceptually important element of self-actualization. (p. 5)

The Inner-Directed Support Scale (McClain, 1970, pp. 21-22) has the greatest magnitude within the Inventory's various scale indices, since it is based on 127 of the Inventory's 150 items. "Inner, or self directed individuals are guided primarily by internalized principles and motivations while other directed persons are to a great extent influenced by their peer group or other external forces" (Shostrom, 1966, p. 5). The Inventory, which is self-administered, is composed of the following scales (Shostrom, 1966, p. 6):

#### Time Ratio:

Time Competence (Tc)/Time Incompetence (Ti): measures the degree to which one is present-oriented, and relates the past and future in a meaningful continuity.

#### Support Ratio:

Inner-Directed (1)/Other-Directed (0): measures whether reactivity orientation is basically toward others or self.  
Complementary Subscales.

Valuing:

SAV (Self-Actualizing Values): measures agreement with primary values held by self-actualizing people.

Ex (Existentiality): measures ability to react situationally or existentially without rigid adherence to principles. A high score would indicate flexibility in application of values to one's life or existence.

Feeling:

Fr (Feeling Reactivity): measures sensitivity of responsiveness to one's own needs and feelings.

S (Spontaneity): measures freedom to react spontaneously or to be one's self.

Self-Perception:

Sr (Self-regard): measures affirmation of self because of worth or strength.

Sa (Self-acceptance): measures affirmation or acceptance of self in spite of weaknesses or deficiencies.

Awareness:

Nc (Nature of Man): measures degree of the constructive view of the nature of man, seeing him as essentially good.

Sy (Synergy): measures ability to be synergistic, to transcend dichotomies, to view opposites in life as being meaningfully related.

Interpersonal Sensitivity:

A (Acceptance of Aggression): measures ability to accept one's natural aggressiveness as opposed to defensiveness, denial, and repression of aggression.

C (Capacity for Intimate Contact): measures ability to develop meaningful and intimate relationships with others, unencumbered by expectations and obligations.

Both the Inner-Directed (I) and Time-Competence (Tc) scales, which constitute the two major scales of the Inventory and the two that are particularly important in personal development and interpersonal interaction, are "clinically interpretable in relative or proportional terms" (Shostrom, 1966, p. 5). Therefore, the scores for these two scales "are each presented as ratio scores. Scores on each of the ten

subscales are intended to reflect a facet important in the development of self-actualization" (p. 5).

In brief review, Shostrom's POI attempts to objectify tendencies associated with the self-actualization construct. It consists of 150 paired opposing statements, the subject choosing that one of the two which he considers most relevant. As explained above, the test is scored on two major scales, Inner-Directed and Time-Competence, and ten complementary scales.

#### Validity of the POI

Since its introduction in the mid-sixties, the validity of the POI has been gradually established. In an early study of the validity of this test (Knapp, 1965), practicing certified clinical psychologists chose 29 people whom they identified as self-actualized and 34 individuals whom they identified as being non-self-actualized. Both groups took the POI and registered markedly different scores in the expected direction on 11 of the POI's 12 scales. Similarly, Fox (1965) tested 100 psychiatric facility patients for self-actualization and compared them with the 29 self-actualized people from the Knapp study. All 100 patients scored markedly lower on many of the scales than did the self-actualized group.

The POI has also been correlated with other instruments. Shostrom and Knapp (1966) correlated the POI with the Minnesota Multiphasic Personality Inventory (MMPI). Although the two inventories do not measure the same aspects of personality, correlations were found between the POI and depression, psychasthenia, and social introversion/extroversion scales of the MMPI. Similarly, Pittman and Krichner (1970),

while studying the relationship between staff attitudes and dimensions of supervisory self-actualization in public health nursing, employed the POI and checked its validity. McClain (1970) has further validated the POI. In assessing the self-actualization of school counselors by means of the POI, he found correlations at or beyond the .01 level of confidence between the POI scores and the composite ratings for self-actualization by staff members on all but three scales of the POI—Self-regard, Nature of Man Constructive, and Synergy—the three shortest of the POI scales.

In short, research to date supports the construct validity of the POI. Recent research, such as that of Goldman and Olczak (1975), who studied self-actualization and its relationship to the act of volunteering, seems supportive of the POI's construct validity, and demonstrates additional behavioral areas where the POI might usefully be employed.

#### Reliability of the POI and Susceptibility to Faking

Personality inventories, such as the POI, depend of course upon self-reported behavior and values. They are, therefore, subject to either (or both) conscious or unconscious "faking." The subject might hold up as a choice criterion how he might best make a good impression upon the administrator of the test, or any reader of the test results. Taken together, these various forms of faking constitute a serious problem for the designers of personality tests.

Knapp noted several "fake good" studies of the POI's reliability in The POI Handbook (1966, 1974). In one study (Shostrom's POI Manual,

1974), a group of students was administered the POI and given standard instructions. Another group at the same time was administered the POI and was given "fake good" instructions; that is, the students were instructed to respond as though they were applying for a job and wanted to make a good impression. "When results of the good impression set were compared with scores of . . . [the other sample] obtained differences, in general, were not in the direction of greater self-actualizing."

In a subsequent report of this study, Foulds and Warehime (1971) found a similar pattern. The authors concluded that deliberate attempts by undergraduate college students to "fake good" do not produce profiles characteristic of self-actualizing individuals and that students' conceptions of the "well-adjusted person" are not entirely congruent with the model of the "self-actualizing person" followed in development of the POI (Knapp, 1976, p. 71).

Other reliability studies include Braun and Asta (1969), Fisher (1968), Fisher and Silverstein (1969), and Braun (1966). In all of these studies, the POI exhibited a resistance to faking, whether the faking is related to attempts to place oneself in a socially desirable position or whether the faking is related to prior knowledge of the underlying theoretical concepts. The conscious attempt to seek the socially desirable answer results in a generally depressed profile, while intellectualized responses based on knowledge of the POI concept hyperelevate the profile. In either case, the discrepancy is readily observable to the practiced observer of the POI profiles. Only in the case where the subject has prior knowledge of self-actualized persons as defined by

the POI and the motivation to make a good impression can the test be distorted in the direction of seemingly positive self-actualization.

Reliability studies of the POI using the "test-retest" method were also conducted by Klavetter and Mogar (1967). They administered the POI to 48 college students at one-week intervals. They found reliability for the Tc scale at .71 and for the I scale at .77. The other scales ranged from .52 to .82.

#### Studies Using the POI for Student and Graduate Nurse Samples

Green (1967) administered the POI to 84 sophomore student nurses as one criterion of predicting success in nurse's training. She related the POI scores of the student nurses to grade point average, clinical practice grade, and satisfaction with nursing. Green concluded that, in addition to scholastic aptitude, Time Competence (Tc), Spontaneity (S), Synergy (Sy), and Self-regard (Sr) contributed to success in nursing. Mealey and Peterson (1974) used the POI to study the effects of their psychiatric nursing program. The test was administered at the beginning of the six-week course and again at the end. The investigators reported that the students showed an increase in growth on all of the scales. The smallest area of growth was in the synergistic awareness category. Forty-six nursing students were studied over a three-year period by Ilardi and May (1968). They found that over the three-year period significant growth in the direction of self-actualization occurs especially during the first year.

Forty-seven staff nurses of the Visiting Nurse Association of Hartford, Connecticut were studied by Shimmin (1969). One of the

purposes of the study was to describe the dimensions of self-actualization of public health nurses. The author reported that staff nurses in the 25-or-less age range were in the self-actualizing range on the POI profile. The nurses in the 26-35 age range were below the mean norm self-actualizing score for every scale except Nature of Man. Kramer, McDonnell, and Reed (1972) studied self-actualization and role adaptation among 222 baccalaureate degree nurses. The investigators reported significant interaction effects among measures of actualizing from the POI and various indices of role conception and job success.

Goldstein (1980) compared 204 baccalaureate senior student nurses with 159 associate degree senior student nurses using the POI. The purpose of the investigation was to determine whether graduating seniors of the two types of nursing programs differed significantly in self-actualization as measured by the POI. The author reported that significantly ( $p < .05$ ) more baccalaureate senior nursing students scored higher on 8 of the 12 scales of the POI than the associate degree nursing students. There was no significant difference on the following scales: Time-Competence, Nature of Man, Synergy, and Acceptance of Aggression (pp. 46-48).

#### The Personal Data Questionnaire

Another data-gathering tool used in this study was the Personal Data Questionnaire (PDQ), which may be found in Appendix C. This questionnaire was administered to all subjects at the time of the post-testing. The PDQ was designed to elicit data on the extraneous variables of the study of black student nurses and white student nurses in order to develop a descriptive portrait of the two groups.

The questionnaire was written to gain information in the following areas:

1. Demographic data to define the characteristics of the sample.
2. Insight into the students' perceptions of their nursing program.
3. Possible student-perceived self-change(s) during the first-clinical-year.
4. The nature and type of support students received.

The questionnaire was reviewed by three judges for clarity, and changes were made at their suggestions before the questionnaire was administered to the students.

### The Study Sample

#### Criteria for Sample Selection

The sample consisted of 75 generic, first-clinical-year nursing students from nine nursing schools. Sample criteria were chosen specifically to ensure that the sample was drawn from institutions similar in student and faculty population, similar in types of patients cared for, similar in curriculum design, and from medical centers with an emphasis on research and teaching. After preliminary data were collected, the following criteria were used to determine the schools from which the student nurses were drawn to participate in the study:

- Student nurse enrollment: The percentage of white students enrolled in the first-clinical-year shall be 51 percent or more, and not more than 49 percent black students.
- Characteristic of faculty: The faculty shall be 50 percent or more white.
- Type of academic setting: The schools of nursing shall be located at medical centers, and shall offer a bachelor's



degree in nursing. The schools of nursing shall be accredited by the National League for Nursing.

- Type of institutional support: The schools of nursing shall be public institutions.

#### Methods of Sample Selection

Institution. Using the criteria described for subject selection for this study, 42 medical center schools of nursing were identified. The deans of these 42 schools were contacted by letter to gather preliminary data to determine the enrollment of black and white, generic, first-clinical-year nursing students and the ethnicity of the faculty. Of the 42 deans contacted, 30 responded providing the information requested (see Appendix D for the preliminary data).

The 30 deans who responded to the request for preliminary data were again contacted by letter (Appendix A). The investigator requested that they ask their first-clinical-year nursing students to participate in the study. Of the 30 deans contacted, 27 responded. Of these 27, 14 expressed a willingness to ask their first-clinical-year students to participate in the study; the other 13 schools declined for various reasons; for example, students were overloaded with school work; students were overly involved in research projects, etc.

A follow-up letter was sent to the 14 deans of the schools who expressed a willingness to participate, asking them to pass the query on to their students. From this group, 12 schools agreed to take part in the study, and the deans assigned a contact person who was responsible for all future contacts with the investigator; this contact person served as the test administrator for both the pretest and the posttest of the

POI and the PDQ. The institutional sample was later decreased to 9 because some students in three of the 12 participating schools did not take the posttest.

#### Characteristics of the Institutional Sample

The nine institutions in the sample had the following characteristics: all programs were four academic years in length. All of the schools reported that their curricula were integrated rather than medical-model or body-system in design. Four of the nine schools based their curricula on Maslow's hierarchy of basic human needs. All nine schools had a statement of philosophy which included a belief that man is unique, a continually evolving being of dignity and worth, and has the capacity to achieve growth and self-actualization. In seven schools the first-clinical-year begins after two years of liberal arts education as a foundation. The other two schools introduce their first-clinical-year after the student's second year in college, that is, after one year of liberal arts foundation.

#### The Student Nurse Samples

The student nurse samples were selected according to the following criteria:

- Enrollment in the first-clinical-year of nursing.
- Completion of both the Personal Orientation Inventory and the Personal Data Questionnaire.
- Identification as black or white.

The first-clinical-year was chosen for study because (1) in most collegiate schools this is the year in which students have their first exposure to clinical nursing, and (2) nursing students' values and

beliefs are influenced most by nurse faculty during this year (Williams and Williams, 1959; Davis and Olesen, 1964; Simpson, 1967).

Once the criteria were established for selection of nursing students to participate in the study, selection instructions were mailed to the contact person at each of the nine participating schools (see Appendix A).

The sampling technique originally called for testing the entire population of the black, generic, first-clinical-year nursing students and twice that number of white, generic, first-clinical-year nursing students randomly selected. Randomization helps to ensure an unbiased sample (Gage, 1963, p. 194). All black students who agreed to participate in the study were included. In the final sample groups, all the tests were completed by 27 (out of a total of 58) black, generic, first-clinical-year students and 48 (of the 116 randomly selected) white, generic, first-clinical-year students. A summary of the participating schools and a breakdown of the two student samples may be found in Table 1.

After having selected the subjects for study, each student was sent a letter, along with the test materials. The letters contained (1) an explanation of the study, (2) encouragement and thanks for participation, and (3) an assurance of confidentiality of the data and anonymity of the student in the analysis and reporting (see Appendix A).

TABLE 1  
 SIZE OF FIRST-CLINICAL YEAR STUDENT NURSE SAMPLES IN  
 EACH OF NINE INSTITUTIONS

Race	01 (S)	03 (PC)	04 (RM)	05 (S)	07 (MW)	09 (SW)	10 (S)	11 (S)	12 (S)
Black	5	4	1	1	2	3	3	4	4
White	14	5	3	1	3	1	5	8	8
Total	19	9	4	2	5	4	8	12	12

Code: S = Southern States  
 PC = Pacific Coast States  
 RM = Rocky Mountain States  
 MW = Midwestern States  
 SW = Southwestern States

## Data Collection and Analysis

### Procedures for Data Collection

The following six data collection steps were completed:

1. All students were sent letters of introduction to the study along with the test materials (Appendix A).
2. All students were asked to sign a consent form to participate in the study, according to the regulations of the University of California Committee on Human Experimentation. The test administrators were asked to sign a consent form acknowledging their participation in the study. (Appendix B contains both consent forms.)
3. To maintain anonymity, each student was coded first by school, then by ethnicity, and finally by an assigned four-digit individual identification number.
4. The pretest of the POI was administered at the beginning of the fall quarter (semester) 1975. The test was administered to 174 first-clinical-year nurse aspirants (58 black students and 116 white students) enrolled in 12 schools of nursing that met the criteria for participation in this study. Upon return of the test booklets, one institution was deleted for failure of black students to participate. The completed POIs were scored by the Educational and Industrial Testing Services, San Diego, California. This method of scoring was chosen over the option of hand-scoring to increase accuracy of results. The Educational and Industrial Testing Services returned 128 scored test profile sheets to the researcher. Two of the inventories were considered invalid by the testing service because more than 15 of the test items were unanswered (Shostrom, 1966).

5. The posttesting of the subjects was done in the spring of 1976. A total of 128 POI sets were mailed to participating schools; 89 completed tests were returned to the researcher and forwarded for scoring as before. Two groups of black students from separate schools failed to take the posttest, thus disqualifying the data from two additional institutions, leaving a total of 75 completed (pretest and posttest) profiles. The black students' test return rate was 65.8 percent (N = 27); the white students' test return rate was 58.5 percent (N = 48).

6. The Personal Data Questionnaire was mailed to the subjects at the time of the post-administration of the POI. All data were punched on IBM cards. The computation was done at the Computer Center at the University of California, Berkeley and San Francisco.

#### Method of Data Analysis

The degree of change in self-actualization, as assessed by the POI and reported by the two study groups, was determined by computing the difference between each student's score on Shostrom's POI instrument obtained at the beginning of the first-clinical-year and her score on the POI obtained at the end of the first-clinical-year.

After profiles were plotted, using both the pretest and posttest scores, and a difference score was obtained for each student, a mean score was figured for both the black and white student groups. The one-way analysis of variance (ANOVA) was the statistic employed for hypothesis testing. Since the one-way ANOVA reduces to the student's  $t$  in the two-group case, the  $t$ -test was used on all two-group comparisons to determine the statistical significance of differences between the ethnic groups. The alpha level for all testing was preset at the traditional

.05 level; however, since the present study was exploratory, using a quasi-experimental design on a high-risk population, all differences that achieved a .10 level of significance were reported in order to provide signposts for future investigators.

Histograms were developed so that the assumption of normality for use of the  $t$ -test could be demonstrated (Appendix E).

The  $F$  test for equality of variances was performed. Where equality of variances could be demonstrated as a reasonable assumption, the student's  $t$  with the pooled variance of the two groups used as an estimate of sigma squared was used to test for differences between the mean of the black student group and that of the white student group on the scales of the POI. Where equality of variances was shown by the  $F$  statistic to be untenable, an approximation of the  $t$  statistic, sometimes called  $t^*$ , was calculated, using a separate variance estimate with reduced degrees of freedom as required; this was used to test for differences between the two groups. A 95 percent confidence interval was placed around any differences reaching the .05 level of significance.

