A STUDY TO DETERMINE WHETHER THE PRESENCE OF

ANDROGYNOUS SEX ROLES IN HOSPITAL STAFF NURSES

PARALLELS POSITIVE SUPPORT FOR WOMEN IN

MANAGEMENT POSITIONS
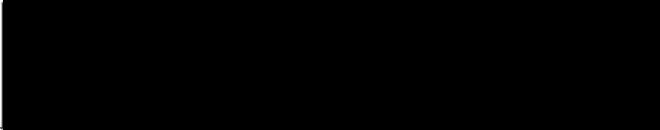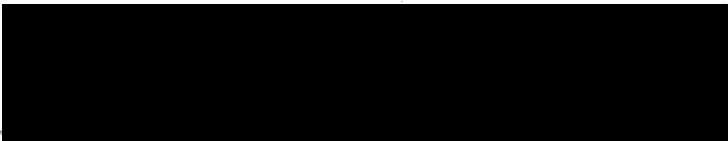
by

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A THESIS

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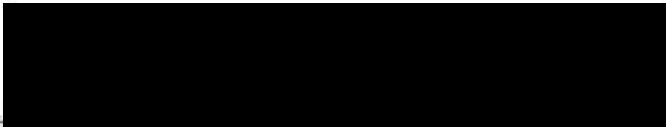
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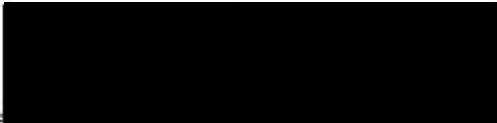

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CHAPTER I

INTRODUCTION

"For years, American society has considered masculinity to be the
mark of the psychologically healthy male and femininity to be the mark
of the psychologically healthy female" (Bem, 1975, p. 634). This con-
cept is now being challenged by psychologists and feminists (Cleland,
1971; Bem, 1976; LeRoux, 1976). In its place, the concept of androgy-
nous behavior, a blending of masculine and feminine characteristics is
being promoted.

The term androgyny comes from the combination of two Greek words,
"andro" which translates as male and "gyne" which translates as female.
Androgynous behavior, according to research, releases the restrictions
set by sex-typed behavior. It allows women to be competent and asser-
tive and men to be warm and gentle. Androgyny, in essence, provides
greater accessibility to a broader range of emotional reactions for
both sexes (Bem, 1975). The concept of androgyny has been especially
promoted by the advocates of the feminist movement.

The access to varied behaviors by all people is the essence of
androgyny. It then follows that, "if there is a moral to the concept
of androgyny, it is that behavior should have no gender" (Bem, 1975,
p. 15). Because of this moral, it would seem that the term "androgyny"
presents a contradiction in the general use of the word. The two Greek
words which combine to make the word cause a presupposition of the fact
that the concepts embodied in the terms "masculine" and "feminine" are
descriptions of reality. These concepts include aggressiveness and

ambition as masculine characteristics and warmth and gentleness as feminine characteristics.

It is interesting to note that if the concept of androgyny is successfully assimilated by the culture, the terms masculine and feminine will no longer have substance. "Thus, when androgyny becomes a reality, the concept of androgyny will have been transcended" (Bem, 1975, p. 15).

It is generally accepted that the nursing profession has embodied all the ideals of what is traditionally thought to be "women's work", i.e. nurturing, caring and emotional support. In one sense, nursing through the years has perpetuated this myth of women's work, although there has been some nursing literature written that indicated nurses are breaking out of traditional roles (Spengler, 1976). It is likely that some nurses, though not a majority, will profess to have androgynous attitudes. To advance the profession, these androgynous nurses should be identified and supported as leaders because they will then become the policymakers, change agents, and spokespersons for the nursing profession.

