ROLE CONCEPTIONS OF BACCALAUREATE NURSING GRADUATES

by

SANDRA LEE WAY

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Department of Nursing

The University of British Columbia
2075 Wesbrook Place
Vancouver, Canada
V6T 1W5

Date April 24, 1981
Abstract

Role conflict experienced in the transition from the educational institution to the work organization can be understood through the study of role conceptions; where inconsistency between ideal role conceptions and actual experience is termed role deprivation. This study is a descriptive survey of the role conceptions of the 1980 baccalaureate graduates of The University of British Columbia School of Nursing. Role conceptions were measured by the Nursing Role Conception Scale (Corwin, 1960) one month prior to graduation (N=77) and six months following graduation for those employed in a hospital setting (N=37). In addition, completion of the Work Experience Questionnaire provided data to describe the employment status of these graduates (N=62) six months following graduation.

Results of this study are presented in terms of bureaucratic, professional and service role conception and role deprivation scores. The findings are also analyzed for two sub-groups of graduates; those who completed four years of university nursing education (UBC-4) and those who entered as registered nurses and completed the last two years of the program (UBC-2). This study reveals three findings of major importance. The first is the absence of differences in the role conception scores of UBC-2 and UBC-4 groups of baccalaureate graduates, despite differences in educational process. The second is that the mean bureaucratic role deprivation score remained constant for UBC-2 graduates but decreased significantly for the UBC-4 graduates over the six month post-graduation period. The third finding is an observed significant
decrease in service role deprivation scores over the six month period following graduation. The important implications of these findings for nursing education, nursing service and patient care delivery are addressed and suggestions for further study are presented.
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CHAPTER I

INTRODUCTION

Reality shock is a term used to describe the experience encountered as people leave the educational system and enter the work organization (Hall, 1976; Kramer, 1974). Hall (1976) relates that these people "tend to experience unmet expectations, surprise, disillusionment, anxiety, and other feelings of not being fully prepared for the day-to-day activities and problems of the work environment" (pp. 37-38).

These observations focus attention on role theory and the process of role acquisition. Within the stages of socialization the role incumbent first acquires skills, knowledge and role expectations through the educational process; then adjusts to the expectations of others and on-the-job demands; and Lastly imposes his/her own definitions on the role occupied, negotiating the role to fit the expectations of others with his/her own preferences (Brief, Aldag, Van Sell and Melone, 1979, p. 161).

Graduation from an educational institution is a time of status passage as it reflects changes in the role from student to worker. Formation of role conceptions results from placement of self with respect to others; such that role conceptions represent the role expectations held by an individual at a specified time. Role conceptions are expected to change as a result of the passage from the educational environment to the work environment, and are a potential source of conflict for the
individual when role expectations are incompatible with those held by the self or others.

Many occupational groups have observed the role conflict experienced by professionals entering work organizations (Hall, 1976; Kramer, 1974; Schein, 1968; Sorensen and Sorensen, 1974). Organizations have observed a decrease in new graduate motivation over time and a trend toward increased migration of staff (Schein, 1968, pp. 27-28). Job dissatisfaction and role conflict have been cited as primary reasons underlying postgraduate exodus from nursing (Kramer and Baker, 1971, pp. 15-30).

Study of role conflict in nursing has focussed on the process of role acquisition and the measurement of role conceptions and role behaviours (Brief et al, 1979; Corwin, 1960; Farhang Mehr, 1973; Johnson, 1971; Kramer, 1966, 1974; Pieta, 1976). Corwin (1960) perceived nurses to conceive their roles in three ways; bureaucratic, professional and service (p. xxii). These role conceptions are described as reflecting loyalties to the hospital and hospital administration; to the nursing profession; and to the psychological welfare of the patient, respectively (Corwin, 1960, pp. 162-163). Within these three role conceptions, the professional and bureaucratic have most often been observed to be incompatible and to confront the nurse with potential dilemmas (Kramer, 1974, p. 53). The incompatibility of role conceptions reflects discrepancies in expectations which results in role conflict for the nurse. Role discrepancy has been shown to be significantly greater for baccalaureate graduates than for diploma, or associate degree (two year college) graduates (Corwin, 1960; Kramer, 1966, 1974).
The conflict of role conceptions held by professionals employed in organizations reflects differences inherent in professional and bureaucratic orientations toward work and task performance (Brief et al., 1979; Corwin, 1960; Johnson, 1971; Kramer, 1974; Sorensen and Sorensen, 1974). In nursing, the hospital employment setting is the only organization which has been studied, and it demonstrates adherence to bureaucratic principles of organization. This focus is relevant for an understanding of the conflict experienced by nurses as it is the hospital system where nurses are primarily employed. Statistics for 1977 show that of nurses registered for practice in Canada, 113,344 out of 143,388 (92.9 percent) were employed in hospitals; in British Columbia the figures were 10,961 out of 13,355 (82.0 percent) (Statistics Canada, 1980, p. 22). Thus, the nature of role conflict is felt to have significant implications for the practice of nursing, and nursing needs to direct specific attention to the observed difficulties for new graduates entering the hospital organization.

Nursing service administrators are concerned with the consequences of role conflict for individual nurse functioning, and the delivery of nursing care to patients (Kramer, 1976, pp. 106-107). Educators committed to the preparation of professional nurses at the baccalarueate level are concerned with this time of transition and the consequences of role conflict for which they are increasingly held accountable (Kramer, 1976, pp. 106-107). Both nursing service and nursing education are interested in understanding the role conceptions of new graduates and their implications for role conflict.
Much of the research related to nursing roles has been conducted in the United States and reflects the educational and work organizations of that country. The only Canadian study identified is a University of British Columbia Master's thesis which studied determinant factors involved in the development of role behaviours for the 1976 graduates of The University of British Columbia baccalaureate program (Farhang Mehr, 1977).

In summary, role conflict in nursing can be studied from the perspective of role conceptions. In view of evidence linking job dissatisfaction and migration of new graduates to role conflict, it is important for both nursing education and nursing service administration to understand this phenomenon in order to help graduates during the time of transition. The lack of studies within the Canadian educational and health system is a stimulus for investigation of these concerns. Comparison of findings can then be made to those observed in American studies.

Problem

What are the role conceptions of The University of British Columbia Baccalaureate graduates prior to university graduation, and in their work experience after graduation?

Purpose of the Study

The purpose of this study is to answer the following questions:

1. What are the bureaucratic, professional and service role conceptions of The University of British Columbia (UBC)
1. What are the bureaucratic, professional and service role deprivations of UBC baccalaureate students measured one month prior to university graduation?

2. What are the bureaucratic, professional and service role deprivations of UBC baccalaureate students measured one month prior to university graduation?

3. What are the bureaucratic, professional and service role conceptions of the same UBC baccalaureate graduates when employed in a hospital setting and measured six months following graduation?

4. What are the bureaucratic, professional and service role deprivations of the same UBC baccalaureate graduates when employed in a hospital setting and measured six months following graduation?

5. Are there differences in role conception and role deprivation scores of UBC-4 and UBC-2 baccalaureate graduates?

6. What are the differences between the role conception and role deprivation scores of the UBC baccalaureate graduates when measured one month prior to university graduation and, for those employed in a hospital setting, when measured again six months following graduation?

7. What are the types of work organizations entered by UBC baccalaureate graduates following graduation?

8. Is there a relationship between the role conceptions of UBC baccalaureate graduates measured one month prior to graduation, and the type of work organization in which they are employed six months following graduation?

Definition of Terms

ROLE: A set of expectations reflecting internalized needs, attitudes and values about how a person in a given position in a particular social system should act relative to how the individual in a reciprocal position should act. Each role is associated with learned behaviours that have value for the social system.

ROLE CONCEPTION: "the images of the rights and obligations which a person perceives to be associated with his position, ...: 1) they provide expectations which guide conduct--they indicate the appropriate behaviour for particular situations, and 2) these guides generate attitudes--personal predispositions to act" (Corwin and Taves, 1962, p. 223). In this study, role conceptions were measured by the Nursing Role Conception Scale developed by Corwin (1960).
Bureaucratic Role Conception: "refers to the administrative rules and regulations which describe the nurse's job in a specific hospital; it suggests primary loyalty to the hospital administration" (Corwin, 1961, p. 72).

Professional Role Conception: "refers to the occupational principles which transcend the location of a specific hospital" (Corwin, 1961, p. 72); "implies loyalty to the abstract professional standards which are sanctioned by the profession" (Corwin, 1960, p. 163).

Service Role Conception: "refers to nursing conceived as a sentimental calling and suggests primary devotion to the patient as a person" (Corwin, 1961, p. 72); "implies loyalty to the patient and in particular, to patients' psychological welfare" (Corwin, 1960, p. 163).

ROLE DEPRIVATION: "inconsistency between a person's ideal role conceptions and his consequent actual experience" (Corwin, 1960, pp. 208-209). For this study, an index of role deprivation was determined using Corwin's (1960) Nursing Role Conception Scale, with computation of a difference score from the respondent's perception of the ideal situation compared to her perception of the actual situation (p. 209). The total role deprivation for each scale is a sum of the differences noted for each item.

UBC-4: UBC baccalaureate nurse graduate who completed four years of university nursing study for a B.S.N. degree.

UBC-2: UBC baccalaureate nurse graduate who entered The University of British Columbia School of Nursing with registered nurse certification, and completed two years of university study for a B.S.N. degree.

Assumptions

It was assumed that calculation of role deprivation from measurements related to perception of the ideal nursing situation and perception of the actual nursing situation provided an adequate measure of the role discrepancy experienced by the individual.
Limitations

Limitations to this study relate to the following:
Sample—The sample was limited to the population of fourth year students available in The University of British Columbia School of Nursing during the school year 1979-1980 and results are not generalizable beyond this population.
Instrument—The Nursing Role Conception Scale was developed by Corwin in 1960 in an American setting and responses may reflect time and population differences. Further, the hypothetical situations in the Nursing Role Conception Scale reflect hospital work orientation, which limited the second completion of the Scale to graduates employed in a hospital setting.
CHAPTER II

REVIEW OF THE LITERATURE

The aim of this literature review is to explore the theoretical perspective of role theory as a background for study of the role conceptions of baccalaureate nurses prior to university graduation, and in their work experience after graduation.