While differences between the two groups using the  $t$ -test might be attributed to differences in ethnic background, those differences which achieved a reliable probability level were subjected, in the interest of prudence, to a further test to give a clearer picture of sources from which the difference might stem. A two-way ANOVA was performed on those using PWSN as a second blocking independent variable. Any differences which were proven reliable and not attributable to differences in faculty, curriculum, philosophy, variation in physical setting, variation in medical center personalities, or to interaction of

ethnic groups in a particular medical center school setting could then be viewed as reliable predictors for replication. While the cell sizes in the two-way ANOVA would be predictably uneven, and some quite small, the previously developed histograms would substantiate membership in a normal population. Post hoc comparisons based on Scheffé's model were performed on differences due to ethnic group.

The questionnaire data were precoded and punched on IBM cards. The Statistical Package for the Social Sciences Crosstabulation Program (Nie et al., 1970, pp. 218-248) was used to tabulate the responses of the students on the Personal Data Questionnaire. The Crosstabulation Program was chosen because it is a joint frequency distribution of cases. It enables the user to compute two-way to N-way joint frequency distribution tables.

All extraneous variables from the questionnaire were analyzed with respect to ethnic differences in the distribution of responses. For nominal variables such as birthplace or type of prenursing school, these analyses take the form of 2 x k chi-square contingency tables. There are two levels of ethnicity (black and white) and from 1 to 10 levels of the other nominal variables. If the distribution of responses of the black group differs from that of the white group, the chi-square statistic for testing independence of the two variables should be significant ( $p < .05$ ). For some variables with many possible categories, the chi-square statistics may not be valid. This happens when the expected frequencies in the cells become very small. In that case, the categories are condensed in a logical manner and the table is rerun.



For ordinal variables such as age, group, or attribute ratings, the data are still presented as a 2 x k contingency table. However, the relevant statistic is Kendall's tau. This statistic is a correlational concept that measures the association between ethnicity and the ordinal variable. It is sensitive to an increasing or decreasing trend in the proportion of blacks as a function of the value of the other variable, whereas the chi-square statistic is sensitive to any arbitrary differences in these proportions.

#### Chapter Summary

Chapter IV has reviewed the purpose and problem of the study; the design of the study was presented; the sample selection was discussed; the methodological tools were described; and procedures for data collection and analysis were outlined.

The results of the study will be presented in Chapter V.

## CHAPTER V

### RESULTS

The study population consisted of 27 black and 48 white female, generic nursing students from nine predominantly white schools of nursing (PWSN). The median age of both student groups was from 21 to 22 years. Over three-fourths of each group (76.9 percent, black group; 81.8 percent, white group) reported their marital status as single. Most of the participating institutions were located in the South, and the majority of the population correspondingly reported place of birth in the South (black, 66.6 percent; white, 58.3 percent). The two groups were similar also in the type of prenursing school attended (community college, state college, school currently enrolled in); and they were somewhat similar in that 22 of the 29 white students (75.9 percent) and 13 of the 21 black students (61.9 percent) who responded to this question had attended a predominantly white prenursing school. (See Appendix F, Tables F-1 and F-2.)

The study hypothesis, which stated that there would be no significant differences between the mean difference scores obtained by black and by white, generic nursing students enrolled in predominantly white schools of nursing on the scales of Shostrom's Personal Orientation Inventory, was supported by 11 of the 12 scales. For the Spontaneity scale, a reliable difference between the two groups was demonstrated, with the black student group decreasing and the white student

group increasing on this scale at the end of the first-clinical-year.

The Personal Data Questionnaire (PDQ) was designed by the writer to obtain demographic information as well as descriptive data that might reflect possible cultural differences and their influence on self-actualization. The questionnaire results provided additional support for the study hypothesis in that the two student groups were found to be similar on many of the PDQ variables.

Significant differences did appear, however, on variables within each of the four domains with which this questionnaire was concerned. The two student groups differed significantly on the following: first domain (demographic data): father's occupation and the student's prior health-related work experience; second domain (student's perception of nursing program): unattractive features, barriers to obtaining desired grades, psychological climate, difficulties experienced when studying, outlook on current education, faculty's interest in the student, requirements for success, and nursing student/faculty relationships; third domain (student's perception of self-change): self-change in certain attributes; fourth domain (type and nature of student's support): number of close friends in nursing school.

In the following, a more detailed description of the results is presented in two major sections: (1) findings from use of the POI; and (2) findings from use of the PDQ.

#### Findings of the Personal Orientation Inventory

The 12 POI scales were analyzed one at a time in a two-factor, repeated-measures analysis of variance. Each analysis had one between-subjects factor, ethnicity, and one within-subjects factor, pretest vs.

posttest administration. Thus, each analysis deals with four means: (1) black-pre, (2) black-post, (3) white-pre, and (4) white-post. There are three tests of interest in each of these analyses: (1) the main effect of ethnicity, (2) the main effect of pretest vs. posttest administration, and (3) the ethnicity by pretest vs. posttest interaction.

The analysis of the data of the POI proceeded as outlined in Chapter IV. The means, standard deviations, t-ratios, and their associated probabilities on the various POI scales for both groups of students at the beginning of their first-clinical-year are shown in Table 2. The F-ratio for equality of variances between the two groups demonstrated that the assumption of equal variances for each of the POI scale t-ratios could be met. In the case of the Synergy scale, where the null hypothesis could not be rejected at the .05 level (being higher than .10), the t-ratio for separate variance estimate was examined to verify that rejection of the null hypothesis of differences between means did not occur under either method. Only the pooled variance estimate of the t-ratio is reported.

Using the mean difference scores computed as described, t-ratios on the 12 scales of the POI comparing the two ethnic groups in relation to change occurring between the beginning and the end of their first-clinical-year were developed. The means, standard deviations, t-ratios, and their associated probabilities are displayed in Table 3. In the case of one scale, Capacity for Intimate Contact, the assumption of equal variances for the ethnic groups could not be met. The null hypothesis of no differences between the variances of the groups was rejected ( $F = 2.04$ ; Probability at .033). The t-ratio using the separate variance

TABLE 2

MEANS, STANDARD DEVIATIONS,  $t$  RATIOS,  $t$  PROBABILITY LEVELS,  
AND F PROBABILITIES FOR EQUAL VARIANCES ON SCALES OF THE  
POI GIVEN TO BLACK STUDENT NURSES AND WHITE STUDENT  
NURSES AT THE BEGINNING OF THE FIRST-CLINICAL-YEAR  
AT PREDOMINANTLY WHITE MEDICAL CENTER SCHOOLS  
OF NURSING

POI Scale	Black Ethnic Nurses (N=27)		White Ethnic Nurses (N=48)		$t$ Ratio	P Level	F Prob.
	Mean	S.D.	Mean	S.D.			
Tc	16.44	2.64	17.31	2.68	-1.36	.179	.959
I	83.67	12.59	84.73	12.20	-0.35	.722	.829
SAV	19.19	3.50	19.21	2.70	-0.03	.975	.120
EX	19.30	5.13	20.46	4.65	-1.00	.320	.544
Fr	16.00	2.39	16.52	3.05	-0.77	.446	.183
S	12.19	2.75	12.15	2.78	0.06	.953	.978
Sr	12.33	2.40	11.73	2.61	0.99	.325	.664
Sa	15.70	3.55	16.15	3.24	-0.53	.585	.576
Nc	11.30	2.22	11.56	2.20	-0.50	.618	.944
Sy	6.67	1.52	7.13	1.12	-1.49	.140	.071
A	17.04	3.17	16.60	2.94	0.60	.553	.638
C	18.52	4.26	18.56	3.41	-0.05	.961	.187

TABLE 3

MEANS, STANDARD DEVIATIONS,  $t$  RATIOS,  $t$  PROBABILITY LEVELS,  
AND F PROBABILITIES FOR EQUAL VARIANCES ON SCALES OF THE  
POI IN FORM OF CHANGE SCORES FOR BLACK STUDENT NURSES  
AND WHITE STUDENT NURSES SHOWING DIFFERENCE BETWEEN  
THE BEGINNING AND THE END OF THE FIRST-CLINICAL  
YEAR AT PREDOMINANTLY WHITE MEDICAL CENTER  
SCHOOLS OF NURSING

POI Scale	Black Ethnic Nurses (N=27)		White Ethnic Nurses (N=48)		$t$ Ratio	P Level	F Prob.
	Mean	S.D.	Mean	S.D.			
Tc	0.30	1.94	0.08	2.42	0.39	.697	.224
I	2.81	6.73	5.17	7.60	-1.34	.185	.551
SAV	0.67	2.90	1.35	2.49	-1.08	.283	.360
Ex	1.44	3.46	0.94	2.96	0.67	.505	.346
Fr	0.48	2.33	0.10	2.96	0.69	.492	.807
S	-0.33	2.30	0.81	2.12	-2.18	.033*	.608
Sr	0.41	2.34	0.73	2.19	-0.60	.553	.676
Sa	0.41	2.68	0.33	2.95	0.11	.914	.607
Nc	0.26	1.83	0.60	1.88	-0.77	.443	.915
Sy	0.44	1.25	0.31	1.25	0.44	.663	.998
A	0.30	3.05	0.75	2.89	-0.64	.524	.735
C	3.24	0.62	2.27	0.33	1.00	.325	.033**

\*  $P \leq .05$ .

\*\*  $t$  for separate variances used.

estimate was substituted for the  $t$  using the common variance estimate. The degrees of freedom were reduced to 40.5.

A level of probability was achieved only on the scale for Spontaneity, which is a measure of the freedom to exhibit feelings behaviorally through spontaneous action, demonstrating a reliable difference between the groups. On this scale, the two student groups differed significantly ( $F = 2.18$ ; Probability at .033); the black group decreased in this area, while the white group increased during the first-clinical-year. A 95 percent confidence interval was calculated for the groups' differences. It follows that 95 percent of the time, in samples from the populations represented here, the white nursing students will be at least .1438 but not greater than 1.1478 higher on the POI Spontaneity scale. A possible explanation is that the experiences of the first-clinical-year in nursing education at the PWSN presumably increased the ability of the white nursing students to express their feelings behaviorally, which was not the case for this small group of black students.

A two-way ANOVA was executed, using the Spontaneity scale of the POI as a dependent variable with ethnic groups and the schools as independent variables (see Table 4). The purpose of the two-way analysis was to determine whether the difference between ethnic groups was due solely to differences in ethnicity in the presence of another blocking variable (the PWSN), which could be assumed to have a profound effect on the self-assessment of the student nurses.

TABLE 4  
 TWO-WAY ANALYSIS OF VARIANCE ON THE SPONTANEITY SCALE  
 OF THE POI, USING PREDOMINANTLY WHITE NURSING  
 SCHOOLS AND ETHNIC STUDENT NURSING GROUPS  
 AS INDEPENDENT VARIABLES

Source of Variation	Mean Squares	df	Mean Square	F Ratio
Between Schools	63.272	8	8.788	1.976*
Between Ethnic Groups	15.819	1	15.819	3.557**
Interaction:				
School by Ethnic Group	39.417	8	4.927	1.108
Variance within Group	253.492	57	4.447	
Total	372.000	74	5.027	

\* P = .10.

\*\* P = .064.



While all schools selected met the predetermined criteria, all schools could not be assumed to be equal in qualities which were not or could not be quantitatively measured. These qualities, such as the physical plant, the personalities of the instructors as they interpret the philosophy of the curriculum, and such ephemeral forces as tradition and variation in manifestation of the predominantly white nursing culture, are thought to be important determinants in the achievement of self-actualization. Since they are nonquantitative, they must be assumed to vary in an unknown manner from school to school, and they must also be assumed to vary in their effect on different groups.

Differences between the black group and the white group failed to achieve a probability level equal to or less than the .05 level set for the alpha risk in this more complex analysis. Both main effects for PWSN and for ethnic group reached the 10 percent level of risk and are therefore reported. The absence of a significant interaction effect ( $p = .372$ ) indicates that for the scale on Spontaneity the effects for differences between schools and the effects for differences between ethnic groups were truly independent results. The failure of the ethnic group differences to achieve the level of significance detected by the t-ratio may be due, in part, to the failure of the two-group comparison to take into account the qualitative variation attributable to the educational environment affecting black and white groups.

However, even though the F-ratio for difference between ethnic groups did not reach the .05 level, it is still possible to provide a post hoc comparison, using Scheffé's method.

According to Hays (1963), "If the over-all  $F$  test is significant at the  $\alpha$  level, then some comparison  $\gamma$  must be significant at or beyond the same level" (p. 485). It is, therefore, possible to verify the difference achieved by the confidence interval determined by the  $t$ -ratio, although the band of the confidence interval would be wider (less precise) due to the inherent conservative nature of the Scheffé post hoc comparison process.

A comparison of the means for each student group was developed using the value of  $F$  at the .05 level with degree of freedom equal to those of the ANOVA table. The resulting comparison, using  $F$  with 1 and 57 degrees of freedom at the 95 percent level of confidence interpolated from tabled values of  $F$  at 4.012 is significant and verifies the reality of the difference detected by the  $t$ -ratio.

It remained to estimate the strength of statistical association between ethnicity and the change scores on the Spontaneity scale. The index,  $\omega^2$ , the proportion of variance in the dependent variable accounted for by the independent variable, can be estimated both by the value of  $t$  and by the variance estimates given by the two-way  $F$  test. Both methods were used and, as expected, the estimate furnished by the analysis of variance was lower than that provided by the  $t$ -ratio, since in the ANOVA the variance could be attributed to a second independent variable (the PWSN). Using the method of  $t$  and again following Hays, the estimate of  $\omega^2$  was equal to .04765.

The strength of association, using the analysis of variance, was estimated by following Hays' formula:

$$\omega^2 (\text{ethnicity}) = \frac{\text{Sum of Squares (Eth)} = \text{Mean Square Error}}{\text{Mean Square Error} \pm \text{Sum of Squares}}$$

This estimate of Omega squared ( $\omega^2$ ) equaled .030.

It follows, then, that the best available estimate of the strength of statistical association indicated that the ethnic background of the student nursing groups accounted for only 3 to 5 percent of the variability in the change scores on the Spontaneity scale of the POI.

As a further post hoc procedure, an examination of the inter-relationship of the Spontaneity scale with all other scales of the POI was done to aid in the interpretability of the difference already found. Matrices were developed to correlate Spontaneity with all other POI scales for the black group and for the white group and to correlate the administration of the test at the beginning of the first-clinical-year (Time 1) and administration at the end of the first-clinical-year (Time 2) (see Table 5). The normal Z-test, using Fisher's tabled value for r to z transformation (Maracuilolo, 1971), resulted in no difference between the groups on any of the correlations of Spontaneity with other scales of the POI given at Time 1. For Time 2, only one correlation was different; the correlation of the Spontaneity scale with the Inner-Directed scale for the black nursing students (r = .8750) was reliably higher than that for the white nursing students (r = .7297). A directional null hypothesis of no difference between the groups was rejected at the .05 level of probability. The Z value achieved was 1.684.

TABLE 5  
 CORRELATIONS OF SPONTANEITY WITH ALL OTHER SCALES OF THE POI  
 GIVEN TO BLACK NURSING STUDENTS (N=27) AND WHITE NURSING  
 STUDENTS (N=48) AT THE BEGINNING AND END OF THE FIRST-  
 CLINICAL-YEAR AT PREDOMINANTLY WHITE SCHOOLS  
 OF NURSING

POI Scale	Black Nursing Group		White Nursing Group	
	Time 1	Time 2	Time 1	Time 2
TC	.3707	.4268	.4580	.3142
I	.8315	.8750	.8124	.7297
SAV	.6330	.6807	.5302	.5239
Ex	.7225	.7021	.6368	.6380
Fr	.5694	.5624	.6680	.6770
Sr	.5092	.7449	.6702	.6183
Sa	.5188	.6635	.5391	.4097
Nc	.4647	.5288	.2614	.3134
Sy	.5224	.5578	.3559	.5281
A	.5827	.4393	.6754	.5163
C	.6564	.6783	.7479	.6103

Although the mean difference scores on the Inner-Directed scale failed to achieve a statistical difference between the two ethnic groups, the strength of the relationship between the Inner-Directed scale and the Spontaneity scale for the black nursing group increased so dramatically while decreasing for the white nursing group that it could no longer be said to be drawn from the same population.

To examine the POI data with a qualitative orientation, the mean post-clinical-year scores of the two student groups were compared to the standardized adult scores developed by Shostrom (Table 6).

The black nursing students scored lower than the normal adult mean on 11 of the 12 scales, while the white nursing students scored lower than the adult norm on 10 of the 12 scales. Both black and white students scored slightly higher than the adult mean on the Feeling Reactivity scale, and the white students also scored slightly higher than the adult mean on the Spontaneity scale.