Nursing in the seventies is a dynamic, progressive profession. There are many trends that are being set such as primary nursing, the nurse practitioner movement, and the baccalaureate degree proposal for entry level into practice. In order to meet the challenge of these times, it is necessary to have nurses who are up to the work. These nurses will have to possess many of the characteristics that have been traditionally considered as male provinces, such as aggressiveness and leadership. With this type of nurse in leadership positions, nursing could become a dynamic motivating force in the health care system.

This type of leadership would provide guidance in solving some of the problems facing modern day nursing. Besides the challenge of new trends, there is also the problem that nursing is a traditional female occupation in a "male-dominated culture" (Cleland, 1971, p. 1542). This problem can be paralleled with the societal counterpart of the women who are seeking equal rights in the United States. Nurses could make positive strides in their own situations by aligning themselves with the women's movement.

The feminine attributes have never included the skills necessary for leadership, but this does not mean that women do not have these attributes. Bem (1974; 1976) found that the truly psychologically healthy person has both "masculine" and "feminine" traits. This blending of masculine and feminine traits is known as androgyny. It could be theorized that the nurses who demonstrate these androgynous behaviors would have positive feelings toward women in management positions. This support of staff nurses would, hopefully, increase the power base of Directors of Nursing and other nurses in management positions.

Statement of Purpose

The purpose of this study is threefold:

1. To determine what sex role attitudes are present in a group of hospital staff nurses.
2. To determine the relationship between androgynous sex-role attitudes and attitudes toward women as managers.
3. To determine if androgynous sex-role attitudes are more prevalent in graduates of a baccalaureate program as compared to the associate degree and diploma graduates.

Hypotheses

1. There will be an inverse relationship between the number of years of work experience and a positive attitude toward women as managers.
2. Androgynous sex-role attitudes will be significantly greater in graduates of a baccalaureate program than associate degree and diploma graduates.
3. Androgynous sex-role attitudes will be significantly correlated with a positive attitude toward women in management.

Operational Definitions

Androgyny ------------------- a blending of masculine and feminine role attitudes as determined by the Bem Sex Role Inventory (BSRI).

Baccalaureate Degree Nurse -- a graduate of a collegiate nursing program with a Bachelor of Science in Nursing.

Associate Degree Nurse ------ a graduate of a junior or community college program with an Associate Degree in Nursing.

Diploma Nurse --------------- a graduate of a non-degree granting hospital based nursing education program.

Staff Nurse ----------------- any nurse working on a specific hospital unit who is not a charge nurse or assistant head nurse or head nurse.

Review of Literature

In order to discuss the impact sex role stereotypes have on the attitudes toward women as managers, it is necessary to review the relevant literature including a brief review of the historical basis of nursing. Sex-role stereotyping will then be examined. The discussion will also address male administrative style and its effect on women in administration. Next, the review of the literature will look at the new leadership styles, which advocates concepts of humanistic, democratic leadership. Finally, the expanding nurse's role as analogous to the feminist movement will be discussed.

Historical Perspective

Nursing has not always been considered a women's profession. In fact, nursing during the crusades was done primarily by men in various monastic orders. In the middle ages, female religious orders proliferated and the "occupation of nursing, as differentiated from home nursing, became more female oriented" (Bullough, 1978, p. 50).

For many years, nursing was practiced as an extension of the women's duties without actual training or educational exposure. Florence Nightingale recognized the importance of providing consistent training to nurses and she established schools in England for this purpose (Ashley, 1977). These schools were based on the apprentice system which had worked so well in Europe. The Nightingale plan was soon adopted in

the United States and in 1873, three experimental nursing schools were established. These hospital schools were Bellevue, New Haven Hospital, and Massachusetts General Hospital (Jamieson, 1969).

For many years, the hospital nursing schools provided the only, but sorely inadequate, education to the student nurses. Students were used as a source of cheap labor. In fact, even as late as 1930, many hospital schools employed no paid instructors for the student nurses and had no formal plan for their education (Ashley, 1977).