Presented in two parts, this review will first explore the concept of role and the process of role acquisition to determine the nature of role conflict confronting individuals in transition from the educational system to the work organization. The second part of this review presents nursing studies related to the problem under study.

I. Theoretical Framework

Role Theory

Study of organizational behaviour is increasingly focussed on human performance, and the issue of integrating theories of human personality with organizational theory. Viewing an organization as a social system, the concept of role is proposed as "the major means for linking the individual and organizational levels of research and theory; it is at once the building block of social systems and the summation of the requirements with which such systems confront their members as
individuals" (Katz and Kahn, 1966, p. 197). Role is thus seen to operationalize the merging of social and individual phenomena within the systems framework.

Role can be defined as a title designating a particular status or position with socially sanctioned classifications of expectations reflecting internalized needs, attitudes and values. Each role is associated with learned behaviours that have value for the social system and reflects an interactive process between that role position reciprocal with other positions in the social system (Biddle and Thomas, 1966). Merton (1966) defines role set as "That complement of role relationships which persons have by virtue of occupying a particular social status" (p. 282). For example, in a single status position a nurse has a role set relating nurse to patient, colleagues, supervisor, physicians, hospital administration, and professional organizations. The latter are described as role set members, and they help to define a particular role and expected role behaviours, communicating these perceptions and expectations to the focal person (Bruck, 1970, p. 8). In communicating these expectations, role set members can be described as role senders, and their attempts to influence the focal person are acts of role pressure (Kahn, Wolfe, Quinn, Snoek, and Rosenthal, 1964, p. 15). For every sent role there is a received role that represents the individual's perception and cognition of the message sent, which then influences subsequent behaviour (Kahn et al, 1964, p. 16). The nature of role position with internalized needs and expectations allows for each person to be a role sender for himself, which further motivates and directs role behaviour.
The interactive process between role senders and the focal person, has been described by Kahn et al (1964) as the role episode (p. 26). The total pattern of expectations and pressures in the role episode determine the potential for conflict in the situation (Kahn et al, 1964, p. 27).

Superimposed on this episode are organizational factors, personality factors and interpersonal relations (Kahn et al, 1964, pp. 31-33). Kahn et al (1964) state that:

The properties and traits making up the organization, the person, and social relationships are for the most part abstractions and generalizations based upon recurrent events and behaviours. .... Such repetitions and patterns of behaviours and events provide a basis for understanding each new event. (p. 31).

The input of organizational factors to the role expectations of role senders illustrates that the expectations of members in a role set are determined in large part by the organizational context. Personality factors and interpersonal relations have influence on the received role of the focal person, and as well on the expectations of the role senders. These influences may change as they are affected by the focal person's role behaviour or coping responses to experiences of conflict or ambiguity.

**Role Acquisition**

A person's role behaviours will be further influenced by the stage he/she is at in the process of role acquisition. The stages of role socialization referred to in Chapter I reflecting the educational process, on-the-job experience, and personal management of the expectations of both, have been more fully described by Thornton and Nardi (1975, pp. 870-881).
The first or anticipatory stage of role acquisition is concerned with the period prior to actual incumbency in a social position (Thornton and Nardi, 1975, p. 874). Included in this time is the educational process as a contributor of information regarding the role. This stage is characterized by the formation of incomplete role conceptions, with idealized expectations of what enactment of the role "should" involve (Thornton and Nardi, 1975, pp. 874-875). In this way "anticipation may not be congruent with what will actually be experienced" (Thornton and Nardi, 1975, p. 875).

On-the-job role acquisition is comprised of formal and informal stages. In the formal stage the role incumbent is in the social position and thus has an inside perspective. During this stage the individual is confronted with the formalized expectations of the organization written or stated explicitly in job descriptions and organization handbooks (Thornton and Nardi, 1975, p. 876). The formalized expectations indicate the "musts" of expected behaviour and abilities (Thornton and Nardi, 1975, P. 877). By contrast, the informal stage reflects the unofficial or informal expectations of ways of doing things (Thornton and Nardi, 1975, p. 878). Corresponding to the "shoulds" and "musts" of the previous stages, are the "mays" of this stage. The informal stage reflects the attitudes, emotions, and values of role set members, and there is less consensus among the various expectations than encountered in the prior stages. This stage demonstrates the influence of "back stage reality" which has been observed by Kramer (1974) in the socialization of nurses in the work environment (pp. 144-147).
Last in the process of role acquisition is the personal stage. In this stage individuals impose their own expectations and conceptions on roles, such that role expectations are modified according to their own unique personalities (Thornton and Nardi, 1975, p. 880). The development of the personal stage is very much dependent on the expectations encountered in the anticipatory, formal, and informal stages. Thornton and Nardi (1975) note that, unless personal conceptions and needs can be reconciled with the demands of the situation, incongruence between self and role results in perfunctory role enactment and problems in social and psychological adjustment (p. 881).

Studies related to the process of role acquisition have demonstrated the relative importance of various stages. Ondrack (1975) studied socialization in professional schools and concluded that the degree of socialization among students varied directly with the degree of attitude and value consistency in their educational program (p. 97). The anticipatory or educational phase was shown to be important in a study by Miller and Wager (1971), who reported that the length and type of education, but not the length of employment, was related to the type of role orientation adopted (p. 161). The dynamics of the informal stage have been supported by Kramer (1974) in the reported observations of a back stage reality where students have difficulties with perception of the variety of expectations encountered (pp. 144-147). Further, Kramer and Schmalenberg (1978) caution that "it is quite possible that the kind of situational adaptations the new worker makes on her first job will set the pattern for the remainder of her work career" (p. 2). The migration of workers out of professions may be an indication that some individuals
do not achieve the personal resolution of expectations for a social position (Kramer and Baker, 1971; Schein, 1968).

Role Conflict

In presentation of the role episode and the process of role acquisition references were made to the potential for role conflict. Role conflict occurs when individuals are required to play a role which conflicts with their value systems or to play two or more roles which conflict with each other (Van Sell, Brief and Schuler, in press, p. 1). Role conflict results in psychological conflict for the individual which influences his present and future behaviour and observable performance in an organization. Within the role episode, Kahn et al (1964), have identified four types of role conflict:

1) intra-sender conflict—where different prescriptions and proscriptions from a single member of the role set may be incompatible;

2) inter-sender conflict—where pressures from one role sender oppose pressures from one or more other senders;

3) inter-role conflict—where role pressures associated with membership in one organization conflict with pressures stemming from memberships in other groups; and

4) person-role conflict—when role requirements violate moral values (pp. 19-20).

Within these types of conflict the first two relate to conflicting expectations in the role sent messages, and the latter two to role received messages, for behaviour that conflicts with internalized values or expectations relative to others in the role set.
A lack of information regarding role expectations results in role ambiguity, which contributes to confusion in the role messages sent and received. For role performance, the individual needs to know what expectations are held by members of his role set; what activities will fulfill responsibilities of his position; and the potential consequences of role performance or non-performance for himself, his role senders, and the organization (Kahn et al., pp. 19-20).

In support of the outlined theoretical types of role conflict are findings of empirical studies.

**Types of Role Conflict**

Professional-bureaucratic conflict reflects the conflicting orientations of the individual versus the organization and has received a considerable degree of study (Johnson, 1971; Kramer, 1974; Kramer and Schmalenberg, 1978; Miller and Wager, 1971; Scott, 1966; Sorenson and Sorenson, 1974). Scott (1966) outlined four particular areas of conflict:

1) the professional's resistance to bureaucratic rules; 2) the professional's rejection of bureaucratic standards; 3) the professional's resistance to bureaucratic supervision; and 4) the professional's conditional loyalty to the bureaucracy. (p. 269)

This relates to the socialization experience of professionals who are trained with complex skills and special knowledge and internal control mechanisms for work performance (Scott, 1966, p. 268). The rules, standards and supervision reflecting a bureaucratic orientation emphasize the part-task authoritarian system of work performance which conflicts with the autonomous whole-task orientation of professionals (Kramer and Schmalenberg, 1978, p. 3). This conflict in orientations reflects the socialization
experience and difficulties encountered in managing professional values and expectations with bureaucratic rules and regulations for a consolidated personal identity. Professional-bureaucratic conflict encompasses the range of role conflict types described by Kahn et al. (1964). Remembering that the role incumbent is a role sender, the messages sent and received by role set members are influenced by professional or bureaucratic orientation and this presents potential for conflict. Professional-bureaucratic conflict has been reported for business school graduates (Schein, 1968); for public accountants in large firms (Sorensen and Sorensen, 1974); and for nurses employed in hospital settings (Corwin, 1960; Kramer, 1966, 1974; Kramer and Schmalenberg, 1978). Measurements of role conceptions reflecting professional and bureaucratic orientations have attempted to determine the degree to which such conceptions are inoperative in practice. These measures of discrepancy have reflected the degree of conflict experienced in role expectations and contributed to an understanding of the reality shock phenomenon (Kramer, 1974).

Kramer and Schmalenberg (1978) have formulated additional types of nurse conflict:
1) Means-goals conflicts arise when one does not have the means to achieve a goal, particularly "people changing' goals" (p. 61). This is an example of a person-role conflict where individual values ask more of a role than is possible.
2) Personal-competency gap conflict arises from a lack of knowledge or skills; and an inability to meet one's own expectations for performance (p. 62). This is again an example of person-role conflict, with tension generated from an inability to meet the role expectations of self.
3) Differential self-other role expectation conflicts are generated by differences in individuals' conceptions of appropriate behaviour (p. 62). While examples can be of doctor-nurse, patient-nurse, or nurse-nurse, expectation conflicts, they represent inter-sender conflicts in that the pressures from role senders conflict with those of role sent by the self. 

4) Expressive-instrumental conflict arises when there is an intra-personal dilemma in how to meet conflicting needs (p. 63). Categorized as intra-sender conflict, this represents an individual's difficulty in meeting both the prescriptions and proscriptions deemed appropriate.

5) Competing roles conflict occurs when the nurse role interferes with other roles for the individual (p. 63). In this case, inter-role conflict accounts for the pressures experienced.

In summary, various observed conflicts that have been reported in empirical studies can be classified within the four types of role conflict outlined by Kahn et al (1964). This lends support to the theoretical perspective of role conflict within the role episode.

II. Nursing Studies Related to the Problem Under Study

Nursing studies have considered a number of questions related to role conceptions and role behaviour.