#### Findings of the Personal Data Questionnaire

The PDQ was concerned with extraneous variables in the following four domains: (1) demographic data (questions 2, 3, 4, 7, 8, 10); (2) student's perception of nursing program (questions 11, 13, 14, 15, 16, 18, 21, 22, 23, 28); (3) student's perception of self-change resulting from participation in the nursing program (questions 24, 25, 27); and (4) type and nature of support student received while enrolled in nursing program (questions 5, 6, 9, 12, 17, 19, 20). The findings of this questionnaire are organized in accord with these domains, and all tables relating to the PDQ are located in Appendix F.

TABLE 6

PROFILES FOR THE PERSONAL ORIENTATION INVENTORY FOR  
SHOSTROM'S SELF-ACTUALIZED SUBJECTS (STANDARD  
SCORES), FOR THE BLACK STUDENT GROUP  
AND THE WHITE STUDENT GROUP

POI Scales	Standard Scores	Black Student Group		White Student Group	
		Pretest	Posttest	Pretest	Posttest
Time Competent	18.93	16.444	16.741	17.313	17.396
Inner-directed	92.86	83.667	86.481	84.729	89.896
Self-Actualizing Value	20.69	19.185	19.852	19.208	20.563
Existentiality	24.76	19.296	20.741	20.458	21.396
Feeling Reactivity	16.28	16.00	16.481	16.521	16.625
Spontaneity	12.66	12.185	11.852	12.146	12.958
Self-regard	12.90	12.333	12.741	11.729	12.458
Self-acceptance	18.93	15.703	16.111	16.146	16.479
Nature of Man, Constructive	12.39	11.296	11.556	11.563	12.167
Synergy	7.62	6.667	7.111	7.125	7.438
Acceptance of Aggression	17.62	17.037	13.333	16.604	17.354
Capacity for Intimate Contact	20.21	18.519	20.074	18.563	19.417

The data obtained by administering the PDQ are mainly descriptive. However, all of the variables from this questionnaire were analyzed with respect to ethnic differences in the distribution of responses, and it was possible to test for significant differences between the two student groups. In general, it was found that the black and white student groups showed both similarities and differences on almost all of these variables; differences that were statistically significant ( $p < .05$ ) are especially noted.

These findings cannot be generalized to the rest of the population since the sample is not representative of the population from which it was drawn. The results reported, however, are informative, appropriate, and representative of the populations that were sampled.

#### Demographic Data

(Basic demographic data were presented at the beginning of this chapter.) In regard to father's occupation, it was found that significantly more black students' fathers were unskilled workers ( $\chi^2 = 21.256$ ; significant at .01). Twice the same percentage of the black students' fathers (black:  $N = 4$ , 17.4 percent; white:  $N = 4$ , 8.5 percent) worked as "service worker" (policeman, fireman, barber). Over half of the fathers of white students were either a "skilled worker" ( $N = 13$ , 27.7 percent) or an "owner/manager" ( $N = 12$ , 25.5 percent) (see Table F-3).

Comparison of the educational attainment of the students' fathers showed no significant differences between the black and white groups. However, the majority of the black students' fathers were in the "grade school or some high school" ( $N = 10$ , 37 percent) or "high school graduate" ( $N = 8$ , 29.6 percent) category, while half of the fathers of white

students (N = 24, 50.1 percent) had at least some education beyond high school (Table F-4).

In regard to the educational attainment of the students' mothers, more than one-third of the mothers of black students (N = 10, 37.03 percent) fell into the category of "grade school with some high school," while about the same proportion of mothers of white students (N = 15, 33.33 percent) were high school graduates. No significant differences were found (Table F-5).

With respect to health-related work experience before entering a school of nursing, approximately the same percentage of both groups (black, 35 percent; white, 31 percent) had prior nurse's aide experience. Significantly more white students worked as volunteers ( $\chi^2 = 14.54$ ; significant at .02), while more black students (N = 5, 35.7 percent) than white students (N = 1, 3.13 percent) had worked as licensed vocational nurses (Table F-6).

The students ranked several possible reasons for choosing nursing as a career, and the two reasons selected as "most important" by the highest percentages of both groups were "the opportunity to be helpful and useful to society" (black: N = 10, 38.5 percent; white: N = 13, 27.7 percent) and "the opportunity to work with people rather than things" (black: N = 8, 32 percent; white: N = 20, 43.5 percent) (Table F-7).

#### Student's Perception of Nursing Program

In an open-ended report of the unattractive features of their particular nursing program, both ethnic groups listed eight features



(see Table F-8). The two groups differed significantly on the feature "disorganization of school," with more white than black students reporting this problem ( $X^2 = 8.87$ ; significant at .01). They also differed significantly on "irrelevant course content"; again, more white than black students listed this feature ( $X^2 = 7.26$ ; significant at .027).

A greater number of the white students (black:  $N = 4$ , 14.8 percent; white:  $N = 12$ , 12.25 percent) also perceived their nursing curriculum as being inflexible. The inflexibility was defined as the inability to accelerate, to self-pace studies, or to take work specific to their clinical area of interest. More white than black students (black:  $N = 1$ , 3.7 percent; white:  $N = 11$ , 22.9 percent) complained of insufficient clinical experience.

About one-fourth of both groups (black:  $N = 7$ , 25.9 percent; white:  $N = 13$ , 27.04 percent) reported a poor student-faculty relationship. The two groups also agreed on their perception of a curriculum that was not student-oriented (black:  $N = 2$ , 14.8 percent; white:  $N = 4$ , 10.4 percent); of "too much busy work" (black:  $N = 2$ , 7.41 percent; white:  $N = 4$ , 8.3 percent); and of an "inadequate grading system" (black:  $N = 2$ , 7.41 percent; white:  $N = 3$ , 6.25 percent) (Table F-8).

When asked to rate, from "none" to "a great deal," the degree of importance they attach to the acquisition of good grades, the two groups were very similar in their choice of "quite a bit" (black:  $N = 9$ , 33.3 percent; white:  $N = 18$ , 37.5 percent). However, proportionately about twice as many white as black students (black:  $N = 5$ , 18.52 percent; white:  $N = 17$ , 35.42 percent) placed "a great deal" of importance on getting good grades (Table F-9).

With respect to their perception of their race, age, sex, family responsibilities, and educational background as barriers toward their getting the kind of grades they desired, the two groups were significantly different on all of the variables except "family responsibilities," which they generally did not consider a barrier. Significantly more white than black students "strongly disagreed" that race or ethnic background was a barrier ( $X^2 = 4.662$ ; significant at .000). Over half of the black students ( $N = 15$ , 57.7 percent) felt their race was a barrier; thus, ethnicity or race was a critical element in these students' perception of their ability to get the kind of grades they desired. In addition, significantly more white students than black students "strongly disagreed" that their sex was a barrier ( $X^2 = 11.19$ ; significant at .0245); significantly more white than black students "strongly disagreed" that their age was a barrier ( $X^2 = 11.249$ ; significant at .0245); and significantly more black than white students "agreed" that their educational background constituted a barrier to obtaining desired grades ( $X^2 = 23.975$ ; significant at .0001 (Table F-10)).

In ranking eight characteristics to describe the psychological climate or atmosphere of their nursing school, approximately half of both groups (black:  $N = 13$ , 54.2 percent; white:  $N = 23$ , 50.0 percent) ranked "intellectual" as the most characteristic of their school's climate. Significantly more white than black students ( $X^2 = 21.247$ ; significant at .006) selected "snobbish" as the least characteristic of their school's atmosphere (Table F-11).

In regard to the difficulties that these students reported they experienced when studying for courses, no significant differences were found on eight of the nine variables. The exception was "asking for help from faculty and classmates"; in this case, significantly more black than white students reported difficulty ( $X^2 = 4.563$ ; significant at .0145). In general, black students appeared to have more difficulty than white students in studying, as a higher percentage of black students reported difficulty on all of the variables (Table F-12).

When asked to rank four statements pertaining to education and educational objectives in accord with the similarity (or disparity) of the statement to the student's own current education, significantly more black than white students selected "My basic educational objective is to increase my knowledge and develop my ability to solve problems" as their first choice ( $X^2 = 11.376$ ; significant at .0226). In addition, significantly more black than white students ranked "Each student should have the prime responsibility for his/her own education" as their third choice, thus indicating that this view was not in accord with their current education ( $X^2 = 14.651$ ; significant at .0055) (Table F-13).

The two student groups were similar in their appraisal of how often they are sought out by other students for their advice, knowledge, or opinions regarding their course work or instructors. "Often" was the response of over half of the black students ( $N = 14$ , 58.33 percent) and slightly less than half of the white students ( $N = 20$ , 42.55 percent (Table F-14).

With regard to these students' perceptions of the proportion of faculty members who were really interested in them and their problems,

significantly more black than white students selected the response "very few" ( $\chi^2 = 13.025$ ; significant at .02). The response selected by the largest proportion of the white students (N = 16, 34.04 percent) and one-fourth (N = 6) of the black students was "less than half" (Table F-15).

With respect to how often these students had out-of-class contacts with the nursing faculty, the two student groups were almost identical. The four responses ranged from "frequently" to "never or seldom," and the latter response was chosen by almost half of the students in each group (black: N = 11, 45.83 percent; white: N = 22, 46.81 percent) (Table F-16).

In responding to three statements that could characterize their beliefs about what is required to get through the nursing program, the two student groups differed in their evaluation of the statement "I think you have to be aggressive in order to protect your rights in this school." Significantly more white than black students disagreed with this statement ( $\chi^2 = 9.895$ ; significant at .05), indicating that the black students felt a stronger need to be aggressive. The two ethnic groups were very similar in their evaluation of the other two statements. Both groups disagreed or strongly disagreed with the statement "I think you are given every benefit of the doubt and do not have to worry unduly about succeeding in this school" (black: N = 18, 81.8 percent; white: N = 34, 76.09 percent), and both groups agreed or strongly agreed with the statement "I think you have to be alert and assess each course separately in order to determine whether or not your success might be threatened" (black: N = 20, 83.33 percent; white: N = 44, 93.61 percent) (Table F-17).

In regard to five statements that described possible constructive faculty-student relationships, the two ethnic groups differed significantly in their evaluation of two statements: more white than black students selected "Instructors treat students like independent, mature, and responsible adults and respect their individual abilities and interests" as being "typical" of their faculty ( $X^2 = 12.491$ ; significant at .05), and more black than white students chose "Instructors show genuine concern and sympathetic consideration for the personal conflicts and learning difficulties of students" as being "not at all typical" of their faculty ( $X^2 = 21.137$ ; significant at .01). The majority of both ethnic groups considered the other three descriptions to be "somewhat typical" or "not at all typical," which seems to indicate a general view by these students that on these variables the nursing faculty-student relationships they experienced were not as helpful as they might be (Table F-18).

#### Students' Perceptions of Self-Change Resulting from Program

In assessing whether or not they had changed ("decreased," "increased," or were "unchanged") on ten personal attributes since entering their nursing program, the two ethnic groups differed on two attributes. Significantly more white than black students reported an increase in their "acceptance of other racial groups" ( $X^2 = 11.960$ ; significant at .0177) and in their "ability to form close relationships" ( $X^2 = 11.632$ ; significant at .02). Over half of the black students reported no change in "acceptance of other racial groups" (N = 15, 57.69 percent) and in "ability to form close relationships" (N = 14, 56.00 percent). The majority of both student groups reported an increase in "maturity,"

"emotional stability," "self-awareness or self-insight," "intellectual interests in general," "firmness of a sense of identity," and "concern with social issues" (Table F-19).

In judging whether or not they were pleased with personal changes (self-confidence, planning ahead, degree of influence by others, ease of decision making, ease of working with others, general satisfaction with life) that had occurred as a result of their nursing education, a large majority (generally over 80 percent) of both ethnic groups indicated their satisfaction with self-change on all of these variables except one. In response to "the extent to which I am influenced by others," both groups were about equally divided between being pleased and not being pleased with self-change (Table F-20).

With respect to the black students' perceptions of change in their feeling of blackness, a significant number (N = 16, 69.6 percent) of the total of 23 black students who responded felt "unchanged" ( $X^2 = 58.974$ ; Probability = 0). About one-fourth (N = 6, 26 percent) felt "more black," and one student felt "less black." The latter stated that she felt less black because "there was nothing black around me to help me maintain my blackness." Four students stated that they were forced to become more black in order to survive (Table F-21).

#### Type and Nature of Student's Support

In regard to sources through which colleges first came to the students' attention, the two ethnic groups were similar. Slightly more black than white students (black: N = 10, 37.04 percent; white: N = 12, 25.0 percent) learned about their college from parents or relatives,

whereas more white than black students (black: N = 3, 11.11 percent; white: N = 11, 22.92 percent) learned about their school through their own investigation (Table F-22).

As to their (1) family's and (2) friends' feelings about these students' pursuing a career in nursing, a large majority (generally 70-75 percent) of both student groups reported that both families and friends were "very happy and generally encouraging" (Tables F-23 and F-24).

With respect to their parents' feelings about these students' attending their particular school of nursing, the two ethnic groups responded similarly. Over half of each group (black: N = 14, 53.85 percent; white: N = 30, 62.5 percent) stated that their parents definitely encouraged them (Table F-25).

In regard to these students' living arrangements during their first-clinical-year, again the two student groups were similar. A larger proportion of both groups (black: N = 11, 60.74 percent; white: N = 15, 31.25 percent) reported living in the university dormitory or residence hall than in any other location (Table F-26).

The two student groups also were similar with respect to the people they sought when they experienced (1) educational or (2) personal problems. Slightly more black than white students (black: N = 8, 33.33 percent; white: N = 7, 15.56 percent) reported "Try to work out educational problems myself." More than one-third of the white students (N = 20, 44.44 percent) and exactly one-fourth of the black students (N = 6, 25.00 percent) reported seeking a faculty adviser or faculty member when confronted with educational problems (Table F-27). When

confronted with a personal problem, one-half (N = 12) of the black students and slightly more than one-third (N = 15, 36.59 percent) of the white students reported "Try to work it out myself" (Table F-28).

In regard to the total number of these students' close friends (whether or not on campus), significantly more white students reported having five to six friends ( $X^2 = 17.10$ ; significant at .0089). Three black students (11.11 percent) and one white student (2.08 percent) reported no friends (Table F-29).

With respect to the number of these students' close friends enrolled in the same nursing school, significantly more white students reported having two close friends in their school ( $X^2 = 18.254$ , significant at .01). Seven black students (29.17 percent) and two white students (4.35 percent) reported having no close friends at their school. An almost equal proportion of both groups (black: N = 5, 20.8 percent; white: N = 7, 15.22 percent) reported having five or more friends enrolled in their nursing school (Table F-30).

#### Chapter Summary

The findings of this study have been presented in two main sections: (1) findings obtained by administering Shostrom's Personal Orientation Inventory, and (2) findings obtained by the Personal Data Questionnaire that was designed by the writer. In general, the results provided a comparison of black and white, generic nursing students enrolled in predominantly white schools of nursing.

The study hypothesis stated as a null hypothesis was supported on 11 of the 12 POI posttest scales. On the Spontaneity scale the two



ethnic groups differed significantly, with the black student group decreasing and the white student group increasing in spontaneity, as measured at the end of these students' first-clinical-year in a nursing program. This finding appears to indicate that as a result of their first-clinical-year in a nursing program the white students were better able to express themselves behaviorally, while the black students were not. The lack of a significant difference on the other POI scales between the first and second administration indicated that these two ethnic groups were essentially similar on these measures of self-actualization.

The results of the Personal Data Questionnaire, designed to obtain descriptive data that might reflect cultural differences related to self-actualization, partially supported the hypothesis of no significant differences between the two student groups. Throughout, the two groups were found to be both similar and different.

The similarities of the two ethnic groups were as follows: They were not significantly different in the educational attainment of their parents or in their reasons for selecting nursing as a career. They did not differ significantly in the degree of importance they placed on securing good grades, in their appraisal of how often other students sought their advice or knowledge about course work or instructors, or in the frequency with which they had out-of-class contacts with faculty. The two groups showed no significant differences in the sources by which they first learned about their school, in their families' and friends' reactions to their choosing nursing as a career, in their living arrangements, or in the people they sought help from when confronted with educational or personal problems.

Significant differences between the two ethnic groups were found in their father's occupation, with more black students' fathers being unskilled workers, and in prior health-related work experience, with more white students having worked as volunteers and more black students in paid positions. The two groups differed significantly in their perceptions of their nursing program as follows: white students perceived unattractive features of their program as being "disorganization of school" and "irrelevant course content"; white students did not perceive ethnic background, their sex, or their age as a barrier to obtaining desired grades, while black students perceived their educational background as a barrier to this goal; white students chose "snobbish" as least characteristic of their school's psychological climate; black students reported difficulty with asking faculty and classmates for help; black students indicated that their current program was not in accord with the philosophy that the student should have prime responsibility for his/her own education; black students perceived that very few of the faculty were really interested in them and their problems; black students felt a stronger need to be aggressive in protecting their rights in the school; and white students perceived that the faculty treated them like responsible adults and with respect, while black students perceived that the faculty did not show genuine concern and consideration for the student's personal conflicts and learning difficulties.