During the early twentieth century, nursing was established as a woman's occupation. New schools were forming and many young women were choosing nursing. "Nursing's development continued to be greatly influenced by the attitudes that women were less independent, less capable of initiative, and less creative than men, and thus needed masculine guidance" (Ashley, 1977, p. 76).

The guidance provided to nursing schools came from hospital administrators and staff physicians, professions which were primarily dominated by males. This administrative structure is still present in some areas today. Physicians continue to feel that they should have a major part in determining nursing education. For example, the American Medical Association has frequently passed resolutions supporting the hospital based nursing programs as superior to the degree granting programs. Physicians and administrators of this ilk provided a traditional leadership style that has endured through the twentieth century. This leadership style is termed paternalistic and it means essentially,

father knows best (Heimann, 1976).

The paternalistic attitude has certainly extended to present day nursing. It has been very difficult to separate nursing from the medical model and thus to allow the rise of actual nursing leaders. Part of the reason for male dominated leadership can be attributed to sex-role stereotypes which lend credence to the thought that men are capable leaders whereas women are not.

Sex-Role Stereotypes

The roles of women and nurses are often viewed as synonymous in this society (Grissum, 1976). Women, in general are designated as warm, sensitive, nurturing people. Interesting to note is that those very adjectives are used to describe the nurse's role. While there is nothing wrong with these attributes per se, many women and nurses want to break away from the stereotypical mode. In addition to the nurturing qualities, women also want to be appreciated for their intelligence, independence, and creativity.

The prevalence of sex-role stereotyping in the health care field may be one of the causes of failure of women to provide strong leadership in this system (LeRoux, 1976). In this society's sex-role stereotypes, males have more positively valued characteristics than do women. In a comprehensive 1972 study, it was found that the masculine traits formed a group which equaled competence, while the feminine characteristics reflected warmth and sensitivity (Broverman, Vogel, Broverman, Clarkson & Rosenkrantz).

Sex-role stereotyping inflicts the most rigid restrictions on both males and females. Since 97% of nurses are women (LeRoux, 1976), the term nurses and women will be used interchangeably in this paper. Women's and men's behaviors and acceptable emotional responses are dictated by societal expectations. These expectations have been so powerful that adequate mental health has been defined in terms of how well one fits into the societal role pertinent for that particular gender (Bem, 1975).

The answer to these rigid roles is not to make femininity into masculinity or vice versa, but rather to have both roles available for either men or women. This blending of sex-roles is called androgyny. In Bem's studies (1970; 1972; 1974; 1975; 1976 & 1977), she has found that mental well-being is directly proportional to the presence of psychological androgyny. Bem's findings have been substantiated by other researchers who have done similar studies (Doyle, 1975; Johnson, 1976).

Male Administrative Styles

To examine administrative styles it helps to define the concept of power because power is an integral part of functional administration. Power is defined as the degree of influence held by one person over others, to the extent that obedience is expected to follow (Shiflett, 1978).

Male administration has always been considered to be powerful. This power is obvious in many ways such as the male dominance of the presidency, government positions, hospital administration, and almost all executive

positions. Males traditionally are assigned to the capability of utilizing all five power types, i.e. legitimate, reward, coercive, referent and expert. However, females have only had access to the associative type of power which Shiflett (1978) describes as not a true power base but rather a derived power base. The associative type of power happens when an unpowerful person aligns themself with a powerful person. This has been especially true in nursing with nursing administrators drawing their power from alliance with physicians and male hospital administrators.

Leadership styles of men have generally been autocratic in a bureaucratic structure. Power was centralized in the top person with various authority positions descending the pyramid until the base was reached and the people at this level had no authority. Nursing, until recently, has been patterned after this type of autocratic leadership. The pyramid structure is even seen on the hospital wards with the head nurse, assistant head nurse, charge nurse, team leaders, and team members concept.