One of the first studies to describe the role confusion and conflict in nursing was that of Benne and Bennis in 1959. Studying 90 nurses working in out-patient departments of seven hospitals in the Boston area, they found that nurses' images of nursing differed from the realities of the work situation. In identifying conflict situations for
the nurse, they specified role deprivation as the difference between perception of the ideal situation and perception of the situation as it actually exists.

Corwin's 1960 study proposed the hypothesis that "the formation and disillusionment with role conceptions is a factor influencing mobility in the profession" (p. xxi). He developed the Nursing Role Conception Scale comprised of 22 hypothetical situations to measure role conceptions of nurses (Corwin, 1960, Chapter IV). He then compared the role conceptions of students and graduates from diploma and degree programs. His sample consisted of 296 student and graduate nurses from four schools of nursing and seven hospitals in a midwestern city in the United States. The comparisons made between student and graduate nurses were based on cross-sectional data (Corwin, 1960, pp. 235-315). The student nurses were observed to have significantly higher professional and service role conceptions than the graduate nurses, with no significant difference in bureaucratic role conception. While the graduate and student nurses did not show a significant difference for bureaucratic role conception, students from the diploma program held significantly higher bureaucratic role conceptions than students from the baccalaureate program. In comparing students and graduates of diploma nursing programs, there was a gradual decline in professional role conception and a similar decline in service role conception over extended work periods after an initial increase in the first few years of nursing. A similar comparison of students and graduates of baccalaureate programs indicated a gradual rise in both bureaucratic and professional role conceptions and a consistent decrease in the service role conceptions. His findings demonstrated that the role
conceptions held by graduate nurses varied with the type of basic nursing program and that nurses perceived discrepancies in role enactment, particularly related to professional and bureaucratic role conceptions. Those holding high bureaucratic combined with high professional orientations perceived greater discrepancies than those with other styles of role organization. Baccalaureate graduates were found to hold high professional role conceptions more frequently than did diploma graduates. While diploma graduates modified their professional role conceptions after graduation, baccalaureate graduates maintained the professional role conception while also increasing their allegiance to the bureaucracy. In a published review of his findings, Corwin (1961) indicated that career aspirations for promotion or positions outside the hospital were felt to be a method for resolving the dilemma arising when the ideal is not validated in existing practice (pp. 82-85).

Corwin and Taves (1962) used a similar frame of reference to that of the study described above. They examined the type of role conceptions held and the role deprivation experienced by nurses from different types of educational programs and in different stages of their careers. They also questioned whether role deprivations would influence career aspirations. Data were obtained by questionnaires from 124 staff nurses and 17 junior and senior nursing students (Corwin and Taves, 1962, p. 227). It was concluded that degree students develop a stronger professional orientation and less loyalty to the hospital so that after becoming staff nurses a sense of deprivation of the professional role occurs within the bureaucracy of hospital employment. Professional role conception was found to direct career ambitions outside of the hospital toward non-nursing
or other types of careers; bureaucratic role conception decreased ambition to leave hospital nursing for teaching, sometimes increasing hospital promotion aspirations.

Both the Corwin and Corwin and Taves studies demonstrated that baccalaureate graduates are more susceptible to role deprivation than diploma graduates because they develop and maintain higher professional role conceptions.

Using the Nursing Role Conception Scale developed by Corwin (1960), Kramer (1966) conducted a longitudinal study to determine the effects of exposure to employing bureaucracies on the role conceptions and role deprivation of neophyte collegiate nurses. Her sample was 79 nurse graduates, divided into a study group of 59 and a control group of 20, from the 1965 graduating classes of three California college programs. All 79 graduates completed the Nursing Role Conception Scale one month before graduating and after three months of employment, the study group of 59 was retested and interviewed. After six months of employment all 79 subjects were retested and interviewed (Kramer, 1966, p. 25). Kramer's (1966) results indicated a significant increase in bureaucratic role conception after exposure to the employing organization and a continual drop in the professional role conception during the first six months after employment (pp. 77-78). There was a significant increase in role deprivation during the first three months of employment. Subjects with high professional and high bureaucratic role orientations had the highest role deprivation scores when compared to subjects with other combinations of bureaucratic and professional orientation (Kramer, 1966, p. 77). Thus, high simultaneous loyalty to both systems was associated with role conflict.
Kramer (1966) further noted that "subjects who left nursing practice, changed jobs because of dissatisfaction, or returned to school, show significantly greater role deprivation scores than subjects who remain in the same job for six months" (p. 77). Kramer (1974) followed up on this sample by mail two years later with an 80 percent return rate (p. 23). The significant finding was that there was an even further decrease in professional role conception at that time (Kramer, 1974, p. 23).

Kramer and Baker (1971) looked at the problem of exodus from nursing and found that the reasons given related to professional-bureaucratic conflict (pp. 15-30). A nationwide sample of 200 baccalaureate graduates was selected from a population of baccalaureate graduates working in medical centre hospitals. There was evidenced a lack of work satisfaction among the graduates and a 29 percent 'dropout' rate. The majority of dropouts had high professional role conceptions (Kramer and Baker, 1971, pp. 15-30).

In a further study of the relationship of role conceptions, role deprivation and integrative role behaviours, Kramer (1974) studied three classes of students in the generic program at the University of California School of Nursing, San Francisco (p. 57). Instruments used in this study were the Nursing Role Conception Scale developed by Corwin (1960) and the Kramer Role Behaviour Scales developed by Kramer (1974) to study integrative role behaviours. The 1968 graduating class constituted a control group and the 1969 and 1970 classes were the experimental groups that had an "anticipatory socialization" program added to their regular nursing program (Kramer, 1974, p. 57). This anticipatory socialization program was designed to aid in role
transformation and to lessen reality shock. Testing of students included role conception measurement on entrance to the School of Nursing, and again about one month prior to graduation. The Kramer Role Behaviour Scales measured integrative role behaviour 11 to 13 months after employment and again 23 to 26 months after employment. Kramer (1974) reports that the anticipatory socialization program:

was effective in raising perceived role deprivation while in school, decreasing role deprivation upon employment, increasing the length of time that nurses remained in their initial jobs and in nursing service, and helping nurses to develop integrative role strategies useful in managing conflict. (p. 134).

Most recently Kramer and Schmalenberg (1978) have developed a Bicultural Training Program (BTP) to aid in role transformation for new graduates employed in the hospital setting (pp. 1-47). They continue to use the Nursing Role Conception Scale developed by Corwin, to measure role deprivation translated into degree of reality shock.

In 1976, Pieta conducted a study to compare the role conceptions of nursing students and faculty from three types of nursing programs with those of head nurses. She modified the Nursing Role Conception Scale developed by Corwin (1960), to a scale with 34 hypothetical situations (Pieta, 1976, pp. 67-72). Her findings revealed a difference between perceptions of what should be practiced and what was practiced. Each of the three student groups, the associate degree and baccalaureate degree faculty groups and the head nurse group had the greatest role discrepancy for the service role conception, while the diploma faculty group had the greatest role discrepancy for the professional role conception. All groups had the least role discrepancy for the bureaucratic role conception. Within groups the baccalaureate faculty group had the greatest role
discrepancy for all three role conceptions and the baccalaureate students had the greatest role discrepancies within the student groups for the three role conceptions (Pieta, 1976, pp. 139-140).

From another perspective, the relationship between anticipatory socialization and role stress among nurses was studied by Brief, Aldag, Van Sell, and Melone (1979). The 157 respondents were randomly sampled from 3,400 registered nurses in the State of Iowa in 1975, who met selection criteria for inclusion in the study. They were graduates of diploma, associate degree, and baccalaureate programs. The results indicated that the educational program does not influence the activities performed by the general duty nurse; that nurses with baccalaureate education experience more role stress than nurses with diploma education; that role stress is negatively correlated with job satisfaction; and that on-the-job tenure does not mitigate the impact of anticipatory socialization on role stress (Brief et al, 1979, pp. 163-164). Role stress in this study was considered to encompass role conflict and role ambiguity, and the findings reinforced the relationship of educational preparation to the degree of role stress experienced. The findings emphasize that the anticipatory socialization of the educational experience has more effect on role stress than do later on-the-job experiences. Further, it was felt that the professional orientation of baccalaureate graduates conflicted with the organization of duties in hospital employment, supporting that professional-bureaucratic conflict contributes to role stress.

Summary

Within the literature reviewed, role theory provides a back-
ground from which role behaviour can be understood. The role set
designates the role relationships for each social position. The role
episode provides a model from which to analyze the messages sent and
received and the potential conflict for role enactment. This illustrates
the interrelatedness of individual role behaviour within the
organizational context. The process of role acquisition describes the
stages an individual passes through for personal resolution of role
demands and expectations. As well, it provides an understanding of the
potential for conflict with the ideal "shoulds" of the educational process,
the actual "musts" of the organization, and the methods or "mays"
interpreted by role senders within the organization.

Role conceptions are the internal representation of the role
expectations held by an individual at a specified time. They are closely
bound to personal identity and, as such, reflect the expectations,
cognitions, values and anticipated manoeuvres and responses of the
individual. Role conceptions are influenced by the role pressures of
role set members. Role discrepancy reflects the degree to which role
conceptions are inoperative in practice and serves as a measure of the
role conflict experienced by the individual. A study of role conceptions
from the perspective of the focal person provides an understanding of the
role conflict for that individual in the role episode. It further
reflects the socialization experience of that individual and the
difficulties encountered in achieving personal role resolution.