With respect to their perception of self-change resulting from their nursing program, the two ethnic groups differed significantly in that the white students perceived an increase in their acceptance of

other racial groups and in their ability to form close relationships. Finally, the only two significant differences in relation to the student's support were in the number of close friends. More white students reported having a total of five to six friends, and more white students reported having two close friends enrolled in their particular nursing school.

## CHAPTER VI

### CONCLUSIONS

The health profession today is attempting to address the needs of many disadvantaged communities and people. In the case of the black community, the health problems are vast and difficult to solve. The health profession, in general, and nurses, in specific, are best represented by their actions. It is to their best interest to look inwardly at themselves and ask the following questions: Where have we failed in our attempt to solve the health problems in the black community? Do we even know how to begin to attack the problem? How do we train our health care providers to work with people of different cultures? Do we support our own concept of what the black community is and what the needs are, while we simultaneously abnegate the culture of the people therein? Can we look at the experiences of those black students in nursing and answer some of the above questions? If these questions are not addressed, the success of nursing out-reach programs and the success of the professional nurse will be severely limited.

Data from the Personal Data Questionnaires revealed that black students expressed various types and degrees of alienation—alienation from peers, teachers, and the process of nursing education. Most of the white students will remain ignorant of the needs and personalities of black patients because the environment needed to create an exchange of cultural experiences and intellectual expansion is lacking.

This concluding chapter presents an overview of the investigation along with research findings and some discussion, several recommendations and limitations of the study, and suggestions for further research.

### Overview of the Study

#### Purpose

The purpose of this study was to investigate possible conflicts experienced by black students, and the consequences and effects of those conflicts on the self-actualization of the black, generic nursing student in the milieu of the predominantly white school of nursing.

#### Problem

The problem specifically considered was: Is there a significant difference in the degree of change in self-actualization reported by black, generic nursing students and white, generic nursing students at the end of their first-clinical-year in predominantly white schools of nursing, as assessed by pre- and post-first-clinical-year administration of the Personal Orientation Inventory (POI) and a Personal Data Questionnaire (PDQ) administered at the end of the first-clinical-year?

#### Hypothesis

The null hypothesis tested was that there would be no significant differences between the mean scores obtained by black, generic nursing students and white, generic nursing students enrolled in predominantly white school of nursing on scales of the Personal Orientation Inventory. This Inventory was administered at the beginning and the end of the first-clinical-year of their nursing program.

### The Conceptual Framework

The conceptual framework for this study was built around a basic model for viewing conflict as developed by Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1966). The basic model provided an approach to examining the interaction between a role-sender and a focal-person within a large set of variables that affect the specific interaction. Additional elements that were felt to be essential in understanding the milieu of the generic nursing student were added to this model. These elements, all presumably related to the personality characteristics assessed, were theories of conflict resolution, professional socialization and self-actualization. The culture of the black student nurse was explored in detail, including a review of the literature on black culture in America. Attitudes toward education were examined and, finally, cross-cultural conflict was described, with an explication of how conflict may actually encourage growth.

### Design

The study design used to assess the effect of the independent variable was quasi-experimental. The study was concerned with the differences obtained in mean POI scores between black and white nursing students after one academic school year. The Personal Orientation Inventory and the Personal Data Questionnaire were administered to a population of 75 student nurses (black and white) in nursing schools at nine medical centers.

The "treatment" factor in the study was the pervasive white middle-class culture existing in, and perpetuated by, the predominantly white schools of nursing. The independent variable was represented by

the two samples of subjects in the study, the black and the white nursing students. The dependent variables were the concepts or scales assessing the self-actualization of the students and selected informational items in the questionnaire.

#### Tools for Data Collection

The methodological tools for data collection were the Personal Orientation Inventory (POI) and a Personal Data Questionnaire (PDQ). The POI was used to assess 12 conceptual aspects of self-actualization represented in the Inventory. The PDQ was used to gain information on the demographic characteristics of the sample, the students' perception of their nursing program, their perceived self-change, and the nature and types of support received.

#### Sample

The sample consisted of 27 black and 48 white, generic nursing students enrolled in their first-clinical-year of nursing classes. The schools of nursing were located at nine medical centers dispersed over the South, Southwest, Midwest, Pacific Coast, and Rocky Mountain states. Criteria used to select the medical centers were chosen to ensure that respondents with similar characteristics would participate in the study.

#### Procedure

The procedure for data collection included four major steps: first, introductory letters were mailed to all respondents; second, consent forms were signed by all respondents and test administrators; third, each student was coded by school, ethnicity, and a four-digit

individual identification number; and fourth, an analysis was made of pre- and post-year data obtained through the tests administered to all respondents. The PDQ was administered at the time of the post-year testing.

#### Method of Data Analysis

The difference in the degree of change (data analysis) of self-actualization was computed using t and F ratios. The alpha level for all testing was preset at the traditional 5 percent confidence level; however, since the present study was exploratory, employing a quasi-experimental design, all results that achieved a 10 percent level of confidence were reported, and may be indicative of considerations in future investigation.

#### Research Findings and Discussion

The null hypothesis that there would be no significant differences between the mean difference scores obtained by black, generic nursing students and white, generic nursing students enrolled in predominantly white schools of nursing on scales of the Personal Orientation Inventory was supported by 11 of the 12 scales of the Inventory. The findings obtained through the POI showed that the black, generic nursing students' personality declined in the area of Spontaneity, while the white, generic nursing students' personality increased significantly on this measured characteristic.

The two groups differed significantly on the PDQ in answering questions related to pre-nursing experience, opinions regarding features of their programs, barriers to education, atmosphere of the campuses, difficulties in studying, outlook on current education, number of friends,



number of nursing faculty members interested in students, and self-perceived change during the program.

#### Personal Orientation Inventory

The study hypothesis, stated as a null hypothesis, was supported on 11 of the 12 scales of the Inventory. For the Spontaneity scale, a significant difference between the two groups was demonstrated, with the scores from the black student group decreasing and scores from the white student group increasing significantly on this scale at the end of the first-clinical-year.

The data indicate a decline in the black nursing students' ability for spontaneous expression of feelings, while the scores of the white students show an increase. It appears that white students are reinforced for their verbalization, as demonstrated by their scores, while the black students somehow get the message that their verbal expression of ideas and feelings is not valid.

As described in the "Review of Related Literature" chapter, one of the black cultural traits is that "Blacks tend to express natural feelings in all settings. [They are spontaneous] in response to events and gestures. . . . [They are] uninhibited . . . in reactions to verbal and physical stimuli. [They let] their inner feelings show" (Staples, 1976, p. 77). From the data obtained from the present study, it is evident that "something happened" during the year to decrease the Spontaneity of the black students and to increase the Spontaneity of the white students. Is this phenomenon symptomatic of congruency in the values of white students that are perpetuated by the predominantly white schools of nursing? On the other hand, is the decrease in Spontaneity a

reflection of class values causing the black nursing students to withdraw and become less spontaneous? If so, then the schools of nursing must face the question of how to help the black nursing student keep his/her ethnic identity as he/she begins to take on the behaviors and tasks necessary to "become a nurse." The themes that this process suggests are "support" and "educate": support the student, and educate the faculty.

#### Spontaneity Correlated with Inner-Directedness

Matrices were developed to correlate Spontaneity with all other POI scales for the black student group and for the white student group and to correlate the administration of the test at the beginning of the first-clinical-year (Time 1) and the administration of the test at the end of the first-clinical-year (Time 2) as a post hoc procedure. The correlation between the Inner-Directedness scale and the Spontaneity scale on the POI increased dramatically for black student nurses between Time 1 and Time 2, while that for white student nurses decreased.

Inner-Directedness is a mode of reaction characterized by internalized principles and motivations. The inner-directed person is one who has accepted authority figures within him/herself, including parental influences, and is guided by these principles. This finding would seem to suggest that the black student nurse, once having entered nursing school, begins to rely ever more heavily on internal resources, while controlling external manifestations of feelings. A possible explanation is that this change in the black student is another manifestation of anxiety engendered by role-episode occurrences, and a need to protect him/herself against perceived threats. The strong correlation

between the two scales makes theoretical sense, since both of these values suggest psychological withdrawal from anxiety-provoking relationships on the part of the black nursing students.

#### Personal Data Questionnaire

The PDQ brought to light some major demographic differences between the two groups of students. Perhaps the most interesting figures reflect the possible range of barriers to getting the grades desired. None of the white students thought race or ethnic background was a barrier, while 69.2 percent (N=18) of the black students reported that race or ethnic background was a barrier.

Another difference obtained in the data was that 75 percent of the black students believed that their educational background was a barrier to good grades, while only 19 percent of the white students agreed. Many black students found that their nursing education was thwarted by "educational difficulties." As a result, they encountered great difficulty in the "hard core" science, mathematics, and other undergraduate prerequisite courses for admission to nursing programs. Upon entering a nursing program, these students found that they lacked the tools essential for successful completion, such as communication skills, as well as the experience of discipline necessary to master required science courses.

These educational deficiencies experienced by many black students were often the result of poor education within the primary and secondary schools. Yerby (1964) stated that a major reason for these inadequacies in educational preparation is the fact that many public schools in urban communities have traditionally employed the "raw" recruits to the

teaching force, the hand-me-down buildings, textbooks, and equipment. One can speculate that for most black students the educational opportunities at the schools they attended were likely not to have been as rich as those of their white counterparts.

Black students observed that few faculty members were really interested in them or their problems. They also reported that faculty did not show a genuine concern and consideration for their learning difficulties and personal conflicts. With these two "givens," the black students reported difficulty in asking faculty and classmates for help. This finding would be congruent with the findings of the decrease in the POI Spontaneity score on the posttest for the black students. Traditionally, new faculty persons work with undergraduate students, especially during the first-clinical-year. It may be that these faculty members were new to the teaching arena and so involved with their own professional socialization that they were perceived by black students as not caring when, in fact, they really had very little of themselves to give.

Much time will certainly be lost in student/faculty confrontations and maneuvers if the nature of the disharmony separating students and faculty is not recognized and dealt with. By identifying and reducing the intensity of the interracial episodes experienced by some black nursing students, it is hoped that there might be a smoother, less conflicting pathway through their nursing education.

### Recommendations

Support the student and educate the faculty.

#### For the Black Student

1. Pre-nursing counseling and remediation of educational deficiencies should begin at the junior and high school levels. Realistic preparation in the secondary school setting must be stressed as a broad-based approach to readiness for college study. With the science, mathematics, and English classes as a background, the black student will have better preparation and more options for college.

Pre-nursing counseling sessions and seminars are important. They could be used to meet the students' needs for validation of academic preparation.

2. Prior to entering PWSN black students should be encouraged to delineate and mobilize their community support systems, i.e., family, friends, church, social clubs, minority professionals, etc., that would tend to maintain or increase their sense of security and belonging and serve as a resource during a time of crisis.

3. Black students should be counseled into ethnic studies classes as credit-bearing electives to reinforce and validate in an academic framework "who you are" and "where you came from." These credit courses would provide academically and externally validating mechanisms.

4. The pre-nursing black student would benefit from contact with black professional groups for the formal/informal information these groups have to offer on roles, current trends, etc. These educational experiences could enhance the pre-professional socialization process of the minority student.

For the Faculty and Predominantly White  
School of Nursing

1. Black faculty members need to be consistently and conscientiously recruited not only for their cultural and experiential value to a faculty, but also to act as role models and facilitators. However, these expectations are not reasonable without clear institutional support. If only one highly visible black faculty person is employed to be "super" role model, teacher, cultural expert, and person to cover all bases, the same negative factors of isolation, invalidation, alienation, etc. may equally apply to the lone black faculty member as they do to the black nursing student.

2. Kramer's (1978) model for the integration of the new graduate into the work force could be useful to "integrate" the black student into the PWSN. This model is a formal organization of support groups, counseling sessions, validation of experiences, identification, etc. Again, the use of black nurses as seminar leaders would be appropriate.

3. It is imperative that black students have the opportunity to provide mutual support and validation to each other. Assigning black students together in seminars, clinical groups, and any other small groups may provide the opportunity for mutual support. The PWSN should also seek out black faculty and other black professionals who would be willing to work with these students and clearly and consistently make their availability known.

4. From the process of conducting this research, the writer discovered that the ratio of black students to white students in schools of nursing is very low. This points out the importance of active and

aggressive efforts to increase the number of black students in predominantly white schools of nursing. Admission policies of nursing schools need to be reviewed and expanded to use nontraditional assessment tools to screen-in high-potential black candidates. Provisions must be made by schools to increase the retention rate of student nurses; examples that might assist are peer support, adequate financial support, and academic assistance to complete the program, and a higher percentage of black faculty.

5. There should be a formalized mechanism that provides for respectful airing and resolution of all complaints of racial abuse against black nursing students.

6. Another important consideration in supporting black nursing students through faculty (and staff) education would be the development of curricula for schools of nursing that ensure the acknowledgment of black culture and instill a respect for the culture as one indeed worthy of respect. One method of ensuring inclusion of content specific to black culture and clients would be to use the Chater (1975) three-component model for curriculum assessment and development within schools of nursing. The subject component would "call for an explicit definition of nursing" which includes the consideration of ethnicity and its effect on the conceptualization of nursing practice. A consideration of the geographical setting of the school of nursing, the second component, would force the definition of content specific to problems of ethnic groups in the community at large. The third component of the model, the consideration of the student as learner, consists of descriptive characteristics of the student population, including concepts and theories of motivation,

interests, goals, self-concept, and identity of all students enrolled (not merely the dominant student group); this would ensure that the curriculum provides experiences that would be congruent with the black students' life experiences.

7. A special curriculum program to prepare black students to work in black communities should be made available as an optional area of concentration during the last year of the student's nursing program.

8. Inclusion of black students on curriculum committees would be supportive to them and helpful to faculty in identifying content that is sensitive to and accurately reflective of minority groups.

9. Neophyte faculty members should be allowed to complete their own socialization before assuming the difficult task and all the attendant variables of working with first-clinical-year nursing students. Experienced (or "seasoned") faculty members who are already socialized into the profession and his/her functional area(s) would be more effective nurse role models for beginning nursing students.

10. From the data drawn from the PDQ, it was apparent that faculty must shoulder the responsibility for reaching out to black students by being both emotionally and physically present. Mutual aid is a high-value cultural norm among black students and the experience of black students in PWSN (according to PDQ data) is that they do have difficulty asking for help of white faculty and students. Regardless of their ethnic origins, the faculty must keep this need of the black students in mind.

11. Multidimensional continuing education is needed for faculty in order to: (a) improve ability to communicate with different ethnic



groups; (b) understand how their stereotyped beliefs may distort their perception, especially of black students' performance; (c) develop the ability to objectively assess and counsel black students, and finally, (d) increase appreciation of cultural differences and attitudes.

12. A series of well-planned, informal, nonconfrontational meetings, such as social hours, rap sessions, etc., for faculty and students might enhance the quality of the student-faculty interactions and self-esteem.

#### Limitations of the Study

##### Possible Limitations of the POI

One possible limitation of the POI was the use of a personality test on black students which has only been standardized on white subjects by white test constructors. Both Pettigrew (1964) and Howard (1970) criticized the use of tests standardized on white subjects to measure psychological health of black subjects. Other investigators suggested that separate test norms be developed for black and white subjects (McDonald and Gynther, 1962).

The results of the present study showed a significant difference on only one of the 12 scales of the POI. Is it possible that a limitation of the POI was that it was not sensitive enough to assess the differences between the black and white ethnic nursing student groups?

##### Limitations of the PDQ

Upon post hoc analysis of the PDQ, it was found that the questionnaire was deficient in several areas. First, the questionnaire failed to determine the socioeconomic status of the students. If students

were experiencing financial pressures, this could negatively influence their attitudes, as well as their retention in the nursing program. The question directed at black students asking them to assess their "blackness" may have been threatening since there is an implied value judgment in the term "blackness." Rather, a series of questions focused on the qualities of blackness might have elicited more accurate responses. In addition, more questions specific to life-styles, values, and traditions might have validated cultural norms for both black and white students.

#### Use of More than One Test Administrator

Another possible area of limitation resulted from the inability of the researcher to ensure that instructions were consistently followed in administering the tests. Even though each school had one person responsible for the pre- and posttest administration, and the researcher gave the same instructions to each tester, consistency of test administration from school to school might have been compromised. There might have been variations in policies or in the attitude or "set" of the school and/or test administrator in relation to student participation in research studies.