Recently, this type of management style has come under scrutiny by scholars in the humanistic school and many organizations. Bennis and Slater (1968) have written that bureaucracy is not functional and the move must be made to democratizing organizations.

New Leadership Styles

The leadership style for the future will evolve with the increase of a mobile society, advanced technology, and the addition of highly

educated employees. Bennis (1968) describes the new leader of the future as one who will possess competence; interpersonal skills which would allow them to enhance the talents of others before self gratification; and a good understanding of the "dynamic interactions of individuals, roles, groups, organizational, and cultural systems" (p. 123).

Decentralization will be an integral part of the democratic administration. This decentralization can have very positive effects for nursing as a group. The democratic principles such as requiring those who have been delegated as having authority to be answerable to those who selected them. Also authority would be distributed among a larger group of nurses which would increase responsibility and autonomy (Kalisch, 1976).

In order for leaders to function effectively they will have to possess characteristics such as competence, assertiveness, self-reliance, independence, and a desire to take risks. Blended with these characteristics should also be sensitivity, loyalty, reliability, and compassion. The first group of characteristics is generally considered by society to be masculine qualities while the second group is considered to be feminine qualities (Bem, 1972).

Nurse's Role Expansion and the Feminist Movement

It is impossible to ignore the corollaries that have promoted liberation of women's roles in society and the expansion of the nurse's role in the health care field. These two movements are so closely related

that an assumption can be made which states that a common desire for autonomy is the basis for both drives. Grissum states that point so well by writing "our roles as women and as nurses are so inexplicable (sic) woven together that we needn't designate which one we're discussing" (p. 246).

The expanded role of nurses required greater numbers of nurses to be placed in management positions. In order for nurses to be successful in the top management positions they will have to behave differently than the nursing directors of the past. This past performance had the Director of Nurses accepting, willingly or unwillingly, guidance from a "male-dominated hospital hierarchy" (Young, 1972, p. 84). This type of relationship does not have to exist in today's hospital. The leadership to change this paternal relationship can come from the ranks of nursing. It will be essential to identify strong nursing leaders who will be willing to initiate such changes.

The presence of sex-role typing may present a problem in identifying nurses who would have the qualities necessary for strong leadership. Also if sex-typed behavior is present in a majority of the nurses the support for women as managers may be minimal. It would seem advantageous to identify androgynous nurses who could help establish strong leadership in nursing. This leadership would help bring about the end of autocratic, bureaucratic administrations and would help to promote democracy.

Does the presence of sex-role stereotypes affect attitudes toward women as managers? The literature is relatively scarce when attempts are made to answer this question. However, Matteson (1976) conducted research based on determining if a relationship existed between attitudes toward women as managers and the effect on these attitudes by perceived sex-role differences. As would be expected, women are generally considered to be less effective as managers than men. One interesting finding that came from this research was that the more work experience a man or woman had, the less positive were their attitudes toward women in management positions. Matteson was unable to delineate whether the differences in attitudes toward women as managers reflected real sex differences or perceived sex-role stereotypes. A suggestion that further research be done to attempt to answer the question was formulated by Matteson.

In summary, it is safe to say that the time has come for progressive organizations to move away from autocracy and toward democracy. In order for nursing to achieve democracy in the health care system it is necessary to promote androgynous nurses for leadership positions. It would be hoped that by encouraging growth of androgynous sex-role attitudes by nurses there will be a resultant increase in positive attitudes toward women as managers. This would allow nursing to become a profession in its own right and to remove itself from dependence on the medical profession.

Chapter II

METHODOLOGY

Research Design

The research design was ex post facto and correlational. The accumulated data represented material that was not manipulated because the variables had already occurred.

Sample and Setting

A random sample of 150 diploma, associate degree, and baccalaureate degree nurses were chosen from two Portland hospitals. There were 75 nurses selected from each hospital.

The two hospitals utilized in the present study were selected by a random draw method from a pool of all hospitals over 250 beds in the Portland area. One alternate hospital was drawn to allow for the possibility of one of the hospitals drawn declining to participate.