Corwin and others have defined role conceptions held by nurses
as bureaucratic, professional and service. These role conceptions reflect
the educational socialization of the graduate and are observed to change
on exposure to hospital employment. The baccalaureate graduate, for example, holds a high professional role conception at graduation, which is observed to decrease in the first six months of hospital employment. On the other hand, the bureaucratic role conception is held at a lower level at graduation, but increases with exposure to hospital employment. Role deprivation, or the difference between perceptions of the ideal situation and the situation as it actually exists, is used as a measure of role conflict. The simultaneous holding of high professional and high bureaucratic role conceptions is observed to contribute to greater role deprivation and role conflict than other combinations of role conceptions. This is felt to be related to the antithetical nature of loyalties to professional and bureaucratic systems. Role deprivation is reported to be greater for baccalaureate graduates than for graduates of diploma or associate degree programs, and is related to the holding of high professional role conceptions that conflict with increased bureaucratic role conceptions on exposure to hospital employment. The baccalaureate study subjects who left nursing practice, changed jobs or returned to school were observed to have greater role deprivation scores than those who remained in the same job for six months. Study in the broader area of role stress indicates that the educational preparation of nurses is related to the degree of role stress experienced and that the socialization experience of the educational program has more effect on role stress than later, on-the-job experiences. Baccalaureate graduates were observed to experience greater role stress than diploma graduates. Role stress was also negatively correlated with job satisfaction.
These findings support the theory of role socialization and serve to focus concern on role conflict as an explanation for the observed job migration and job dissatisfaction of baccalaureate graduates. The current study is in response to these findings and reflects a need to study the role conceptions of baccalaureate graduates at The University of British Columbia, to determine how findings with this sample compare to those based on studies in American settings. It is also designed to compare the outcome of the role socialization process for the products of two different educational patterns. The inclusion of a work profile of graduates six months following graduation will reflect exposure to hospitals and other employment organizations within the provincial health care system.
CHAPTER III

METHODOLOGY

This study was a descriptive survey of the role conceptions held by a convenience sample of The University of British Columbia baccalaureate graduates prior to graduation and during their work experience six months following graduation. The independent variables of this study were: 1) the educational program of the baccalaureate graduates, whether UBC-4 or UBC-2; and 2) the type of work experience selected by the baccalaureate graduate. The corresponding dependent variables were: 1) the role conception and role deprivation scores (bureaucratic, professional, and service) measured one month prior to graduation and six months after graduation if employed in a hospital setting; and 2) the survey description of the work experiences of the baccalaureate graduates six months after graduation.

Research Design

The study was designed as a longitudinal panel study (Polit and Hungler, 1978, p. 266), with measurement of role conceptions using the Nursing Role Conception Scale (see Appendix A) one month prior to graduation and for the same subjects (if employed in a hospital setting) six months after graduation. The Work Experience Questionnaire (see Appendix B) was designed to provide follow-up data indicating subsequent
employment of graduates and to distinguish those subjects who constituted the panel for repeat measurement of role conceptions. This type of longitudinal study allowed for collection of information from which to consider patterns of change in role conception.

The study of the dynamics of a variable over time with the same subjects allowed each subject to be her own control, which minimized the differences of extraneous variables and strengthened the internal validity of this study (Polit and Hungler, 1978, pp. 258-267).

Instruments

Nursing Role Conception Scale

The Nursing Role Conception Scale (Corwin, 1960) was selected for measurement of role conceptions. This Scale is composed of 22 hypothetical hospital nursing situations representing bureaucratic, professional and service orientations. Each situation is followed by a Likert-type five-point rating scale (Strongly agree to Strongly disagree). Respondents are asked to indicate: a) the extent to which each situation represents how nursing should be; and b) the extent to which each situation represents what is actually observed in nursing. Corwin (1960) describes development of the Scale and a pretest with 150 nurses, head nurses, student nurses, and licensed practical nurses, the results of which were analyzed for internal consistency to determine reliability (pp. 211-213 and Appendix III). Content validity was determined through attention to respondent comments and examination of the Scale by two practicing nurses (Corwin, 1960, pp. 213-217). In utilizing this
instrument, Kramer (1966) tested for construct validity using the "known groups" method for the role conception scales and validation in terms of behavioural criteria for the role deprivation scales (p. 32 and Appendices D and E). For both, results were in the predicted direction. Kramer and Schmalenberg (1978) have continued to use the Nursing Role Conception Scale with different populations and settings and maintain that "at this time, there is no better paper-pencil test of reality shock available" (p. 6). This Scale has been further used in nursing research as outlined by Ward and Fetler (1979, p. 415).

Work Experience Questionnaire

The questionnaire regarding work experience after graduation was designed by the investigator to collect data related to the employment status and work settings of The University of British Columbia baccalaureate graduates six months after graduation. This questionnaire was subjected to three critical reviews by nursing faculty and graduate students in a seminar setting with subsequent revision each time. The final review comprised input from four nursing faculty members and six graduate nursing students.

Sample

The population for this study consisted of the 120 students in the 1980 graduating class from The University of British Columbia School of Nursing, the only four-year baccalaureate nursing program in the province. Students graduating from this program had either completed
four years of university study or entered as registered nurses (from a hospital diploma or two-year college program) and completed two years of university study. Both groups of graduates receive the degree of Bachelor of Science in Nursing. This population thus reflects graduates with a difference in educational program, defined as UBC-4 and UBC-2.

A convenience sample from this population was obtained by approaching students in a regularly held class in their last week of formal instruction in March, 1980. Of the 85 questionnaires distributed, 77 were completed and the subjects who responded form the convenience sample for the study.

Procedure For Data Collection

The instructor introduced the investigator and then left the room. The investigator presented the purpose of the study and requested student participation. This request was from a prepared text (see Appendix C) which was attached to the Nursing Role Conception Scale and distributed to the students by two graduate student colleagues of the investigator. Those willing to participate in the study were requested to complete an attached mailing address form (see Appendix D) for future contact and to respond to the Nursing Role Conception Scale. Of the 77 respondents who completed the Nursing Role Conception Scale, 75 completed the mailing address form for follow-up contact. The Nursing Role Conception Scale and Work Experience Questionnaire were mailed out to the 75 respondents in late October, 1980, approximately six months after graduation. Included with these instruments was a covering letter inviting and explaining continued participation (see Appendix E). All
participants were requested to complete the Work Experience Questionnaire, labelled PART A, and those nurses employed in a hospital setting were requested to complete the Nursing Role Conception Scale, labelled PART B, as well. A stamped, self-addressed envelope was included for instrument return. A reminder was sent in mid-November to those participants not yet heard from (see Appendix F for copy of letter). Responses were received from 62 of the original participants, a return rate of 82 percent.

This completed the collection of data, which were then coded, scored and entered into computer files by the investigator for the data analysis to follow.
CHAPTER IV

PRESENTATION AND DISCUSSION OF FINDINGS

As outlined in Chapter III, data were obtained through completion of the Nursing Role Conception Scale one month prior to graduation and again six months following graduation for those baccalaureate graduates employed in hospital settings. In addition, the Work Experience Questionnaire was completed by respondents six months following graduation. The data collected in this study were scored by the investigator and analyzed by computer.¹

Scoring of Nursing Role Conception Scale

In completing the Nursing Role Conception Scale respondents indicated responses to the 22 hypothetical situations on a Likert scale. Score values were assigned using a five point scale, 5 = Strongly Agree through 1 = Strongly Disagree. This resulted in three role conception and three role deprivation scores for each respondent, corresponding to the bureaucratic, professional and service items of the Scale.

¹ The University of British Columbia Statistical Package for the Social Sciences, Version 7.01, (Under MTS), (Kita, 1978) was used for computer analysis of data.
The investigator treated blank responses and those where comments were made without a definite check to indicate response as missing data, coded as a 9. Missing data variables were then excluded in statistical analysis. Thus, calculation of respondent role conception and role deprivation scores was based only on the number of items for which there were responses. At the first time of administration with 77 respondents, there were 14 responses coded as missing. These could be traced to six respondents, one of whom contributed 6 of the 14 missing responses. Item analysis of responses indicated that the missing responses were generally for different items, with a maximum of two missing responses for each of two Scale items. At the second time of Scale administration six months following graduation there were 37 respondents and six missing responses overall, which could be attributed to four respondents. Comparison of missing responses for the two times of Scale administration indicated that different respondents were involved at these times, and with one exception, that the missing responses were related to different Scale items. The lack of pattern in missing responses can perhaps be attributed to individual difficulties with the question format and the overall length of the Scale (Ward and Fetler, 1979, p. 415).

Following examination of individual response patterns, the investigator determined the reliability of the instrument with this sample, and then analyzed group data for role conception and role deprivation scores. This was followed by analysis of the work profile of baccalaureate graduates six months following graduation, and its relationship to the role conceptions held prior to graduation.
Reliability of Nursing Role Conception Scale

In adoption of the Nursing Role Conception Scale designed by Corwin (1960), it was recognized that the responses in this study could reflect time and population differences. Corwin analyzed for internal consistency to determine reliability in construction of the Nursing Role Conception Scale (pp. 211-213 and Appendix III). However, while others have used the Scale in nursing research, none have reported on its reliability (Ward and Fetler, 1979, p. 415).

Polit and Hungler (1978) describe various methods used to determine instrument reliability and describe the coefficient alpha as "perhaps the single most useful index of reliability available" (p. 430). Using Cronbach's alpha to determine the reliability of the Nursing Role Conception Scale with this sample at The University of British Columbia resulted in a coefficient alpha of 0.51 (Kita, 1978, p. 208). While there is no standard for what a reliability coefficient should be, Polit and Hungler (1978) recommend a coefficient of 0.70 or 0.60 as sufficient for group-level comparisons (p. 432). However, it is recognized that "the reliability of a measure is partly a function of its length or number of items" (Polit and Hungler, 1978, p. 433). Possible contributing factors to the low reliability coefficient may have been the length of the Scale (22 items) and the sample size of 77 respondents.

Role Conception

The bureaucratic, professional and service role conceptions were measured for baccalaureate graduates one month prior to graduation
(N=77) and six months following graduation (N=37). The bureaucratic role conception score may range from 6 to 30 and the professional and service role conception scores, from 8 to 40. Of the 37 respondents at the second time of Scale completion, 36 were baccalaureate graduates currently employed in hospital settings and the additional graduate had been employed in a hospital setting until just prior to Scale completion, with no other intervening employment.