#### Other Possible Limitations

It is possible that the deans of the schools who did not respond to the researcher's request to participate in the study were concerned about exposure of their relationships with their black students. If the researcher had been available to explain the research and to administer the tests, possibly more deans of the schools of nursing contacted would

have been willing to participate in the study. The possibility also exists that if the researcher had been available to administer the tests those students who had particularly negative feelings about data leaks and possible retaliation would have been able to express themselves more adequately. A larger sample size might have been obtained.

It was not possible to achieve a nationwide area balance of medical centers with predominantly white schools of nursing to represent the study population. Over 50 percent of the sample represented one geographical region. It is possible that the curricula in these schools are similar, and it is also possible that regional differences exist, and may be worthy of consideration in future research.

The identification of the writer as a black nurse-researcher might have resulted in a change in the sample size. That is, there might have been an increased number of students willing or unwilling to participate in the study.

Another limitation might have been conducting an investigation in a completely new research area with geographically dispersed samples. The collection of supplemental data was made difficult by the distance of the researcher from the students' educational settings.

#### Suggestions for Further Research

This study has taken a step in the direction of establishing profiles of black and white ethnic, generic, first-clinical-year nursing students, even though the Personal Orientation Inventory profile sheet used was based on 2,607 entering freshmen at western and midwestern liberal arts colleges. The research revealed a significant difference on the posttest scores on at least one scale, Spontaneity, which is cause

for optimism. Future studies with tighter designs and better control of the variables could reveal differences between ethnic nursing student groups which would have to be considered by nursing instructors and by those who determine curriculum and teaching methods for nursing students.

There are a number of specific research questions that developed from the findings:

1. If the findings of decreased spontaneity at the end of the first-clinical-year for black nursing students is consistently obtainable on replication, can factors which contribute to this phenomenon be identified, isolated, and remedied?

2. How can the processes of nursing education in PWSN be adapted to the expectations and needs of black nursing students for preparation to work in black communities?

3. Does the organizational structure of nursing services within the hospitals where the first-clinical-year black nursing student receives his/her clinical experiences foster conditions for institutional racism and decreased self-actualization of the black student nurse?

4. Does the organizational structure of PWSN foster conditions for institutional racism and decreased self-actualization of the black student nurse?

5. Can the institution of an "Anticipatory Socialization Program" (Kramer, 1974, ch. 3) decrease the cultural shock experienced by many black students in PWSN and thus decrease their attrition level?

6. Is there a significant difference in self-actualization between black students in predominantly black schools of nursing and black students in predominantly white schools of nursing?

7. Can the present study be generalized to the populations of men and other ethnic people of color?

#### Concluding Remarks

There is some evidence suggesting that the nurse quoted in the beginning of this study did indeed enter the school of nursing as a black woman, and through varied and, at the present time, unidentified pressures, left a white nurse. It is hoped that this research will be a first step in allowing students to maintain their ethnicity, and that future nursing students will be able to say, "I came to this school as a black woman, and came out a black nurse—and I am proud of it!"

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## APPENDICES

## APPENDIX A

## Correspondence

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## APPENDIX A

July 18, 1975

Professor Lewis B. Sheiner, M.D., Chairman  
Committee on Human Experimentation  
Academic Senate, Room 119-S  
University of California  
San Francisco, California 94143

Dear Professor Sheiner:

Attached you will find the protocol for my dissertation for the degree of Doctor of Nursing Science from the School of Nursing. This protocol has been developed under the guidance of my dissertation committee: Professors Marlene Kramer and Shirley S. Chater of the School of Nursing, Professor Paul Heist of the Division of Higher Education, UCB, and Professor Wade Nobles, a health worker and researcher in a Black community.

Data collection will be conducted in various schools of nursing located at medical centers in the United States. In this proposed study, collection of data will be done by personnel designated by the deans of the participating schools of nursing.

My own experiences responsible for the identification of the problem to be studied for my dissertation have been both personal and professional. I am a black woman born into a four-generation family. Prior to my admission to the Doctor of Nursing Science Program, I received a Master of Science in Nursing in Maternal Science Child and Psychiatric Nursing, with a functional focus in teaching, from the University of California, San Francisco. In addition, since 1956 I have worked as a staff nurse, instructor in nursing, and as an assistant professor in a baccalaureate nursing program located at a medical center. During this period I taught both black students and white students in predominantly white schools of nursing. As part of my doctoral program I have taken both theoretical and clinical courses, anthropology, ethnic study courses, and much course work in higher education including tool construction and test administration.

Consideration of this protocol by the Committee on Human Experimentation at your earliest convenience will greatly facilitate my progress.

Sincerely,

Mary L. Davis, R.N.  
Doctoral Candidate  
School of Nursing

August 1, 1975

Mary L. Davis, R.N., M.S.  
School of Nursing  
N 605y

Dear Ms. Davis:

During its meeting of July 31, 1975, the Committee on Human Research reviewed your application, "Effect of Exposure to Predominantly White Schools of Nursing on the Self-Actualization Reported by Black and by White Generic Nursing Students". The Committee approved the application contingent on one point.

- 1) Your letter of June 12, 1975 suggests (towards the end of the second paragraph) that individual profiles could be sent for each student. The Committee felt that it would be appropriate to delete that offer unless you are able to provide to each student the counseling and interpretation that should accompany a statement of the results.

Comment was made that at this time social security numbers are identifiable as names of individuals. Many people are objecting to the inclusion of their social security numbers on forms unless there is very good reason to do so. Thus, it was suggested that some other identification system be used or that following the second part of the study, the information be recoded and the key destroyed. This was made as a suggestion due to the current climate of thinking surrounding the use of these numbers and is not a requirement.

When four copies of your response are received and accepted in 119 Sciences, final approval will be issued for your study. If you should have any questions, please contact either Erica Heath or Patti Young at extension 1307.

Sincerely,



Doris Wellenkamp, R.N., Acting for  
Lewis B. Sheiner, M.D., Chairman  
Committee on Human Research

EH/py

cc: Dr. Marlene Kramer

N605-Y, Nursing  
University of California  
3rd and Parnassus Avenue  
San Francisco, California 94143

By way of introduction, I am Mary Davis, student enrolled in the Doctor of Nursing Science Program at the University of California, San Francisco, California. I am planning to conduct a study of minority and white generic baccalaureate students enrolled in schools of nursing for my doctoral dissertation.

I am writing to ask if you will please fill out the enclosed postal card in order for me to determine the enrollment data of minority and white students in your school of nursing. Returning the completed card will in no way obligate you or your students to participate in the study to be conducted later.

After these preliminary data are collected, I will then draw a sample for the study, and I may contact you again to request participation of your students.

Thank you for your participation in this preliminary data collection stage. I would appreciate hearing from you at your earliest convenience by returning the enclosed postal card.

Sincerely,

Mary L. Davis  
Candidate, D.N.S.

Dissertation Committee:

Professor Marlene Kramer, R.N., Ph.D.  
Professor Shirley Chater, R.N., Ph.D.  
Professor Paul Heist, Ph.D.

## DATA PERTAINING TO GENERIC BACCALAUREATE STUDENTS ONLY

1. Name of School \_\_\_\_\_
2. Ethnic composition of students and faculty for present Junior Class, Fall 1973.

	<u>Students</u>	<u>Faculty</u>
Total number of	_____	_____
Number of White	_____	_____
Number of Black	_____	_____
Number of Spanish Surname	_____	_____
Number of Oriental	_____	_____

3. Please estimate the ethnic composition of the patients in the Medical Center or in that hospital in which students have most of their clinical experience.

White _____	Spanish Surname _____
Black _____	Oriental _____

4. How many ethnic study courses are available to your student nurses? \_\_\_\_\_
- Are any of these courses required? \_\_\_\_\_
- What % of your students take at least one course? \_\_\_\_\_

(Postal Card)

School of Nursing  
Department of Social and Behavioral Sciences

San Francisco, Calif.  
June 12, 1975

In April, 1975, I wrote to you requesting information about your student and faculty population. At that time I was in the planning stages of my doctoral dissertation which is concerned with the self-actualization of black students and white students enrolled in schools of nursing, after one academic year. Thank you for your past help and cooperation by responding to my request for completing and returning the postcard. I am now ready to proceed with data collection, and have selected your school as one of the schools to be asked to participate in the study. The major criterion for selection was the size and proportion of the black student population in comparison to the white.

I am writing to you at this time to request your help in having the students who will be Juniors in your school of nursing in September, 1975, participate in my study. To participate means that these Junior generic students would be asked to take Shostrom's Personal Orientation Inventory (a test which measures self-actualization) at the beginning of their Junior year and again at the end of the year. This test is a paper-pencil test, easily administered in a group and requiring one-half hour for the average student to complete. The completed test will be computer scored. As an incentive for your students to participate, I would draw up individual profiles for each student and send these with interpretation of the test results to the student at the end of the year.

Confidentiality would be maintained at all times. The data would be used only for research purposes and for discussion in small doctoral students seminars. Anonymity will be achieved by advising the students not to write their names on the tests. The only identifying information requested would be the students' ethnic origin and their social security number for the purpose of matching the two tests. I would very much appreciate it if you would fill out the enclosed postcard indicating whether you would be willing to ask your students to participate in my study. If you are willing, I shall write again, giving you more information, and will send you the POI test booklets.

An abstract of the study will be forwarded to you upon completion of the study. Should you desire additional information, please feel free to call me. My home telephone is (415) 569-0163.

Sincerely,

Mary L. Davis, R.N.  
Doctoral Candidate

## COPY OF POSTAL CARD

Name of School \_\_\_\_\_.

I am willing to ask students to participate  
in your study. \_\_\_\_\_

I am not willing to ask students to participate  
in your study \_\_\_\_\_.

Thank you for responding.

University of California, San Francisco

September 5, 1975

Thank you for agreeing to participate in my dissertation study, *The Effect of Exposure to Predominantly White Schools of Nursing on the Self-Actualization of Black and White Generic Nursing Students*. I appreciate your help and cooperation. What needs to be done now is to administer the enclosed Personal Orientation Inventory to your black generic students and to twice that number of your generic white students. I would like this to be done within the first month of the coming school year. The number of students for the study is based on the number you gave me earlier. If there has been an increase in the number of black students, the number of white students should be increased correspondingly. Since the number of white students is dependent upon the number of black students who take the test, if for any reason any black student does not wish to participate in the study then decrease the number of white students correspondingly.

The white students need to be randomized. To do this, number your alphabetized Junior Class roster, omitting the black students, and then select the students who correspond with the randomized numbers in Table I. If for any reason any of these students do not wish to participate, please use the alternative table of random numbers, Table II, then Table III until you have a group of white students who are double the number of black students who would be taking the test.

It is very important that the test be administered to the same black and white students at the beginning of the year and again at the end of the year so that their scores can be compared. If any of the black or white students withdraw from school before the end of the Junior year, but after the fifth month of the school year, please administer the test to the students individually before their withdrawal.

The test takes approximately one-half hour and can be administered individually or in a group. Please instruct the students to follow the instructions in the test booklets, omitting their names and substituting their Social Security numbers for identification. After the tests have been administered, return all used test booklets and answer sheets to me by registered mail. Please retain unused test booklets and answer sheets for any of the selected students who may withdraw before the second scheduled testing. Return any remaining unused booklets and answer sheets.

As you may recall from my previous letter, the testing procedure will be repeated within the last month of the school year. When you return the first set of booklets and answer sheets, please indicate when your school year ends so that I can send you the materials at the appropriate time.

Should you have any questions re the study, please call me at (415) 569-0163 or (415) 536-8500.

Sincerely,

Mary L. Davis, R.N.  
Doctoral Candidate  
2707 99th Avenue  
Oakland, California 94605

Human Experimentation Committee Approval #930214



University of California, San Francisco

September, 1975

Students:

By way of introduction, I am Mary L. Davis, R.N., a doctoral candidate in the University of California, School of Nursing, Doctor of Nursing Science Program. For my dissertation I am conducting a study to determine the degree of change in Self-Actualization of student nurses during one academic-year period.

Your school has been selected as part of my sample. I am asking you to participate in my study by completing a standardized test, the Shostrom Personality Orientation Inventory, both at the beginning and again at the end of your Junior year. Although it will be future students who may benefit most from the results of this study, I will provide each of you with individual profiles and interpretation of your test results at the end of the year, if you so desire. At no time will your school receive your individual scores, nor will they be placed in your school record. At the completion of the study, your school will receive an abstract of the total study which will contain only group scores.

Confidentiality will be maintained at all times. The data will be used for research purposes only. The only identifying information I am requesting is your ethnic origin and your Social Security number, which will be used for the purpose of matching your tests. When you retake the test at the end of your Junior year and if you wish the results sent to you, I will then ask you to send your name and address so that your profile can be mailed directly to you.

I would very much appreciate your help and participation in my study. However, if you do not wish to participate, please indicate this to the test administrator, and I thank you for considering my request.

Sincerely,

Mary L. Davis, R.N.  
Doctoral Candidate  
University of California  
San Francisco, California

Committee on Human Experimentation Approval #930214

University of California, San Francisco

April, 1976

Thank you for administering the Shostrom Personal Orientation Inventory to the selected junior level, generic nursing students in your program. At that time it was agreed that the same test would be administered to the same students again at the end of the school year so that their test scores could be compared. It is very important that the same students be tested. I am enclosing test booklets and answer sheets to be administered to the students.

At this testing period I am asking the students to complete a questionnaire in addition to the test. The questionnaire contains a variety of items, some of which pertain to family background, career choice, previous educational experience, present school experience, etc. All responses to this questionnaire will be kept confidential and under no circumstances will they be made available on an individual basis to any person or institution.

After the tests and questionnaires have been completed, please return all material to me. An abstract of the study will be forwarded to you upon completion of the study.

If at all possible, please forward me the following information on your present enrollment: Number of students in the nursing school; number of students in the present Junior Class; and the number of black students in (a) nursing school and (b) the junior level group.

Should you have any questions, please call me at (415) 569-0163 or (415) 536-8500.

Sincerely,

Mary L. Davis, R.N.  
Doctoral Candidate  
2707 99th Avenue  
Oakland, California 94605

Committee on Human Experimentation Approval #930214

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## APPENDIX B

## Consent Forms

University of California, San Francisco

CONSENT TO ACT AS RESEARCH SUBJECT

Committee on Human Experimentation Approval #930214

Subject's Name \_\_\_\_\_ Date \_\_\_\_\_

I hereby agree to participate in the study title, A Study of the Effect of Exposure to Schools of Nursing on the Self-Actualization of Student Nurses over one Academic Year, conducted by Mary L. Davis, R.N., and any assistants as may be selected by her. I understand that my participation in this study will involve the administration of the Personal Orientation Inventory to me two times, once at the beginning of my junior year and again at the end of my junior year. I understand that the purpose of this study is to determine the degree of change of Self-Actualization of student nurses over one academic year. The results will in no way influence my grades. I also understand that confidentiality will be maintained and that the only identifying information is my ethnic origin and Social Security number, and that this information is for the purpose of matching my tests. I further understand that I can withdraw at any time without jeopardy by not participating in the second testing or by notifying Mary L. Davis, R.N., University of California, N 605 Y, San Francisco, California. I understand that the information sought will mean better understanding of the climate conducive to student nurses increasing their Self-Actualization. I am not being paid for my participation in this study.

\_\_\_\_\_  
Signature

University of California, San Francisco

Committee on Human Experimentation Approval #930214

School \_\_\_\_\_ Date \_\_\_\_\_

I have administered the Personal Orientation Inventory to the student nurses enrolled in the junior year and have witnessed their signing the "Consent to act as Research Subject" form.

\_\_\_\_\_  
Signature of person administering  
the tests



Father      Mother

7. Master's degree.  
            8. Doctorate (Ph.D., D.N.Sc., Ed.D., etc.)  
            9. Higher professional degree (legal, medical, etc.)  
            10. Other (please specify) \_\_\_\_\_

5. In deciding where to go to college, through what source did your college first come to your attention?

1. Parent or relative.  
 2. Friend.  
 3. High school teacher or counselor.  
 4. Professional counseling or college placement service.  
 5. Special recruitment from your present school.  
 6. Other source (please specify) \_\_\_\_\_

6. How did (a) your family and (b) your friends feel about your pursuing a career in nursing? On the whole, would you say they were: (check one for each category)

(a) Family      (b) Friend

1. Very happy and generally encouraging.  
            2. Fairly happy about it but have some reservations.  
            3. Don't mind, no opinion.  
            4. Disapprove, can't understand why I do it.  
            5. Totally opposed.