The mean role conceptions of the baccalaureate graduates (total N=77; hospital employed N=37) measured prior to and following graduation are presented in Table I. The mean bureaucratic, professional and service role conception scores reflect loyalties to the hospital and administrative rules, to the nursing profession, and to the psychological welfare of the patient, respectively. There is no numerical definition of what represents a high or low role conception score. Corwin (1960) stated that a "high mean indicates high role conception scale score" (p. 237). Referring to the range possible for each score (a maximum of 30 for the bureaucratic, and a maximum of 40 for the professional and service scores), the professional and service role conceptions are observed to be held at a higher level than the bureaucratic role conception. This pattern is similar to those observed by Corwin (1960) and Kramer (1966, 1974) for baccalaureate graduates. Baccalaureate programs emphasize professional and patient centered goals, with less loyalty to bureaucratic principles and values. In this study, role conceptions were observed to be relatively stable over time. The slight decrease in the bureaucratic role conception and slight increases in professional and service role conceptions over the six-month period were not significant.
TABLE I

Significance of Differences Between Mean Role Conception Scores of Baccalaureate Graduates Measured One Month Prior to Graduation (T₁) and Six Months Following Graduation (T₂)

<table>
<thead>
<tr>
<th>Role Conception</th>
<th>Time</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic</td>
<td>T₁</td>
<td>77</td>
<td>17.104</td>
<td>3.102</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T₁</td>
<td>37</td>
<td>16.892</td>
<td>2.951</td>
<td>1.81</td>
</tr>
<tr>
<td></td>
<td>T₂</td>
<td>37</td>
<td>15.838</td>
<td>3.387</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>T₁</td>
<td>77</td>
<td>29.818</td>
<td>3.564</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T₁</td>
<td>37</td>
<td>29.460</td>
<td>3.202</td>
<td>-0.43</td>
</tr>
<tr>
<td></td>
<td>T₂</td>
<td>37</td>
<td>29.703</td>
<td>3.332</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>T₁</td>
<td>77</td>
<td>28.818</td>
<td>3.047</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T₁</td>
<td>37</td>
<td>29.189</td>
<td>2.271</td>
<td>-1.31</td>
</tr>
<tr>
<td></td>
<td>T₂</td>
<td>37</td>
<td>29.865</td>
<td>2.820</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>df = 36
These findings can be compared with those of Kramer (1974) for a similar baccalaureate group who were administered the Nursing Role Conception Scale in 1970 (p. 106). Prior to graduation, The University of British Columbia baccalaureate group (N=37) had mean bureaucratic, professional and service role conception scores of 16.89, 29.46 and 29.19 respectively; compared in the same order to Kramer's baccalaureate group (N=59) scores of 17.39, 31.13, and 29.12 (1974, p. 106). While the professional role conception score of Kramer's group was noticeably higher, the levels of role conception scores at graduation were of a similar magnitude. However, on exposure to employment, for which Kramer reported after one year of employment, her group had increased its bureaucratic role conception and decreased professional and-service role conceptions (1974, p. 106). This direction of change was observed previously by Kramer (1966) and felt to relate to the bureaucratic-professional conflict of hospital employment. Exposure to bureaucratic rules and regulations and part-task designation of duties was felt to cause an increase in the bureaucratic role conception, while the professional role conception decreased with the realities of practice. While the changes in mean role conception scores following hospital employment were not significant for The University of British Columbia baccalaureate graduates, the direction of the observed changes was opposite to that reported by Kramer (1974). This stability of role conceptions with an indication for change in the opposite direction to Kramer's findings might indicate that The University of British Columbia baccalaureate graduates were socialized to reflect a greater degree of loyalty to bureaucratic principles. As well, exposure to hospital employment was supportive of the professional and service values for
practice learned in their educational program. This might be a reflection of the increased emphasis on professional and patient centered nursing care of the last ten years.

The role conceptions of The University of British Columbia baccalaureate graduates were also examined for differences between groups. The UBC-4 group completed four years of nursing at The University of British Columbia, while the UBC-2 group entered the program as registered nurses and completed the last two years of the nursing program with the first group. The differences in role conceptions between these groups one month prior to graduation and six months following graduation are presented in Tables II and III.

There were no significant differences in the role conceptions of these two groups at the times of measurement before and after graduation. This was a somewhat surprising finding in view of theories of role acquisition. Within the stages of role socialization described by Thornton and Nardi (1975), these two groups differed both in terms of educational process and on-the-job experience. As the reader will recall, the UBC-2 group received their basic nursing education in another setting and members often had worked as registered nurses prior to or concurrent with the two additional years of nursing at The University of British Columbia. The educational process contributes information regarding role, with this stage of role socialization characterized by the formation of incomplete role conceptions. Incumbents are then confronted with on-the-job expectations and modifications of the two result in personal role conceptions (Thornton and Nardi, 1975). The results of this study would indicate that either the registered nurses entered the last two years of
TABLE II
Significance of Differences Between Mean Role Conception Scores for Two Groups of Baccalaureate Students ($N = 76$) One Month Prior to Graduation

<table>
<thead>
<tr>
<th>Role Conception</th>
<th>Group</th>
<th>$N$</th>
<th>$M$</th>
<th>SD</th>
<th>$t^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic</td>
<td>UBC-2</td>
<td>35</td>
<td>16.657</td>
<td>2.754</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>41</td>
<td>17.415</td>
<td>3.369</td>
<td>-1.06</td>
</tr>
<tr>
<td>Professional</td>
<td>UBC-2</td>
<td>35</td>
<td>29.943</td>
<td>4.022</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>41</td>
<td>29.932</td>
<td>3.217</td>
<td>0.25</td>
</tr>
<tr>
<td>Service</td>
<td>UBC-2</td>
<td>35</td>
<td>28.971</td>
<td>3.120</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>41</td>
<td>28.732</td>
<td>3.042</td>
<td>0.34</td>
</tr>
</tbody>
</table>

Note. $N = 76$ as one respondent of total sample did not indicate program of study

$^a_{df = 74}$
TABLE III

Significance of Differences Between Mean Role Conception Scores for Two Groups of Baccalaureate Graduates (N = 37) Six Months Following Graduation

<table>
<thead>
<tr>
<th>Role Conception</th>
<th>Group</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t^a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UBC-2</td>
<td>14</td>
<td>15.500</td>
<td>3.568</td>
<td>-0.47</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>23</td>
<td>16.044</td>
<td>3.337</td>
<td></td>
</tr>
<tr>
<td>Bureaucratic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>UBC-2</td>
<td>14</td>
<td>29.929</td>
<td>3.751</td>
<td>0.32</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>23</td>
<td>29.565</td>
<td>3.131</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>UBC-2</td>
<td>14</td>
<td>29.571</td>
<td>2.441</td>
<td>-0.49</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>23</td>
<td>30.044</td>
<td>3.067</td>
<td></td>
</tr>
</tbody>
</table>

^a df = 35
the baccalaureate program with role conceptions similar to those held at the time of graduation, or the two years in the School of Nursing at The University of British Columbia resulted in the same role orientations as those from four years of the program. Also, the reaction of the role conceptions of the UBC-2 group on exposure to hospital employment were of a similar nature to those of the UBC-4 group. The absence of differences between the two groups may be reflective of achievement of the goals set out for the baccalaureate program (The University of British Columbia, 1980, p. 57). The philosophy of the School of Nursing would be expected to direct the nursing education of baccalaureate students and to be reflected in the beliefs of baccalaureate graduates. The results of this study indicate that indoctrination with these nursing beliefs is equally possible for registered nurses entering into the last two years of the baccalaureate program and for graduates of the four year program. This finding is further supportive of the integrative approach to baccalaureate education taken at The University of British Columbia. While there are some 28 university nursing programs offered for registered nurses in Canada ("University Programs for RN's", 1980, p. 36), The University of British Columbia offers the only known integrated program where registered nurses complete the last two years of the program with those taking the four year program. The University of British Columbia's belief that the goals of the baccalaureate program can be attained by both groups of students in an integrated baccalaureate program would appear to be supported by the role conceptions of the 1980 baccalaureate graduates measured prior to graduation and following exposure to hospital employment.
Role Deprivation

The role deprivation scores of baccalaureate graduates were determined by calculating the differences in the respondent's perception of the ideal nursing situation compared to his/her perception of the actual situation for items on the Nursing Role Conception Scale. These bureaucratic, professional and service role deprivation scores were measured one month prior to graduation and six months following graduation for respondents employed in hospital settings as described for role conception measurement. This resulted in 77 respondents prior to graduation and 37 respondents six months following graduation. Bureaucratic role deprivation scores may range from 0 to 24 and professional and service role deprivation scores from 0 to 32. The mean role deprivation scores as measured one month prior to graduation and six months following graduation are presented in Table IV.

Given the ranges possible for role deprivation scores, the professional role deprivation score was highest for this sample of baccalaureate graduates. This indicates that the greatest inconsistency between ideal role conception and actual experience was in the area of professional values and expectations. This can be related to the role conceptions previously described and the high professional orientation of this group of baccalaureate graduates (see Table I). Such role deprivation is a manifestation of the professional-bureaucratic conflict described by others (Johnson, 1971; Kramer, 1966, 1974; Kramer and Schmalenberg, 1978; Miller and Wager, 1971; Scott, 1966; Sorenson and Sorenson, 1974). Professional education with complex skills and
TABLE IV

Significance of Differences Between Mean Role Deprivation Scores of Baccalaureate Graduates Measured One Month Prior to Graduation ($T_1$) and Six Months Following Graduation ($T_2$)

<table>
<thead>
<tr>
<th>Role Deprivation</th>
<th>Time</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>$t^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic</td>
<td>$T_1$</td>
<td>77</td>
<td>7.922</td>
<td>3.444</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$T_1$</td>
<td>37</td>
<td>7.973</td>
<td>3.201</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$T_2$</td>
<td>37</td>
<td>6.622</td>
<td>3.443</td>
<td>1.70</td>
</tr>
<tr>
<td>Professional</td>
<td>$T_1$</td>
<td>77</td>
<td>13.481</td>
<td>4.819</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$T_1$</td>
<td>37</td>
<td>13.730</td>
<td>5.064</td>
<td>1.91</td>
</tr>
<tr>
<td></td>
<td>$T_2$</td>
<td>37</td>
<td>11.865</td>
<td>5.116</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>$T_1$</td>
<td>77</td>
<td>10.688</td>
<td>4.247</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$T_1$</td>
<td>37</td>
<td>11.595</td>
<td>4.561</td>
<td>3.32*</td>
</tr>
<tr>
<td></td>
<td>$T_2$</td>
<td>37</td>
<td>8.351</td>
<td>4.957</td>
<td></td>
</tr>
</tbody>
</table>

$^{a\text{df} = 36}$

$^* p < .01$
knowledge to perform in an autonomous manner conflicts with the bureaucratic orientation of a part-task authoritarian system of work performance. These graduates indicated by their role deprivation scores at graduation that they perceived this conflict between professional ideals and actual practice. The role deprivation scores observed over time and exposure to hospital employment decreased in all areas, although to a significant degree only for service role deprivation. It would seem that in the actual employment setting six months following graduation the baccalaureate graduates perceived less inconsistency in meeting their ideal role conceptions. While the role conceptions were not observed to change significantly over this time, the graduates' perception of their ability to meet their ideal role conceptions lessened the role deprivation. The significant decrease in service role deprivation suggests that graduates perceived themselves better able to meet patient needs in the employment setting than they had at graduation. The reasons for this change in perception cannot be identified through the data available from this study.