7. What type of pre-nursing school did you attend?

1. Local community college.  
 2. Same as school currently enrolled in.  
 3. State college.  
 4. Community college in area away from home.  
 5. Private college.  
 6. Educational institution in another country.  
 7. Other (please specify) \_\_\_\_\_  
 8. Integrated? \_\_\_\_\_  
 9. Black? \_\_\_\_\_ (51% and above black)  
 10. White? \_\_\_\_\_ (51% and above white)

8. What experience did you have in nursing before entering your nursing school?

1. Nurse's aide.  
 2. Volunteer in hospital (candy-striper, work study, Red Cross, etc.)  
 3. Licensed Vocational (Practical) Nurse.  
 4. Accelerated study (in present nursing program).  
 5. Other (specify) \_\_\_\_\_

9. How did your parents feel about your attending this particular nursing school? Check the one choice most appropriate.
- 1. Definitely encouraged me to come here.
  - 2. Neither encouraged nor discouraged me from attending; had mixed feelings.
  - 3. Indifferent; expressed little feeling one way or the other.
  - 4. Did not encourage me to come here; felt it was not the best choice.
  - 5. Parents not consulted.
10. Please rank the following reasons for choosing a nursing career from most important (rank 1) to least important (rank 9).
- 1. Opportunity to use my special abilities and talents.
  - 2. Prospects of an above-average income.
  - 3. Permit me to be creative and original.
  - 4. Opportunity to work with people rather than with things.
  - 5. Opportunity to be helpful and/or useful to society in general.
  - 6. Being able to look forward to a stable, secure future.
  - 7. Opportunity to meet new people and widen my social contacts.
  - 8. Avoidance of work under relatively high pressure.
  - 9. Relative freedom from supervision by others.
11. Are there any features of the program in which you are currently enrolled which you find unattractive (for example, amount of contact with faculty or students or patients, opportunities to design own curriculum, etc.)? If yes, please explain in the space below—write on back of page if necessary.
12. What best describes your present living arrangements? Check one.
- 1. University dormitory or residence hall.
  - 2. Fraternity or sorority house.
  - 3. At home with parents, relatives (other than spouse).
  - 4. Sharing whole house with other students.
  - 5. Rented room (or "live-in" arrangement with family).
  - 6. Commune: house with others of both sexes.
  - 7. Other (specify) \_\_\_\_\_
13. In terms of your own personal satisfaction, how much importance do you attach to getting good grades?
- 1. None or not much.
  - 2. A moderate amount.
  - 3. Quite a bit.
  - 4. A great deal.



14. Do you feel that the following present barriers toward your getting the kind of grades you want or feel you desire?

<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	
_____	_____	_____	_____	1. My race or ethnic background.
_____	_____	_____	_____	2. My sex.
_____	_____	_____	_____	3. My age.
_____	_____	_____	_____	4. My family responsibilities.
_____	_____	_____	_____	5. My educational background.

15. To what extent do you think each of the following describes the psychological climate or atmosphere of your college? Rank order from 1 to 8 with 1 being the most characteristic and 8 being the least characteristic.

_____	1. Intellectual.
_____	2. Snobbish.
_____	3. Social.
_____	4. Victorian.
_____	5. Practical-minded.
_____	6. Warm
_____	7. Realistic.
_____	8. Liberal.

- 15a. How would you like for it to be? \_\_\_\_\_

16. In studying for your courses, did you have any of the following difficulties? Check all that apply.

_____	1. Reading and comprehending the material assigned for the class.
_____	2. Recalling the reading material for exams.
_____	3. Researching papers.
_____	4. Writing papers.
_____	5. Participating in class or seminar discussions.
_____	6. Meeting individually with class instructors to discuss course work.
_____	7. Comprehending and taking adequate notes on class lectures.
_____	8. Producing original, creative works.
_____	9. Asking for help from faculty and classmates.
_____	10. Other (specify) _____

17. When you had a troublesome (a) personal or (b) educational problem and decided to seek "good" advice, which of the following people did you generally approach? Check one for each category.

(a) Personal      (b) Educational

- |           |           |   |
|-----------|-----------|---|
| _____     | _____     | 1. A student friend at college.         |
| _____     | _____     | 2. Try to work it out myself.           |
| _____     | _____     | 3. One or both parents.                 |
| _____     | _____     | 4. A faculty advisor or faculty member. |
| _____     | _____     | 5. Dean of Students.                    |
| _____     | _____     | 6. Student counselor or psychiatrist.   |
| _____     | _____     | 7. Other                                |
| (Specify) | (Specify) | _____                                   |

18. For each of the following statements, please rank order them from 1 to 4 as to your outlook on your current education: rank 1 being closest to your outlook, and 4 being furthest from it.

- \_\_\_\_\_ 1. The faculty should have the responsibility for directing a student's education: have special competencies in a variety of fields and be well qualified to determine what is important for students to learn.
- \_\_\_\_\_ 2. Each student should have the prime responsibility for his or her own education, i.e., actively involved in determining the content and organization of their program.
- \_\_\_\_\_ 3. My basic educational objective is to understand myself and my relationship to the world I live in, through being in touch with my own feelings and being able to relate meaningfully to others.
- \_\_\_\_\_ 4. My basic educational objective is to increase my knowledge and develop my ability to solve problems, in whatever area of my life, through clear objective and rational thought processes.

19. Whether or not on campus, how many very close friends would you say that you have? \_\_\_\_\_

20. Of these friends, how many are students in your nursing program?  
\_\_\_\_\_

21. Please indicate how often you are sought out by other students for your advice, knowledge, or opinions regarding their course work or instructors.

- |                     |                      |
|---------------------|----------------------|
| _____ 1. Rarely.    | _____ 3. Often.      |
| _____ 2. Sometimes. | _____ 4. Very often. |

22. What proportion of the faculty would you say is really interested in you and your problems?

- \_\_\_\_\_ 1. Very few.
- \_\_\_\_\_ 2. Less than half
- \_\_\_\_\_ 3. About half.
- \_\_\_\_\_ 4. Over half.
- \_\_\_\_\_ 5. Almost all.

23. How often have you had out-of-class contacts with your nursing school faculty members?

1. Never or seldom.  
 2. Occasionally.  
 3. Quite often.  
 4. Frequently.

24. Please indicate whether you feel you've changed in the following attributes compared to when you began your nursing program. For each item check the appropriate response.

<u>Decreased</u>	<u>Changed Very Little</u>	<u>Increased</u>	
_____	_____	_____	1. Maturity.
_____	_____	_____	2. Political concerns and/or awareness.
_____	_____	_____	3. Acceptance of other racial groups.
_____	_____	_____	4. Political liberalness.
_____	_____	_____	5. Emotional stability.
_____	_____	_____	6. Self-awareness, self-insight.
_____	_____	_____	7. Intellectual interests in general.
_____	_____	_____	8. Firmness of sense of identity.
_____	_____	_____	9. Concern with social issues.
_____	_____	_____	10. Ability to form close relationships.

25. In general, I am pleased with the following personal changes which have occurred as a result of my nursing education.

<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	
_____	_____	_____	_____	1. Self-confidence, self-assurance.
_____	_____	_____	_____	2. Thinking and planning ahead.
_____	_____	_____	_____	3. Extent to which I am influenced by others.
_____	_____	_____	_____	4. Ease with which I make decisions.
_____	_____	_____	_____	5. Ease with which I work with others.
_____	_____	_____	_____	6. Degree to which I am pleased with my life in general.

26. Only black students answer. Do you feel that since you have been enrolled in your school of nursing that you have become:

1. More black  
 2. Less black.  
 3. Unchanged.

27. Which of the following statements characterize your beliefs about what is required to get through your nursing program?

<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	
_____	_____	_____	_____	1. I think you have to be aggressive in order to protect your rights in this school.
_____	_____	_____	_____	2. I think you are given every benefit of the doubt and do not have to worry unduly about succeeding in this school.
_____	_____	_____	_____	3. I think you have to be alert and assess each course separately in order to determine whether or not your success might be threatened.

28. Please indicate the degree to which the following descriptions of faculty-student relationships are typical of those you have experienced in your school.

<u>Highly</u> <u>Typical</u>	<u>Typical</u>	<u>Somewhat</u> <u>Typical</u>	<u>Not at All</u> <u>Typical</u>	
_____	_____	_____	_____	1. Instructors treat students like independent, mature and responsible adults and respect their individual abilities and interests.
_____	_____	_____	_____	2. Instructors show genuine concern and sympathetic consideration for the personal conflicts and learning difficulties of students.
_____	_____	_____	_____	3. Instructors discuss matters that are pertinent to individual students at the appropriate time and in the appropriate place.
_____	_____	_____	_____	4. Instructors participate in and contribute to the informal social activities initiated by students when they are invited and whenever it is possible for them to do so.
_____	_____	_____	_____	5. Instructors initiate informal social contacts with students to provide opportunities for timely and fruitful exchange of ideas on matters of mutual interest.

## APPENDIX D

PRELIMINARY DATA COLLECTED FROM 30 SCHOOLS OF NURSING LOCATED AT MEDICAL CENTERS IN THE UNITED STATES ON FIRST-CLINICAL-YEAR STUDENTS AND FACULTY POPULATION, ETHNIC STUDIES COURSES, AND PATIENT POPULATION

School by Code	Total	Students				Faculty				Patients		Ethnic Studies Courses			
		Black		White		Total	Black		White		Black	White	# offered	# Required	# of students enrolled
		#	%	#	%		#	%	#	%					
01(S)	219	25	10.5	196	84.7	0	0	100	30	70	12	0	40		
02 (P.C)	131	10	12.21	97	74.04	112	11	9.82	94	83.92	10	80	4	1	0
03 (P.C)	50	5	10	42	84.00	75	5	6.66	68	90.66	15	80	3	0	12
04 (R.M)	124	7	5.64	108	87.09	27	3	11.1	22	81.48	4.5	70	3	0	10
05 (S)	140	6	4.28	130	92.85	14	0	0	13	92.85	20.30	40-50	5	0	very few
06 (S)	936	120	12.82	806	86.11	52	1	1.92	51	98.07	69.5	30	3	0	0
07 (MW)	174	16	9.11	149	85.63	29	2	6.89	24	82.75	50	33	24	Encouraged	20
08 (MW)	166	0	0	163	98.192	22	1	4.5	20	95.24	5	95	0	0	0
09 (MW)	284	4	1.408	277	97.53	40	2	5.0	38	95.0	40	45	0	0	0
10 (MW)	98	8	8.16	90	91.33	18	1	5.55	17	94.44	1	98	many	none	few
11 (MW)	226	24	10.61	196	80.72	32	2	6.25	28	87.5	15	80	50	none	7
12 (MW)	87	11	12.64	71	81.6	11	1	9.09	10	90.96	25	70	integrated	no	35
13 (S)	63	0	0	63	100	16	0	0	16	100	1-2	97-98	0	0	0
14 (MA)	94	1	1.05	93	98.9	14	0	0	14	100	5	90	12	no	4%
15 (MW)	101	16	15.84	85	84.158	56	2	3.57	54	96.42	25	70	many	no	20
16 (MW)	125	1	0.8	122	97.6	15	0	0	15	100	1.5	97	5	no	1%
17 (S)	295	15	5.08	279	94.51	42	2	4.76	40	96	10	88	5	no	none
18 (MW)	61	1	3.6	58	95.0	28	0	0	26	92.85	5	90	10	1	100
19 (MW)	228	10	4.38	218	95.64	18	2	11.11	16	88.88	25	72	134(4)	no	9%
20 (P.C)	617	1		600		17	0	0	63		unable	to estimate	1	yes	100
21 (SW)	140	9	6.42	120	85.71	19	3	15.78	15	78.94	28	70	several	no	1%
22 (MW)	*	*	*	*	*	*	1	*	*	*	1%	*	Black studies program	no	0
23 (S)	63	4	6.34	59	93.65	13	0	0	13	100	*	*	2	0	unknown
24 (S)	62	3	4.84	59	95.16	38	1	2.66	37	97.36	40	58	0	no	no information
25 (RM)	86	0	0	83	96.51	9	0	0	8	88.88	5	66	25	no	1
26 (S)	100%	*	*	*	*	100%	*	*	*	*	1%	99	unknown	no	unknown
27 (NE)	84	0	0	84	100	19	0	0	19	100	0.9	99	varies	no	unknown
28 (MW)	1130	36	3.18	1120	99.115	87	1	1.149	86	98.85	*	*	35	no	10-15%
28 (MW)	1130	36	3.18	1120	99.115	87	1	1.149	86	98.85	*	*	35	no	10-15%
29 (RM)	232	4	1.72	225	96.98	16	0	0	16	100	*	*	unknown	unknown	unknown
30 (PC)	269	34	12.4	*	*	150	4	2.666	*	*	*	*	6	1	large number

PC = Pacific Coast States  
 RM = Rocky Mountain States  
 SW = South Western States  
 MW = Mid Western States

S = Southern States  
 MA = Middle Atlantic States  
 NE = New England States  
 \* = Information not available



Self-Actualizing Value Scale - Pretest

1 BLACK (N= 27)			2 WHITE (N= 48)		
		H			X X
		H			X X X
		HH			X X X X
		HHH H			X X XXX
	F	HHH HHH		XX	XXXX XXX
H	H F	HHH HHHH		XXXX	XXXX XXXX
MIN			MAX	MIN	
	AN F =	1.0 CASES		AN X =	1.5 CASES

Existentiality Scale - Pretest

1 BLACK (N= 27)			2 WHITE (N= 48)		
		H			X
		HHHH			X
	F	HHHH HH			X XXX XXX
H	HHHHHHHH HHH HH			X	XXXXXXXXXX
MIN			MAX	MIN	
	AN H =	1.0 CASES		AN X =	1.5 CASES

Feeling Reactivity Scale - Pretest

1 BLACK (N= 27)			2 WHITE (N= 48)		
		F			XX
		HH			XXX X
	F	HH			XXX X X
	HH	HH F			XXX XXX
	F	HHH HH		X X	XXX XXX X
F F F	F HH HH	F		X X XX	XXX XXX X X
MIN			MAX	MIN	
	AN F =	1.2 CASES		AN X =	1.3 CASES

Spontaneity Scale - Pretest

1 BLACK (N= 27)				2 WHITE (N= 48)			
	H	H					X
	T	T			X	XX	
	H	H			X	XX	
	HH	TH			XX	XXX	X
	HT	TH	HT		X	XXX	XXX
H	HT	TH	HT	X	X	XXX	XXX
MIN	-----			MAX	MIN	-----	
	AN H = 1.2 CASES				AN X = 1.7 CASES		

Self-Regard Scale - Pretest

1 BLACK (N= 27)				2 WHITE (N= 48)			
	H	H					X
	T	T			X	X	
	H	H	HH		X	X	XX
	H	T	TH		X	X	XX
	H	H	HH		X	X	XX
H	H	HH	HH	X	X	XX	XX
MIN	-----			MAX	MIN	-----	
	AN H = 1.0 CASES				AN X = 1.8 CASES		

Self-Acceptance Scale - Pretest

1 BLACK (N= 27)				2 WHITE (N= 48)			
					X	X	X
					X	X	XX
		H	H		X	XX	XX
		T	T		XX	X	XX
		TH	TH		X	XX	XX
H	HH	HH	HH	X	X	XX	XX
MIN	-----			MAX	MIN	-----	
	AN H = 1.0 CASES				AN X = 1.2 CASES		





Capacity for Intimate Contact Scale - Pretest

1 BLACK (N= 27)		2 WHITE (N= 48)	
			X X
			XX XX
			X XX XX
	F H F F		X XX XXXX
	FFFFFFFF H H		XX XX XXXXX
	FF F FFFFFFFFF H H	X	XXXXXXXXXXXXX
MIN-----	-----MAX	MIN-----	-----MAX
AN H =	100 CASES	AN X =	103 CASES

## APPENDIX F

TABLE F-1

SIGNIFICANCE OF DIFFERENCES ON SPECIFIC DEMOGRAPHIC  
 VARIABLES OF THE BLACK STUDENT AND THE WHITE  
 STUDENT GROUPS: CHI-SQUARE

Variable	Black Students		White Students		Chi-Square
	No.	%	No.	%	
<u>Sex:</u>					
Female	27	100	48	100	3.787
Male	0	0	0	0	
<u>Age:</u>					
19-20	5	21.73	8	27.59	4.286
21-22	12	52.17	17	56.62	
23-24	3	13.04	2	6.90	
25-26	0	0	0	0	
27-28	0	0	1	4.35	
29-30	1	4.35	0	0	
31 and above	2	6.70	1	4.35	
Missing observations	4		27		
<u>Birth state:</u>					
Southern	18	66.66	28	58.33	
Pacific Coast	2	7.40	3	6.25	
Southern Western	4	14.81	2	4.17	
Midwestern	2	7.41	9	18.75	
Rocky Mountain	0	0	2	4.17	
Mid-Atlantic	0	0	3	6.25	
New England	0	0	1	2.08	
Other (Hong Kong)	1	3.70	0	0	
<u>Marital status:</u>					
Single	20	76.92	36	81.82	4.837
Married	3	11.54	6	13.64	
Divorced	3	11.54	2	4.55	
Missing observations	1		6		