These findings were similar to those reported by Kramer (1974) for a group of baccalaureate graduates who completed the Nursing Role Conception Scale in 1970 (p. 106). While she observed the graduates over one year of employment, she noted the same pattern of decrease in role deprivation scores with the service role deprivation showing the largest decrease (Kramer, 1974, pp. 106-107). She noted that their service role conceptions were similarly stable, and stated:

This means that while their concept of the nurse role with regard to devotion and loyalty to the patient remained relatively unchanged from graduation to one year after employment, these nurses found conditions in actual practice more consonant with their service role conception than they had at graduation. (p. 107).
The role deprivation scores reported for The University of British Columbia baccalaureate graduates were also examined for differences between groups, that is UBC-2 and UBC-4 graduates. The role deprivation scores as measured one month prior to graduation are presented in Table V and those measured six months following graduation are presented in Table VI.

The role deprivation scores of these two groups were not significantly different prior to graduation, and six months following graduation, they differed significantly only for bureaucratic role deprivation. Comparison of the two tables illustrates that the bureaucratic role deprivation score remained constant over the six months for the UBC-2 group but decreased for the UBC-4 group, which accounted for the significant difference between groups noted at that time. This finding can perhaps be understood in terms of the differences in role socialization previously discussed. While the role conceptions held by both groups did not differ, previous on-the-job experiences of the UBC-2 group may have prepared them to hold more realistic expectations for congruence between bureaucratic role conceptions and actual practice. The UBC-4 group perceived greater inconsistency between bureaucratic loyalties and actual experience prior to graduation than they did six months following graduation. In terms of professional-bureaucratic conflict, it would seem that UBC-4 graduates were better able to meet the bureaucratic demands of hospital employment than was perceived at graduation. Perhaps again, the educational process was responsible for teaching behaviours that contributed to this adjustment. It is also recognized that UBC-2 graduates may have entered hospital employment at different levels in the hospital hierarchy
### TABLE V

Significance of Differences Between Mean Role Deprivation Scores for Two Groups of Baccalaureate Students ($N = 76$) One Month Prior to Graduation

<table>
<thead>
<tr>
<th>Role Deprivation</th>
<th>Group</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>$t^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic</td>
<td>UBC-2</td>
<td>35</td>
<td>8.314</td>
<td>3.787</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>41</td>
<td>7.707</td>
<td>3.092</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>UBC-2</td>
<td>35</td>
<td>13.943</td>
<td>4.537</td>
<td>0.67</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>41</td>
<td>13.195</td>
<td>5.085</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>UBC-2</td>
<td>35</td>
<td>10.229</td>
<td>4.609</td>
<td>-1.11</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>41</td>
<td>11.293</td>
<td>3.710</td>
<td></td>
</tr>
</tbody>
</table>

Note. $N = 76$ as one respondent of total sample did not indicate program of study

$^a df = 74$
TABLE VI

Significance of Differences Between Mean Role Deprivation Scores for Two Groups of Baccalaureate Graduates (N = 37) Six Months Following Graduation

<table>
<thead>
<tr>
<th>Role Deprivation</th>
<th>Group</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic</td>
<td>UBC-2</td>
<td>14</td>
<td>8.071</td>
<td>2.921</td>
<td>2.09*</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>23</td>
<td>5.739</td>
<td>3.493</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>UBC-2</td>
<td>14</td>
<td>13.571</td>
<td>4.450</td>
<td>1.62</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>23</td>
<td>10.826</td>
<td>5.306</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>UBC-2</td>
<td>14</td>
<td>9.643</td>
<td>3.734</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td>UBC-4</td>
<td>23</td>
<td>7.565</td>
<td>5.501</td>
<td></td>
</tr>
</tbody>
</table>

^a df = 35

* p < .05
than UBC-4 graduates and thus experienced more difficulty in achieving their bureaucratic role conceptions, which resulted in their constant bureaucratic role deprivation scores over time.

Work Profile

Information to describe the work profile of baccalaureate graduates following graduation was compiled from responses to the Work Experience Questionnaire completed six months following graduation. Of the 62 respondents who completed this Questionnaire, five were unemployed at that time. Within the group of five graduates who were unemployed, two were in Europe and provided no work history since graduation, while the other three had been employed since graduation and were currently seeking employment.

For those graduates currently employed it was of additional interest to learn of those who had held two and three positions since graduation, as illustrated in Figure 1.

In a similar study of 79 baccalaureate graduates, Kramer (1966) reported that 33 percent had changed jobs once in six months (p. 42). For The University of British Columbia baccalaureate graduates this pattern of work experience seemed related in part to the timing of graduation and employment for three to four months in various settings as summer relief, followed by movement into permanent positions. There was also a shortage of nurses in the province of British Columbia concurrent with this study, which may have contributed to a more flexible employment market for those who wished to change positions. The number
FIGURE 1

Employment Status of Baccalaureate Graduates (N = 62) Six Months Following Graduation

- Initial Position: 47.03% (N = 29) Currently Employed
- Second Position: 41.70% (N = 26) Currently Employed
- Third Position: 3.22% (N = 2) Currently Unemployed
- Other: 8.06% (N = 5) Currently Unemployed
of positions held by the baccalaureate graduates as reported six months
following graduation is presented in Table VII, categorized by the
length of employment in the position and the type of work organization.
The 88 positions represent those of the 57 graduates currently employed,
the positions of the three graduates who while currently unemployed had
been employed since graduation and the additional positions of 28
graduates who had been employed in more than one position since graduation.

The types of work organizations indicated were Hospital,
Community Health Agency, Business/Industry, Educational Institution and
Other. Those employed in the Other classification specified the
Association for the Mentally Retarded, the Registered Psychiatric Nurses'
Association, drop-in centres, a recreation centre and a volunteer agency
as their employment settings. The range in length of employment from
less than one month to six months further illustrates the variability of
work experience for these graduates in the first six months following
graduation.

While the hospital setting accounted for 50 out of the 88
(47.27 percent) positions held by the baccalaureate graduates at some
time in the first six months following graduation, a look at the
employment settings of the baccalaureate graduates who were currently
employed (N=57) presents a clearer picture of the dispersion of graduates
to work organizations at one point in time. A summary of the work
organizations of current employment for these 57 baccalaureate graduates
is presented in Figure 2.

The hospital can thus be seen to be the employer for the
greatest number of baccalaureate graduates, followed by community health
TABLE VII
Number of Positions by Length of Employment and Type of Work Organization Held by Baccalaureate Graduates as Reported Six Months Following Graduation

<table>
<thead>
<tr>
<th>Type of Work Organization</th>
<th>Position Totals</th>
<th>Number of Positions by Length of Employment in Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Hospital</td>
<td>50</td>
<td>1</td>
</tr>
<tr>
<td>Community</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Business/Industry</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Educational</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>
Current Employment Settings of Baccalaureate Graduates ($N = 57$)
Six Months Following Graduation

**Work Organizations**

- **UBC-2 Baccalaureate graduates**
- **UBC-4 Baccalaureate graduates**
agencies, with only a small number in educational and other settings combined. The breakdown of employment for UBC-2 and UBC-4 graduates indicates that the greatest number for both groups was employed in the hospital setting. The UBC-2 group represents a greater proportion of those baccalaureate graduates employed in community health agencies and other settings, as well as the total of those employed in educational institutions.

Within these work organizations the baccalaureate graduates were asked to indicate their position titles on the Work Experience Questionnaire. The greatest variety of position titles was in the hospital setting as indicated in Table VIII. The positions of supervisor, head nurse/assistant head nurse, and instructor were filled by UBC-2 graduates, which possibly reflected work experience prior to baccalaureate education. The general duty positions were filled by both UBC-2 and UBC-4 graduates, with the majority being UBC-4 graduates. The one reported clinical nurse specialist was a UBC-4 graduate. Those employed in community health agencies were all titled community health nurse, with one graduate more specifically a community mental health nurse. The two baccalaureate graduates employed in educational institutions were instructors, and the three in other settings were a supervisor with the Association for the Mentally Retarded, an independent nurse practitioner in a recreation centre, and a child care worker in a drop-in centre.

Following from the summary of the work organizations in which baccalaureate graduates were employed six months following graduation, the investigator attempted to determine if there was a relationship between the role conceptions of The University of British Columbia
### TABLE VIII

Position Titles of Those Baccalaureate Graduates (N = 36) Employed in the Hospital Setting Six Months Following Graduation

<table>
<thead>
<tr>
<th>Position Titles</th>
<th>UBC-2</th>
<th>UBC-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Duty Nurse</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Instructor</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Supervisor</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Head Nurse/Assistance Head Nurse</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>
baccalaureate graduates as measured one month prior to graduation, and
the type of work organization in which they were employed six months
following graduation. One-way analysis of variance was used to examine
the relationship between the role conceptions measured prior to graduation
and the employment of graduates in hospital and community health settings
six months following graduation. Those employed in educational institutions
(N=2) and other settings (N=3) were excluded from statistical analysis
because of the small numbers in each group. Separate examination of the
role conception means for those groups was considered more appropriate.

The one-way analysis of variance for those employed in the
hospital and community health settings was not significant for the
bureaucratic or professional role conceptions, but was significant
(F(1,50) = 4.03, p = .05) for the service role conception held by those
graduates prior to graduation. The mean service role conception scores
of graduates who were later employed in the hospital (29.06) were higher
than those of graduates later employed in community health settings,
(27.44), a finding which may indicate loyalties to direct patient care
that directed graduates to choose hospital employment. However, this
difference might also be the result of the employment available and thus
hospitals as employers of the majority of graduates had a greater chance
for inclusion of those with higher mean service role conception scores.
Greater numbers in a variety of employment settings would allow for more
comprehensive analysis of this question.