TABLE F-2

SIGNIFICANCE OF DIFFERENCES ON TYPE OF PRE-NURSING SCHOOLS  
FIRST-CLINICAL-YEAR NURSING STUDENTS ATTENDED: CHI-SQUARE

Type of School	Black Students		White Students	
	No.	%	No.	%
Local community college	5	23.80	6	13.64
Same school currently enrolled	6	28.57	16	36.36
State college	9	42.86	21	47.73
Community college away from home	1	4.76	1	2.27
Private institution in another college	0	0	0	0
Missing observations	6		4	
$X^2 = 7.765; df = 5; P = .1697$				
Integrated school	7	33.33	7	24.14
Black school	1	4.76	0	0
White school	13	61.91	22	75.86
Missing observations	6		19	
$X^2 = 4.812; df = 4; P = .3072$				

TABLE F-3

SIGNIFICANCE OF DIFFERENCES ON DISTRIBUTION OF FIRST-CLINICAL-  
YEAR NURSING STUDENTS' FATHERS' (STEPFATHERS') OCCUPATION:  
CHI-SQUARE

Occupation	Black Students		White Students	
	No.	%	No.	%
I. Unskilled worker (laborer, farm worker)	8	34.70	1	2.13
II. Semiskilled worker (mechanic, operator, assembly line worker)	5	21.70	2	4.20
III. Service worker (police- man, fireman, barber)	4	17.40	4	8.50
IV. Skilled worker or crafts- man (carpenter, electrician, plumber)	2	8.70	13	27.70
V. Owner, Manager (small business, lower-level government official)	1	4.40	12	25.50
VI. Profession requiring college degree	2	8.70	6	12.80
VII. Owner, Executive (large business, high-level government official)	0	0	7	14.90
VIII. Professional requiring advanced degree (doctor, lawyer, professor)	1	4.40	3	6.40
Missing observations	4		1	

$\chi^2 = 21.256$ ;  $df = 9$ ;  $P = .0116$ ;  $p < .05$

TABLE F-4

SIGNIFICANCE OF DIFFERENCES ON DISTRIBUTION OF FIRST-CLINICAL-  
YEAR NURSING STUDENTS' FATHERS' (STEPFATHERS') EDUCATIONAL  
ATTAINMENT LEVEL: CHI-SQUARE

Educational Level	Black Students		White Students	
	No.	%	No.	%
I. Grade school or some high school	10	37.00	6	13.33
II. High school graduate	8	29.60	15	33.33
III. Vocational, technical, or business school beyond grade 12	3	11.10	6	13.33
IV. Some college or junior college	3	11.10	6	13.33
V. Bachelor's degree	1	3.70	9	20.00
VI. Some graduate or professional school	2	7.40	1	2.22
VII. Master's degree	0	0	1	2.22
VIII. Doctorate	0	0	1	2.22
Missing observations			3	

$\chi^2 = 11.918; df = 8; P = .1549$

TABLE F-5

SIGNIFICANCE OF DIFFERENCES ON DISTRIBUTION OF FIRST-CLINICAL-  
YEAR NURSING STUDENTS' MOTHERS' EDUCATIONAL ATTAINMENT  
LEVEL: CHI-SQUARE

Educational Level	Black Students		White Students	
	No.	%	No.	%
I. Grade school or some high school	10	37.03	6	13.33
II. High school graduate	8	29.63	15	33.33
III. Vocational, technical, or business school beyond grade 12	3	11.11	6	13.33
IV. Some college or junior college	3	11.11	6	13.33
V. Bachelor's degree	1	3.70	9	20.00
VI. Some graduate or professional school	2	7.41	1	2.22
VII. Master's degree	0	0	1	2.22
VIII. Doctorate	0	0	1	2.22
Missing observations			3	

$\chi^2 = 9.365$ ;  $df = 7$ ;  $P = .2275$

TABLE F-6

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR NURSING  
STUDENTS' PRIOR RELATED NURSING EXPERIENCES: CHI-SQUARE

Prior Nursing Experience	Black Students		White Students	
	No.	%	No.	%
Nurses' aide	5	35.71	10	31.25
Volunteer in hospital	2	14.29	18	56.25*
Licensed Vocational Nurse	5	35.72	1	3.13
Accelerated study	0	0	1	3.13
Medical specialist (military)	0	0	1	3.13
None	2	14.29	2	6.25
Missing observations	13		16	

$\chi^2 = 14.536$ ;  $df = 6$ ;  $P = .0242$

\*  $p < .05$ .



TABLE F-7

SIGNIFICANCE OF DIFFERENCES ON REASONS FOR FIRST-CLINICAL-YEAR  
NURSING STUDENTS CHOOSING A NURSING CAREER: CHI-SQUARE

Most important = 1; least important = 9

Reasons	Rank Order	Black Students	White Students	Chi- Square
1. Opportunity to use my special abilites and talents.	1	4	5	3.398
	2	3	8	
	3	6	8	
	4	7	4	
	5	6	8	
	6	1	6	
	7	2	4	
	8	0	1	
	9	1	1	
	Total	30	45	
	Mean	3.3	5.0	
2. Prospects of an above-average income.	1	2	0	9.771
	2	3	2	
	3	3	4	
	4	4	3	
	5	4	9	
	6	3	6	
	7	3	15	
	8	1	3	
	9	3	4	
	Total	26	46	
	Mean	2.89	5.22	
3. Permit to be creative and original.	1	0	1	8.528
	2	5	1	
	3	2	5	
	4	5	10	
	5	1	5	
	6	6	10	
	7	3	4	
	8	2	7	
	9	2	3	
	Total	26	46	
	Mean	2.89	5.11	

TABLE F-7 (cont.)

Reasons	Rank Order	Black Students	White Students	Chi-Square
4. Opportunity to work with people rather than things.	1	8	20	6.378
	2	8	15	
	3	4	7	
	4	2	1	
	5	2	1	
	6	0	2	
	7	1	0	
	8	2	2	
	9	0	0	
Total		27	48	
Mean		3.0	5.33	
5. Opportunity to be helpful and/or useful to society in general.	1	10	13	3.871
	2	9	18	
	3	4	9	
	4	1	4	
	5	0	0	
	6	2	0	
	7	1	1	
	8	0	1	
	9	0	1	
Total		28	48	
Mean		3.11	5.33	
6. Being able to look forward to a stable, secure future.	1	1	9	11.137
	2	2	3	
	3	3	6	
	4	4	9	
	5	2	9	
	6	5	7	
	7	5	3	
	8	2	1	
	9	3	1	
	NA	1	3	
Total		28	51	
Mean		3.11	5.67	

TABLE F-7 (cont.)

Reasons	Rank Order	Black Students	White Students	Chi-Square
7. Opportunity to meet new people and to widen my social contacts.	1	0	0	6.133
	2	1	0	
	3	4	6	
	4	3	10	
	5	6	7	
	6	3	9	
	7	5	9	
	8	1	3	
	9	0	1	
	NA	4	3	
Total		27	48	
Mean		3.0	5.33	
8. Avoidance of work under relatively high pressure.	1	0	0	5.078
	2	0	0	
	3	0	0	
	4	0	1	
	5	1	0	
	6	1	2	
	7	2	3	
	8	8	11	
	9	11	28	
	NA	4	3	
Total		27	48	
Mean		3.0	5.33	
9. Relative freedom from supervision by others.	1	0	0	4.194
	2	0	0	
	3	1	2	
	4	1	1	
	5	1	4	
	6	3	4	
	7	2	7	
	8	8	19	
	9	7	8	
Total		23	45	
Mean		2.56	5.0	

TABLE F-8

SIGNIFICANCE OF DIFFERENCES ON STATED VARIABLES OF FIRST-  
CLINICAL-YEAR NURSING STUDENTS' PERCEPTION OF  
UNATTRACTIVE FEATURES OF THEIR NURSING  
PROGRAM: CHI-SQUARE

Unattractive Feature	Black Students		White Students		Chi-Square
	No.	%	No.	%	
1. Too much busy work	2	7.41	4	8.30	.020
2. Not enough clinical experience	1	3.70	11	22.90	3.424
3. Inadequate grading system	2	7.41	3	6.25	0
4. Inflexible curriculum	4	14.823	12	25.00	.547
5. Disorganization of school	2	7.41	9	18.75	8.879*
6. Irrelevant course content	3	11.11	8	16.67	7.261*
7. Poor student-faculty relationships	7	25.93	13	27.03	7.069
8. Curriculum not student- oriented	2	14.82	4	10.42	4.175
Total	23		64**		

\*  $p < .05$ .

\*\* Some students selected more than one unattractive feature of their nursing program.

TABLE F-9  
SIGNIFICANCE OF DIFFERENCES ON IMPORTANCE FIRST-CLINICAL-  
YEAR NURSING STUDENTS ATTACH TO GRADES: CHI-SQUARE

Degree of Importance	Black Students		White Students	
	No.	%	No.	%
1. Not at all important	3	11.11	2	4.17
2. Moderately important	10	37.04	11	22.92
3. Quite important	9	33.33	18	37.50
4. A great deal	5	18.52	17	35.42

$X^2 = 4.246; df = 3; P = .2361$

TABLE F-10

SIGNIFICANCE OF DIFFERENCES ON STATED VARIABLES OF BARRIERS  
TOWARD FIRST-CLINICAL-YEAR NURSING STUDENTS' GETTING THE  
KIND OF GRADES DESIRED: CHI-SQUARE

Barriers	Black Students		White Students		Chi-Square
	No.	%	No.	%	
1. Race or ethnic back-ground:					
Strongly agree	3	11.54	0	0	
Agree	15	57.69	0	0	
Disagree	5	19.23	12	25.0	
Strongly disagree	3	11.54	36	75.00	47.662**
Missing observations	1				
2. Sex:					
Strongly agree	1	3.85	0	0	
Agree	1	3.85	2	4.17	11.19*
Disagree	15	57.69	13	27.08	
Strongly disagree	9	34.62	33	68.74	
Missing observations	1				
3. Age:					
Strongly agree	1	4.0	0	0	
Agree	3	12.00	2	4.17	
Disagree	13	52.00	16	13.33	11.249*
Strongly disagree	8	32.00	30	62.50	
Missing observations	2				
4. Family responsibilities:					
Strongly agree	2	8.70	2	4.17	
Agree	5	21.74	9	39.13	
Disagree	9	39.13	16	34.04	
Strongly disagree	7	30.43	21	44.68	5.874
Missing observations	4		1		

\* p < .05.

\*\* p < .01.

TABLE F-10 (cont.)

Barriers	Black Students		White Students		Chi-Square
	No.	%	No.	%	
5. Educational back-ground:					
Strongly agree	3	12.50	2	4.26	
Agree	15	62.50	7	14.89	23.975**
Disagree	4	16.67	16	34.04	
Strongly disagree	2	8.33	22	46.81	
Missing observations	3		1		

\*\*  
p < .01.

TABLE F-11

SIGNIFICANCE OF DIFFERENCES OF THE FIRST-CLINICAL-YEAR NURSING  
STUDENTS' PERCEPTION OF THE PSYCHOLOGICAL CLIMATE OR  
ATMOSPHERE OF THEIR COLLEGE: CHI-SQUARE

Most important = 1; least important = 8

Climate	Rank Order	Black Students	White Students
1. Intellectual	1	13	23
	2	7	9
	3	1	9
	4	2	2
	5	1	2
	6	0	3
	7	0	0
	8	0	0
	Total	24	46
	Mean	3.0	8.0
	Missing observations	3	2
$\chi^2 = 7.412; df = 6 \quad P = .2844$			
2. Snobbish	1	6	2
	2	3	3
	3	3	0
	4	1	1
	5	0	3
	6	3	2
	7	3	16
	8	5	19**
	Total	24	46
	Mean	3.0	5.75
	Missing observations	3	1
$\chi^2 = 21.248^{**}; df = 8; P = .0065.$			

---

\*\*  
p .01.



TABLE F-11 (cont.)

Climate	Rank Order	Black Students	White Students
3. Social	1	1	1
	2	2	5
	3	0	4
	4	2	7
	5	8	7
	6	1	12
	7	3	6
	8	2	4
	Total	19	32
	Mean	2.375	4.0
Missing observations		8	16
$\chi^2 = 6.637$ ; $df = 8$ ; $P = .5762$			
4. Victorian	1	0	2
	2	1	0
	3	2	1
	4	0	4
	5	2	1
	6	4	5
	7	6	15
	8	8	18
	Total	23	46
	Mean	2.875	5.75
Missing observations		4	2
$\chi^2 = 13.305$ ; $df = 8$ ; $P = .1493$			
5. Practical-minded	1	1	4
	2	2	9
	3	5	7
	4	7	10
	5	4	9
	6	3	5
	7	2	2
	8	0	0
	Total	24	46
	Mean	3.0	5.75
Missing observations		3	2
$\chi^2 = 4.189$ ; $df = 7$ ; $P = .7578$			

TABLE F-11 (cont.)

Climate	Rank Order	Black Students	White Students
6. Warm	1	1	8
	2	2	8
	3	4	8
	4	2	7
	5	4	7
	6	2	3
	7	4	3
	8	5	2
	Total	24	46
	Mean	3.0	5.75
Missing observations		3	2
$X^2 = 10.766; df = 8; P = .2153$			
7. Realistic	1	0	2
	2	4	10
	3	4	11
	4	7	8
	5	2	6
	6	4	7
	7	1	1
	8	2	1
	Total	24	46
	Mean	3.0	5.75
Missing observations		3	2
$X^2 = 5.834; df = 8; P = 66.59$			
8. Liberal	1	2	4
	2	2	4
	3	4	6
	4	3	7
	5	3	11
	6	2	9
	7	5	3
	8	3	2
	Total	24	46
	Mean	3.0	5.75
Missing observations		3	2
$X^2 = 8.007; df = 8; P = .4328$			

TABLE F-12

SIGNIFICANCE OF DIFFERENCES ON STATED DIFFICULTIES FIRST-  
CLINICAL-YEAR NURSING STUDENTS EXPERIENCED WHEN  
STUDYING FOR COURSES: CHI-SQUARE

Difficulties	Black Students		White Students		Chi-Square
	No.	%	No.	%	
1. Reading and comprehend- ing material assigned for class	12	44.44	14	29.17	1.781
2. Recalling the reading material for examina- tion	13	48.15	23	47.92	.583
3. Researching papers	9	33.33	13	27.08	.094
4. Writing papers	13	48.15	16	33.33	1.036
5. Participating in class or seminar discussions	7	25.93	11	22.92	.086
6. Meeting individually with class instruc- tors to discuss course work	7	25.93	4	8.33	2.983
7. Comprehending and taking notes on class lectures	5	18.52	4	8.33	.870
8. Producing original, creative works	6	22.22	9	18.75	.004
9. Asking for help from faculty and class- mates	9	33.33	5	10.42	4.563*
Total	81**		99**		

\*  $p < .05$ .

\*\* Some students selected more than one difficulty.

TABLE F-13

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR NURSING STUDENTS'  
OUTLOOK ON CURRENT EDUCATION: CHI-SQUARE

Outlook	Rank	Black Students	White Students	Ch-Square
1. Faculty should have the responsibility for directing a student's education.	1	5	2	6.774
	2	10	2	
	3	13	6	
	4	19	13	
	Total Mean		47 11.75	
2. Each student should have the prime responsibility for his or her own education.	1	2	6	14.651**
	2	8	0	
	3	22	9	
	4	15	8	
	Total Mean		47 11.75	
3. My basic educational objective is to understand myself and my relationship to the world I live in.	1	10	10	6.382
	2	18	10	
	3	8	4	
	4	12	2	
	Total Mean		48 12.00	
4. My basic educational objective is to increase my knowledge and develop my ability to solve problems.	1	31	8	11.376*
	2	11	11	
	3	4	4	
	4	1	0	
	Total Mean		47 11.75	

\*\*  
p < .01.

\*  
p < .05.

TABLE F-14

SIGNIFICANCE OF DIFFERENCES ON HOW OFTEN FIRST-CLINICAL-YEAR  
NURSING STUDENTS ARE SOUGHT OUT BY OTHER STUDENTS FOR  
THEIR ADVICE, KNOWLEDGE, OR OPINIONS REGARDING  
THEIR COURSE WORK OR INSTRUCTORS: CHI-SQUARE

Frequency	Black Students		White Students	
	No.	%	No.	%
1. Rarely	1	4.17	0	0
2. Sometimes	4	16.67	16	34.04
3. Often	14	58.33	20	42.55
4. Very often	5	20.83	11	23.40
Missing observations	3		1	

$\chi^2 = 7.193$ ;  $df = 4$ ;  $P = .1260$

TABLE F-15

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR NURSING  
STUDENTS' PERCEPTION OF PROPORTION OF THE FACULTY WHO  
ARE REALLY INTERESTED IN THEM AND THEIR PROBLEMS:  
CHI-SQUARE

Proportion	Black Students		White Students		Chi-Square
	No.	%	No.	%	
1. Very few	14	58.33	10	21.28	13.025*
2. Less than half	6	25.00	16	34.04	
3. About half	1	4.17	7	14.89	
4. Over half	1	4.17	6	12.77	
5. Almost all	2	8.33	8	17.02	
Missing observations	3		1		

$\chi^2 = 13.025$ ;  $df = 5$ ;  $P = .0231$

\*  $p < .05$ .