The mean role conception scores as measured prior to
graduation for those graduates employed in educational institutions (N=2)
were found to be similar to those held by the total group employed six
months following graduation (N=57). The means for bureaucratic, professional and service role conceptions were 16.00, 20.00 and 28.50 respectively; compared in the same order to total group means of 17.32, 29.83 and 28.79. The small number in this group and the similarity of mean role conception scores to those of the total group give no indication of a relationship between role conceptions held prior to graduation and later employment in educational institutions.

The baccalaureate graduates in other employment settings (N=3) showed greater differences from the total group means (N=57). Their role conception means for bureaucratic, professional and service role conceptions were 19.00, 36.33 and 33.00 respectively; compared in the same order with total group means of 17.31, 29.83 and 28.79. Both the professional and service role conception means for this group of three graduates were much higher than those of the total group. Perhaps these differences in role conceptions indicated loyalties to the nursing profession and patient care that directed such graduates to seek employment outside the traditional nursing employment settings upon graduation. However, the number of graduates was too small for any definitive interpretation.

Attempts to determine a relationship between the role conceptions held prior to graduation and the employment settings of graduates observed after graduation were limited by the small numbers in some settings, and resulted in no definitive conclusions.

In the next chapter a summary of the findings from this study is presented. These findings form the basis from which to draw the major conclusions and implications of this study and from which recommendations for further study are proposed.
CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND
RECOMMENDATIONS FOR FURTHER STUDY

The observation that baccalaureate graduates experience difficulties in adjustment to the work environment upon graduation has focussed attention on the phenomenon labelled reality shock.

Within a theoretical framework based on role theory, the concept of role and the process of role acquisition formed a basis for the study of the role conflict confronting individuals in transition from the educational system to the work organization. Role conceptions which represent the role expectations held by an individual at a specified time are expected to change within this period of transition. The role conflict in nursing has been studied from the perspective of role conceptions. Such study is important to provide information for nursing education and nursing service as a base from which to help graduates during this time of role transition. The lack of studies within the Canadian educational and health system was a stimulus for investigation of these concerns at The University of British Columbia.

This study was a descriptive survey of the role conceptions held by the 1980 baccalaureate graduates of The University of British Columbia School of Nursing. Role conceptions were measured by the Nursing Role Conception Scale one month prior to graduation (N=77), and
six months following graduation for those employed in a hospital setting (N=37). In addition, completion of the Work Experience Questionnaire produced data to describe the employment status of graduates (N=62) six months following graduation. Completion of the Nursing Role Conception Scale resulted in bureaucratic, professional and service role conception scores which reflected loyalties to the hospital and administrative rules, to the nursing profession and to the patient's welfare, respectively. Role deprivation scores which reflected perceived inconsistencies between the ideals of the role conceptions and observations of actual practice were similarly calculated for the bureaucratic, professional and service items of the Scale.

The reliability of the Nursing Role Conception Scale with this sample at The University of British Columbia was found to have a coefficient alpha of 0.51 which was lower than hoped for and raised the question of whether this Scale is consistently measuring the bureaucratic, professional and service role conceptions that it is designed to measure.

The role conceptions of The University of British Columbia baccalaureate nursing graduates remained fairly stable from the time of measurement prior to graduation and following graduation. While the direction of change in role conceptions on exposure to hospital employment was not significant, it was in the opposite direction to that reported by Kramer (1974). There was a slight decrease in the mean bureaucratic role conception score and a slight increase in the mean professional and service role conception scores of The University of British Columbia baccalaureate graduates, while Kramer noted an increase in the mean bureaucratic role conception score and a decrease in mean
professional and service role conception scores. This finding raises questions regarding the possible influences of difference in socialization and the effects of increased emphasis on professional and patient centered nursing care which have occurred during the last ten years.

The role conceptions of the total group were examined for differences between the UBC-2 and UBC-4 graduates, the former having entered the baccalaureate program as registered nurses and completed the last two years of the program. There were no significant differences between these two groups, which was surprising to the investigator in view of the differences in role socialization, particularly educational process and on-the-job experience. This finding was felt to be supportive of the School of Nursing philosophy and the integrated approach taken to baccalaureate education of registered nurses at The University of British Columbia.

The role deprivation scores revealed professional role deprivation to be greatest, which could be expected from the profession-bureaucratic conflict which results when professional values of autonomous whole-task performance are confronted with the part-task authoritarian orientations to work of the bureaucratic system. The role deprivation scores were observed to have decreased six months following graduation, although the difference was significant only for service role deprivation. This suggests that graduates perceived themselves to be better able to meet patient needs when in the employment setting than they had at graduation. These findings for role deprivation scores support those reported by Kramer (1974) for a similar baccalaureate group who had been employed for one year. Mean role deprivation scores were also
examined for differences between groups of UBC-2 and UBC-4 graduates. The only significant difference was for the bureaucratic role deprivation score measured six months following graduation. The bureaucratic role deprivation score of the UBC-2 group remained constant over time while the UBC-4 group score decreased, which accounted for the significant difference. This difference was felt to relate again to the difference in role socialization for these groups. From previous experiences the UBC-2 group might have held more congruent expectations between bureaucratic role conceptions and actual practice, and were also likely to enter the hospital organization at levels where they were more involved with the rules and regulations of the organization. The educational experiences of the UBC-4 group perhaps prepared these baccalaureate graduates to expect greater inconsistency between bureaucratic role conceptions and actual practice than they actually experienced.

A work profile of these baccalaureate graduates indicated that 41.7 percent of the 62 respondents had held more than one job since graduation, as compared to a 33 percent figure reported by Kramer (1966) for a six-month period following graduation. This could have been affected by the timing of graduation and the ready availability of summer relief positions prior to permanent employment, or by the market conditions for nurses which facilitated job changes.

The major employers of the graduates were hospitals (63 percent) and community health agencies (28 percent). Those baccalaureate graduates employed in hospitals and community health agencies held significantly different service role conception scores prior to graduation, as shown by the results of a one-way analysis of variance.
Conclusions

The results of this study have revealed three findings of major importance.

The first major finding was the absence of differences in the role conception scores of UBC-2 and UBC-4 groups of baccalaureate graduates, despite differences in educational process. The UBC-2 group had received their basic registered nurse education prior to entry to the baccalaureate program and had had on-the-job experiences, while the UBC-4 group had completed four years in the nursing program. Nevertheless, their role conception scores indicated they were representative of the same population. This finding lends credence to The University of British Columbia School of Nursing philosophy of baccalaureate education and the goals set out for the baccalaureate program. Further, it suggests that registered nurses can be integrated into a baccalaureate program and achieve the goals as set out, not requiring separate education as is the practice in most Canadian baccalaureate programs.

The second finding, that the bureaucratic role deprivation scores remained constant for UBC-2 graduates but significantly decreased for the UBC-4 graduates over the six month post-graduation period, indicates that the UBC-2 group held more congruent expectations of the difficulties in achieving bureaucratic loyalties within actual practice than did the UBC-4 group. This is felt to be the result of the UBC-2 group's previous on-the-job experiences, with the baccalaureate program having socialized UBC-4 graduates to be more prepared for difficulty in this area than was required. The significant decrease in bureaucratic role deprivation for the UBC-4 group indicates that they perceived them-
selves to be better able to meet the bureaucratic demands of hospital employment when in that situation than at graduation.

The third finding was the observed significant difference in service role deprivation over the six month period. While the service role conceptions remained constant, the graduates apparently found that conditions in the hospital resulted in less discrepancy between ideals of loyalty to patient care and welfare than those perceived in actual practice at graduation.

Implications

These findings have important implications for nursing education, nursing service and patient care delivery, respectively.

The absence of differences in role conceptions of UBC-2 and UBC-4 graduates of the baccalaureate program at The University of British Columbia indicate that the integrated baccalaureate program resulted in the same beliefs and expectations for nursing at graduation and six months following. This information is expected to be helpful to nursing educators as they endeavor to plan and implement curricula for greater numbers of baccalaureate graduates. It focusses attention on the last two years of baccalaureate education as influencing the beliefs and values held at graduation. The second finding that bureaucratic role deprivation remained constant for UBC-2 graduates and decreased for UBC-4 graduates six months following graduation would further support the benefits of integrated baccalaureate education. The integration of registered nurses in the four year baccalaureate program may contribute
to the benefit of all graduates with sharing of experiences and observations of practice. The latter finding also has implications for nursing service administration in that the UBC-4 group perceived less discrepancy in the bureaucratic role area when involved in actual employment in the hospital setting. This could mean that the adjustment to and acceptance of the rules and regulations of the bureaucratic system were not as difficult as anticipated. This would be welcome news to nursing service and should encourage ongoing dialogue between nursing service and nursing education to lessen the role deprivation noted at graduation.

Lastly, the finding that there is a significant decrease in service role deprivation over the six month period has implications for patient care delivery and the goals of both nursing education and nursing service administration. That graduates found the practice of nursing more consonant with their beliefs about patient care and welfare when in the hospital setting six months following graduation indicates that patient care is indeed valued within health care settings. This supports the mutual goals of nursing education and nursing service and might help to allay public concerns regarding patient care.

Recommendations for Further Study

Based on the findings of this study, the investigator would recommend further research to examine the following:

1. The reliability of the Nursing Role Conception Scale developed by Corwin in 1960 with a larger sample of baccalaureate graduates.
2. The role conceptions of baccalaureate graduates employed in settings other than the hospital, requiring adaptation of the Nursing Role Conception Scale.

3. The role conceptions of registered nurses on entry to The University of British Columbia School of Nursing, and again on graduation.

4. The role conceptions of graduates from a variety of baccalaureate nursing programs in Canada and employed in a variety of work settings.

5. The effects of differences in role socialization on the role conceptions of baccalaureate graduates.
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APPENDIX A

NURSING ROLE CONCEPTION SCALE
NURSING ROLE CONCEPTION SCALE

Instructions

This consists of a list of 22 hypothetical situations in which a nurse might find herself.

You are asked to indicate both:

(A) the extent to which you think the situation should be the ideal for nursing.

(B) the extent to which you have observed the situation in your hospital.

Notice that two (2) questions must be answered for each situation. Consider the questions of what ought to be the case and what is really the case separately; try not to let your answer to one question influence your answer to the other question. Give your opinions; there are no 'wrong' answers.

Indicate the degree to which you agree or disagree with the statement by checking one of the alternative answers, ranging from: STRONGLY AGREE, AGREE, UNDECIDED, DISAGREE, and STRONGLY DISAGREE.

STRONGLY AGREE indicates that you agree with the statement with almost no exceptions.

AGREE indicates that you agree with the statement with some exceptions.

UNDECIDED indicates that you could either 'agree' or 'disagree' with the statement with about an equal number of exceptions in either case.

DISAGREE indicates that you disagree with the statement with some exceptions.

STRONGLY DISAGREE indicates that you disagree with the statement with almost no exceptions.

Here is an example:

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some graduate nurses in New York hospitals believe that doctors are more professional than nurses.</td>
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<tr>
<td>A. On the basis of the facts graduate nurses should believe doctors are more professional.</td>
<td>✔</td>
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<tr>
<td>B. Graduate nurses at my hospital actually do believe that doctors are more professional.</td>
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<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

Suppose that, almost without exception, you agree that nurses should regard doctors are more professional. Then check ( ✔) the first column (STRONGLY AGREE) for question A.

Suppose that, with some exceptions, you disagree that nurses in your hospital do believe that doctors are more professional. Then check ( ✔) column four (DISAGREE) after question B.

Be sure you place a check mark ( ✔) after both questions A and B.
### Bureaucratic Items

1. One graduate nurse, who is an otherwise excellent nurse except that she is frequently late for work, is not being considered for promotion, even though she seems to get the important work done.

   A. Do you think this is the way it should be in nursing?

   B. Is this the way things are at your hospital?

2. A head nurse at one hospital insists that the rules be followed in detail at all times, even if some of them do seem impractical.

   A. Do you think this is the way head nurses and supervisors should act?

   B. Is this the way head nurses and supervisors at your hospital actually do act when the occasion arises?

3. A graduate staff nurse observes another graduate staff nurse, licensed practical nurse, or aide who has worked in the hospital for months, violating a very important hospital rule or policy and mentions it to the head nurse or supervisor.

   A. Do you think that this is what graduate nurses should do?

   B. Is this what graduate nurses at your hospital actually do when the occasion arises?
4. When a supervisor at one hospital considers a graduate for promotion, one of the most important factors is the length of experience on the job.

A. Do you think this is what supervisors should regard as important?

B. Is this what supervisors at your hospital actually do regard as important?

5. In talking to acquaintances who aren't in nursing, a graduate nurse gives her opinions about things she disagrees with in the hospital.

A. Do you think this is what graduate nurses should do?

B. Is this what graduate nurses at your hospital actually do when the occasion arises?

6. A graduate nurse is influenced mainly by the opinions of hospital authorities and doctors when she considers what truly "good" nursing is.

A. Do you think this is what graduate nurses should consider in forming their opinions?

B. Is this what graduate nurses at your hospital actually do consider in forming their opinions?
### Professional Items

<table>
<thead>
<tr>
<th>7.</th>
<th>One graduate nurse tries to put her standards and ideals about good nursing into practice even if hospital rules and procedures prohibit it.</th>
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<tbody>
<tr>
<td>A.</td>
<td>Do you think that this is what graduate nurses <strong>should</strong> do?</td>
</tr>
<tr>
<td>B.</td>
<td><strong>Is</strong> this what graduate nurses at your hospital actually <strong>do</strong> when the occasion arises?</td>
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<tr>
<th>8.</th>
<th>One graduate nurse does not do anything which she is told to do unless she is satisfied that it is best for the welfare of the patient.</th>
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<tbody>
<tr>
<td>A.</td>
<td>Do you think that this is what graduate nurses <strong>should</strong> do?</td>
</tr>
<tr>
<td>B.</td>
<td><strong>Is</strong> this what graduate nurses at your hospital actually <strong>do</strong> when the occasion arises?</td>
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<th>9.</th>
<th>All graduate nurses in a hospital are active members in professional nursing associations, attending most conferences and meetings of the association.</th>
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<tbody>
<tr>
<td>A.</td>
<td>Do you think this <strong>should</strong> be true of all nurses?</td>
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<td>B.</td>
<td><strong>Is</strong> this true of nurses at your hospital?</td>
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</tbody>
</table>
10. All graduate nurses in a hospital spend, on the average, at least six hours a week reading professional journals and taking refresher courses.

A. Do you think this **should** be true of all nurses?

B. Is this true of nurses at your hospital?

11. Some nurses try to live up to what they think are the standards of their profession, even if other nurses on the ward or supervisors don't seem to like it.

A. Do you think this is what graduate nurses **should** do?

B. Is this what graduate nurses at your hospital actually do when the occasion arises?

12. Some graduate nurses believe that they can get along very well without a lot of formal education, such as required for a B.S., M.S., or M.A. college degree.

A. Do you think that this is what graduate nurses **should** believe?

B. Is this what graduate nurses at your hospital actually do believe?
13. At some hospitals when a graduate nurse is considered for promotion, one of the most important factors considered by the supervisor is her knowledge of, and ability to use, judgment about nursing care procedures.

A. Do you think this is what supervisors should regard as important?

B. Is this what supervisors at your hospital actually do regard as important?

14. Some hospitals try to hire only graduate nurses who took their training in colleges and universities which are equipped to teach the basic theoretical knowledge of nursing science.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are at your hospital?

Service Items

15. At one hospital graduate nurses spend more time at bedside nursing than any other nursing task.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are at your hospital?
<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
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<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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<td>16. Head nurses and doctors at one hospital allow the graduate nurse to tell patients as much about their physical and emotional condition as the nurse thinks is best for the patient.</td>
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<tr>
<td>A. Do you think this is the way it should be in nursing?</td>
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<td>B. Is this the way things are at your hospital?</td>
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<td>17. A doctor orders a patient to sit up in a wheel-chair twice a day, but a graduate nurse believes that he is not emotionally ready to sit up; the doctor respects her opinion and changes the treatment.</td>
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<tr>
<td>A. Do you think this is the way it should be in nursing?</td>
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<td>B. Is this the way things are at your hospital?</td>
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<td>18. Doctors and head nurses at the hospital respect and reward nurses who spend time talking with patients in an attempt to understand the hostilities, fear, and doubts which may effect the patient's recovery.</td>
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<tr>
<td>A. Do you think this is what doctors and head nurses should regard as important?</td>
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<td></td>
</tr>
<tr>
<td>B. Is this what doctors and head nurses at your hospital actually do regard as important?</td>
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</table>
19. A graduate nurse believes that a patient ought to be referred to a psychologist or a public health nurse and tries to convince the doctor of this, even though he is doubtful.

A. Do you think this is what graduate nurses should do?

B. Is this what graduate nurses at your hospital actually do when the occasion arises?

20. At one hospital the nurse's ability to understand the psychological and social factors in the patient's background is regarded as more important than her knowledge of such other nursing skills as how to give enemas, IVs, or how to chart accurately.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are at your hospital?

21. Some graduate nurses believe that the professional nurses who should be rewarded most highly are the ones who regard nursing as a calling in which one's religious beliefs can be put into practice.

A. Do you think that this is what graduate nurses should believe?

B. Is this what graduate nurses at your hospital actually do believe?
22. At some hospitals the graduate nurses who are most successful are the ones who are realistic and practical about their jobs, rather than the ones who attempt to live according to idealistic principles about serving humanity.

A. Do you think this is the way it should be in nursing?

B. Is this the way things are at your hospital?
APPENDIX B

WORK EXPERIENCE QUESTIONNAIRE
The University of British Columbia
School of Nursing
Master's Thesis Study—Sandra Way

Questionnaire Regarding Work Experience After Graduation from UBC

Please check or fill-in the appropriate response as indicated: Please do not write in this section

1. Are you presently employed?  
   ____ yes  ____ no

Those answering no, complete only SECTION I
Those answering yes, begin at SECTION II

SECTION I

2. Are you seeking employment?  ____ yes  ____ no

3. Have you been employed in any setting since graduating from UBC?  ____ yes  ____ no

4. If you answered yes to question 3, indicate dates of employment ______ to ______, and type of employing agency.
   d/m/y  d/m/y
   ____ Hospital
   ____ Community Health Agency
   ____ Business/Industry
   ____ Physician's Office
   ____ Educational Institution
   ____ Other (Please Specify) ________________________
SECTION II

5. Most recent date of commencement at your present place of employment __________
   d / m / y

6. What is the title of your position?
   _____ Supervisor/Assistant Supervisor
   _____ Clinical Specialist
   _____ Head Nurse/Assistant Head Nurse
   _____ General Duty/Staff Nurse
   _____ Community Health Nurse
   _____ Instructor/Professor
   _____ Other (Please Specify) ________________________

7. Please check the type of employing agency.
   _____ Hospital
   _____ Community Health Agency
   _____ Business/Industry
   _____ Physician's Office
   _____ Educational Institution
   _____ Other (Please Specify) ________________________
Since graduating from UBC, if you have been employed in positions other than your present position, please continue with SECTION III

Please do not write in this section

SECTION III

8. Please give dates of employment in additional settings since graduating from UBC (not current), and specify type of employing agency.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Type of Agency</th>
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<td>d/m/y to</td>
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APPENDIX C
The University of British Columbia School of Nursing
Master's Thesis Study

Role Conceptions of Baccalaureate Nurses

My name is Sandra Way. I am a student in the graduate program in nursing at The University of British Columbia. I am interested in learning about how UBC baccalaureate nurses perceive their roles as nurses prior to university graduation, and when employed in their first nursing job following graduation. As well, I would like to determine the work settings in which UBC baccalaureate graduates are employed following graduation.

To obtain this information I request your participation to complete the attached questionnaire, form, and a further questionnaire which would be mailed to you for completion later in the fall of 1980. It is expected that completion of the described questionnaire will take 30 minutes. Responses to these questionnaires will be considered confidential. All data will be coded into tables with an assigned number, and original data destroyed, so that responses remain anonymous. Participation in this study is in no way associated with course requirements, and you may withdraw from this study at any time. If the questionnaire is completed it will be assumed that consent has been given for participation in this study.

If you are willing to participate in this study, please complete:
1) the attached mailing address form for future contact, and
2) the attached questionnaire.
APPENDIX D
Mailing Address Form for Follow-Up Questionnaire

Please print:

Name ____________________________

Mailing Address ____________________

________________________________

________________________________

City Postal Code

Please check one:

Program of Nursing Study:

----UBC-4 -- Completed four years of university nursing study at The University of British Columbia

____

____UBC-2 -- Entered UBC School of Nursing with R.N., and completed two years of university study

____
APPENDIX E