TABLE F-16

SIGNIFICANCE OF DIFFERENCES ON HOW OFTEN FIRST-CLINICAL-YEAR  
NURSING STUDENTS HAD OUT-OF-CLASS CONTACTS WITH NURSING  
FACULTY MEMBERS: CHI-SQUARE

Frequency	Black Students		White Students	
	No.	%	No.	%
1. Never or seldom	11	45.83	22	46.81
2. Occasionally	9	37.50	21	44.68
3. Quite often	3	12.50	3	6.38
4. Frequently	1	4.17	1	2.13
Missing observations	3		1	

$X^2 = 3.892$ ;  $df = 4$ ;  $P = .4208$

TABLE F-17

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR NURSING STUDENTS' BELIEFS ABOUT WHAT IS REQUIRED TO GET THROUGH THEIR NURSING PROGRAM: CHI-SQUARE

Beliefs	Black Students		White Students		Chi-Square
	No.	%	No.	%	
1. I think you have to be aggressive in order to protect your rights in this school.					
Strongly agree	7	30.44	10	21.74	9.895*
Agree	9	39.13	15	32.61	
Disagree	3	13.04	19	41.30	
Strongly disagree	4	17.39	2	4.35	
Missing observations	4		2		
2. I think you are given every benefit of the doubt and do not have to worry unduly about succeeding in this school.					
Strongly agree	0	0	1	2.17	5.065
Agree	4	18.18	10	21.74	
Disagree	10	45.45	22	47.83	
Strongly disagree	8	36.36	13	28.26	
Missing observations	5		2		
3. I think you have to be alert and assess each course separately in order to determine whether or not your success might be threatened.					
Strongly agree	11	45.83	15	31.91	7.20
Agree	9	37.50	29	61.70	
Disagree	2	8.33	1	2.13	
Strongly disagree	2	8.33	2	4.26	
Missing observations	3		1		

\*  $p < .05$ .



TABLE F-18

SIGNIFICANCE OF DIFFERENCES ON STATED DESCRIPTIONS OF FIRST-CLINICAL-YEAR NURSING STUDENT-FACULTY RELATIONSHIPS TYPICAL OF THOSE EXPERIENCED IN THEIR SCHOOLS OF NURSING: CHI-SQUARE

Descriptions	Black Students		White Students		Chi-Square
	No.	%	No.	%	
1. Instructors treat students like independent, mature, and responsible adults and respect their individual abilities and interests.					
Highly typical	1	3.85	4	8.51	12.491*
Typical	7	26.92	23	48.94	
Somewhat typical	14	53.85	20	42.55	
Not at all typical	4	15.39	0	0	
Missing observations	1		1		
2. Instructors show genuine concern and sympathetic consideration for the personal conflicts and learning difficulties of students.					
Highly typical	1	3.70	4	8.35	21.137**
Typical	4	14.82	21	43.75	
Somewhat typical	11	40.74	22	45.85	
Not at all typical	11	40.74	1	2.08	
3. Instructors discuss matters that are pertinent to individual students at the appropriate time and in the appropriate place.					
Highly typical	0	0	4	8.33	6.149
Typical	6	22.22	19	39.58	
Somewhat typical	16	59.26	21	43.75	
Not at all typical	5	18.52	4	8.33	

\*\* p < .01.

\* p < .05.

TABLE F-18 (cont.)

Descriptions	Black Students		White Students		Chi-Square
	No.	%	No.	%	
4. Instructors participate in and contribute to the informal social activities initiated by students when they are invited and whenever it is possible for them to do so.					
Highly typical	3	11.54	5	10.42	4.034
Typical	4	15.38	15	31.25	
Somewhat typical	12	46.15	18	37.50	
Not at all typical	7	26.92	10	20.83	
Missing observations	1				
5. Instructors initiate informal social contacts with students to provide opportunities for timely and fruitful exchange of ideas about matters of mutual interest.					
Highly typical	2	7.41	2	4.17	1.811
Typical	3	11.11	6	12.50	
Somewhat typical	10	37.04	13	27.08	
Not at all typical	12	44.44	27	56.25	

TABLE F-19

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR NURSING  
STUDENTS' PERCEPTION OF CHANGES IN ATTRIBUTES FROM  
PRETEST TO POSTTEST: CHI-SQUARE

Attributes	Black Students		White Students	
	No.	%	No.	%
<b>1. Maturity</b>				
Decreased	0	0	1	2.13
Unchanged	4	17.39	5	10.64
Increased	19	82.61	41	87.23
Missing observations	4		1	
$\chi^2 = 5.748; df = 4; P = .2187$				
<b>2. Political concerns and/or Awareness</b>				
Decreased	1	3.70	4	8.33
Unchanged	13	48.15	28	58.33
Increased	12	46.15	15	32.61
Missing observations	1		1	
$\chi^2 = 4.059; df = 4; P = .3980$				
<b>3. Acceptance of other racial groups</b>				
Decreased	2	7.69	0	0
Unchanged	15	57.69	15	31.91
Increased	9	34.62	32	68.09
Missing observations	1		1	
$\chi^2 = 11.960; df = 4; P = .0177; p < .05$				
<b>4. Political liberalism</b>				
Decreased	1	3.70	1	2.08
Unchanged	19	70.37	38	79.17
Increased	7	28.57	8	16.67
$\chi^2 = 1.649; df = 3; P = .6483$				

TABLE F-19 (cont.)

Attributes	Black Students		White Students	
	No.	%	No.	%
5. Emotional stability				
Decreased	3	11.11	8	16.67
Unchanged	6	22.22	7	14.58
Increased	18	66.67	33	68.75
$\chi^2 = 9.59$ ; $df = 2$ ; $P = .6199$				
6. Self-awareness, self-insight				
Decreased	3	11.11	0	0
Unchanged	3	11.11	6	12.50
Increased	21	77.78	42	87.50
$\chi^2 = 5.556$ ; $df = 2$ ; $P = .0622$				
7. Intellectual interests in general				
Decreased	1	3.85	3	6.25
Unchanged	4	15.38	9	18.75
Increased	21	80.77	36	75.00
Missing observations	1			
$\chi^2 = 2.160$ ; $df = 3$ ; $P = .5399$				
8. Firmness of sense of identity				
Decreased	1	3.70	3	6.25
Unchanged	9	33.33	9	18.75
Increased	17	62.96	36	75.00
$\chi^2 = .2.096$ ; $df = 2$ ; $P = .3507$				
9. Concern with social issues				
Decreased	1	4.17	2	4.17
Unchanged	9	37.50	18	37.50
Increased	14	58.33	28	58.33
Missing observations	3			
$\chi^2 = 5.556$ ; $df = 4$ ; $P = .2349$				

TABLE F-19 (cont.)

Attributes	Black Students		White Students	
	No.	%	No.	%
10. Ability to form close relationships				
Decreased	3	12.00	2	4.17
Unchanged	14	56.00	14	29.17
Increased	8	32.00	32	66.67 *
Missing observations	2			
$\chi^2 = 11.632; df = 4; P = .0205; *p < .05$				

TABLE F-20

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR NURSING STUDENTS' SATISFACTION WITH PERSONAL CHANGES WHICH OCCURRED AS A RESULT OF THEIR NURSING EDUCATION: CHI-SQUARE

Personal Changes	Black Students		White Students		Chi-square
	No.	%	No.	%	
1. Self-confidence, self-assurance					
Strongly agree	4	16.67	16	34.04	6.578
Agree	14	58.33	24	51.06	
Disagree	5	20.83	4	8.50	
Strongly disagree	1	4.167	3	6.38	
Missing observations	3		1		
2. Thinking and planning ahead					
Strongly agree	8	29.63	18	37.50	5.637
Agree	15	55.57	27	56.25	
Disagree	4	14.82	1	2.08	
Strongly disagree	0	0	2	4.17	
3. Extent to which I am influenced by others					
Strongly agree	3	11.54	2	4.44	9.777
Agree	9	34.62	17	37.78	
Disagree	10	38.46	25	55.56	
Strongly disagree	4	15.38	1	2.22	
Missing observations	1		3		
4. Ease with which I make decisions					
Strongly agree	4	16.00	7	15.56	3.895
Agree	14	56.00	27	60.00	
Disagree	7	28.00	10	22.22	
Strongly disagree	0	0	1	2.22	
Missing observations	2		3		

TABLE F-20 (cont.)

Personal Changes	Black Students		White Students		Chi-square
	No.	%	No.	%	
5. Ease with which I work with others					
Strongly agree	8	29.63	15	32.61	1.770
Agree	16	59.26	26	56.52	
Disagree	2	7.41	2	4.35	
Strongly disagree	1	3.70	3	6.52	
Missing observations			2		
6. Degree to which I am pleased with my life in general					
Strongly agree	6	27.27	11	30.56	2.209
Agree	14	63.64	23	63.89	
Disagree	1	4.55	2	5.56	
Strongly disagree	1	4.55	0	0	
Missing observations	5		12		

TABLE F-21

SIGNIFICANCE OF DIFFERENCES ON FIRST-CLINICAL-YEAR BLACK STUDENT  
NURSES' PERCEPTION OF WHETHER THEY HAVE BECOME MORE BLACK,  
LESS BLACK, OR UNCHANGED: CHI-SQUARE

Perceptions	Black Students	
	No.	%
1. More black	6	26.10
2. Less black	1	4.35
3. Unchanged	16	69.60
Missing observations	4	

X = 58.974; df = 3; P = 0



TABLE F-22

SIGNIFICANCE OF DIFFERENCES ON SOURCES THROUGH WHICH STUDENTS'  
COLLEGES FIRST CAME TO FIRST-CLINICAL-YEAR NURSING STUDENTS'  
ATTENTION: CHI-SQUARE

Sources	Black Students		White Students	
	No.	%	No.	%
1. Parent or relative	10	37.04	12	25.00
2. Friend	4	14.81	16	33.33
3. High school teacher or counselor	6	22.22	6	12.50
4. Professional counseling or placement service	4	14.81	2	4.17
5. Special recruitment from present school	0	0	1	2.08
6. Own investigation	3	11.11	11	22.92

$X^2 = 8.863$ ;  $df = 6$ ;  $P = .1814$

TABLE F-23

SIGNIFICANCE OF DIFFERENCES ON FAMILY'S FEELINGS ABOUT FIRST-  
 CLINICAL-YEAR NURSING STUDENTS' PURSUING A CAREER  
 IN NURSING: CHI-SQUARE

Family's Feelings	Black Students		White Students	
	No.	%	No.	%
1. Very happy and generally encouraging	18	69.23	36	75.00
2. Fairly happy about it but have some reservations	3	11.54	8	16.67
3. Don't mind: No opinion	4	15.38	2	4.17
4. Disapprove; Can't understand why I do it	1	3.85	2	4.17
Missing observations	1			

$\chi^2 = 4.766$ ; df - 4; P - .3121

TABLE F-24

SIGNIFICANCE OF DIFFERENCES ON FRIENDS' FEELINGS ABOUT FIRST-  
CLINICAL-YEAR NURSING STUDENTS' PURSUING A CAREER  
IN NURSING: CHI-SQUARE

Friends' Feelings	Black Students		White Students	
	No.	%	No.	%
1. Very happy and generally encouraging	19	73.08	32	66.67
2. Fairly happy about it but have some reservations	2	7.69	8	16.67
3. Don't mind; No opinion	5	19.23	7	14.58
4. Disapprove; Can't understand why I do it	0	0	1	2.08
Missing observations	1			

$\chi^2 = 3.653$ ;  $df = 4$ ;  $P = .4549$

TABLE F-25

SIGNIFICANCE OF DIFFERENCES ON PARENTS' FEELINGS ABOUT FIRST-  
 CLINICAL-YEAR NURSING STUDENTS' ATTENDING THEIR PARTICULAR  
 NURSING SCHOOL: CHI-SQUARE

Parents' Feelings	Black Students		White Students	
	No.	%	No.	%
1. Definitely encouraged me to come here	14	53.85	30	62.50
2. Neither encouraged nor discouraged me; had mixed feelings	6	23.10	8	16.67
3. Indifferent; expressed little feelings one way or the other	5	19.23	5	10.42
4. Did not encourage me to come here; felt it was not the best choice	0	0	1	2.08
5. Parents not consulted	1	3.85	4	8.33
Missing observations	1			

$X^2 = 4.366$ ;  $df = 5$ ;  $P = .4980$

TABLE F-26

SIGNIFICANCE OF DIFFERENCES ON NURSING STUDENTS' LIVING ARRANGEMENTS  
DURING FIRST-CLINICAL-YEAR: CHI-SQUARE

Living Arrangements	Black Students		White Students	
	No.	%	No.	%
1. University dormitory or residence hall	11	40.74	15	31.25
2. Fraternity or sorority house	1	3.70	1	2.08
3. At home with parents, relatives (other than spouse)	8	29.62	9	18.75
4. Sharing whole house with other students	2	7.40	4	8.33
5. Rented room (or "live-in" arrangement with family)	0	0	2	4.17
6. Commune: house with others of both sexes	0	0	1	2.08
7. Live with spouse	3	11.11	7	14.58
8. Live alone (apartment)	1	3.70	5	10.42
9. Rent free in exchange for being "resident nurse:	1	3.70	4	8.33

$\chi^2 = 4.913$ ;  $df = 8$ ;  $P = .7669$

TABLE F-27

SIGNIFICANCE OF DIFFERENCES ON PEOPLE SOUGHT WHEN FIRST-CLINICAL-  
YEAR NURSING STUDENTS EXPERIENCED EDUCATIONAL PROBLEMS:  
CHI-SQUARE

People Sought	Black Students		White Students	
	No.	%	No.	%
1. A student friend at college	8	33.33	15	33.33
2. Try to work it out myself	8	33.33	7	15.56
3. One or both parents	1	4.17	3	6.67
4. A faculty advisor or faculty member	6	25.00	20	44.44
5. Dean of Students	0	0	0	0
6. Student counselor or psychiatrist	1	4.17	0	0
Missing observations	3		3	

$\chi^2 = 9.609$ ;  $df = 6$ ;  $P = .1421$

TABLE F-28

SIGNIFICANCE OF DIFFERENCES ON PEOPLE SOUGHT WHEN FIRST-CLINICAL-  
YEAR NURSING STUDENTS EXPERIENCED PERSONAL PROBLEMS: CHI-SQUARE

People Sought	Black Students		White Students	
	No.	%	No.	%
1. A student friend at college	11	45.83	21	51.22
2. Try to work it out myself	12	50.00	15	36.59
3. One or both parents	0	0	4	9.76
4. A faculty advisor or faculty member	1	4.17	1	2.44
5. Dean of Students	0	0	0	0
6. Student counselor or psychiatrist	0	0	0	0
Missing observations	3		7	

$\chi^2 = 9.308$ ;  $df = 5$ ;  $P = .0974$

TABLE F-29

SIGNIFICANCE OF DIFFERENCES ON NUMBER OF FIRST-CLINICAL-YEAR  
NURSING STUDENTS' CLOSE FRIENDS: CHI-SQUARE

Number of Friends	Black Students		White Students	
	No.	%	No.	%
1. None	3	11.11	1	2.08
2. One or two	7	25.93	2	4.17
3. Three or four	7	25.93	16	33.33
4. Five or six	1	3.70	14	29.17**
5. Seven or eight	3	11.11	8	16.67
6. Nine or ten	4	14.81	3	6.25
7. Eleven or more	2	7.41	4	8.33

$X^2 = 17.10^{**}$ ;  $df = 6$ ;  $P = .0089$

\*\*  
p < .01.



TABLE F-30

SIGNIFICANCE OF DIFFERENCES ON NUMBER OF CLOSE FRIENDS  
ENROLLED IN THE SAME NURSING SCHOOL AS THE FIRST-  
CLINICAL-YEAR NURSING STUDENT: CHI-SQUARE

Number of Friends	Black Students		White Students	
	No.	%	No.	%
1. None	7	29.17	2	4.35
2. One	8	33.33	9	19.57
3. Two	0	0	12	26.09 **
4. Three	2	8.33	10	21.74
5. Four	2	8.33	6	13.04
6. Five or more	5	20.83	7	15.22
Missing observations	3		2	

$X^2 = 18.254^{**}$ ;  $df = 6$ ;  $P = .0056$

\*\*  
 $p < .01$ .

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