Data Collection Instruments

Two instruments were utilized for the data collection purposes. The first instrument was the Bem Sex Role Inventory (BSRI). In order to determine the internal consistency of the BSRI, a separate computation for coefficient alpha was done for Masculinity, Femininity, and Social Desirability scores of subjects in the two normative samples (Nunnally, 1967). The results indicated that all three scores are highly

reliable in both Stanford and Foothill College samples. Bem (1974) reported the Stanford sample reliability as follows:

Masculinity -- alpha = .86;

Femininity -- alpha = .80;

Social Desirability -- alpha = .70.

The reported reliability of the Androgyny Difference Score (derived from subtracting the masculinity score from the femininity score and multiplying the result times a constant of 2.322) was .85 for the Stanford sample (Bem, 1974). The BSRI also proved to be highly reliable on test-retest reliability over a four week period of time.

The BSRI contains a list of sixty adjectives. The research participants were asked to rate each characteristic in a seven point Likert scale relative to how the characteristic applied to the person. The completed BSRI was then scored and three different scores were computed, a femininity score, a masculinity score, and an Androgyny Difference Score. The Androgyny Difference Score is the difference of the research subject's femininity and masculinity scores multiplied times a constant.

Generally, the masculinity and femininity scores can reflect whether a person is sex-typed or sex-reversed. Scores which fell in the androgynous range indicated that the research subject equally endorses masculine and feminine characteristics or attributes. High masculine or high feminine scores represented endorsement of the attributes in which the score was high and simultaneous rejection of the

attributes of the opposite sex (Bem, 1975).

The data that were gathered from the administration of the BSRI were scored in four steps. For each individual who took the BSRI, a masculinity score was calculated and then a femininity score was calculated. The masculinity score was then subtracted from the femininity score and finally this amount was multiplied by a constant of 2.322. This number was derived by Bem (1976) for use in hand scoring the BSRI when a t-ratio was desired for BSRI results. This empirically derived conversion factor gives the researcher the research participants Androgyny Difference Score.

Once the Androgyny Difference Score was calculated, the research participants were classified into sex-role categories. Generally, the greater the absolute value of the t-ratio score, the more the subject will be sex-typed or sex-reversed, the high positive scores indicating femininity and high negative indicating masculinity. Scores which approximate zero (-1 to +1), indicate androgynous sex-role attitudes by the research participant (Bem, 1976).

The second instrument utilized was the Women as Managers Scale (WAMS) developed by Peters, Terborg & Taynor, (1974). The reliability for the WAMS was determined by split-half (odd-even) reliability ($r = .84$; $p < .001$; $N = 541$). The construct validity has only been partially demonstrated and the authors are performing laboratory and field experiments.

This scale was selected because of its specific focus on attitudes

toward women as managers. Other instruments which measure sex-role stereotypes were thought to be too general. The scale is expansive enough to encompass many management situations. Originally 55 items were written to include a) general descriptions of traits of managers and leaders and b) female-specific stereotypic traits thought to represent barriers. Based on item analysis, this initial pool of 55 items was decreased to a 21 item instrument that has substantial internal consistency and reliability.

The questions on the WAMS are divided into three measurable factors. Factor I items assess behaviors that indicated male-female equality/ inequality for general management positions. Persons taking this test who score low on Factor I would be described as perceiving women as less capable in the management area.

Factor II items on the WAMS measure beliefs about the stereotypic "feminine barriers". Subjects scoring low on these items would be described as "believing that problems associated with the female bio- logical role (e.g., menstruation and pregnancy) prevent women from being effective employees in general" (Peter, 1974, p. 16). All of the items for Factor II describe a woman -- simply because she is a woman -- as being unfit for aspiration to managerial positions.

Factor III items are all describing traits commonly associated with managers. These same traits are commonly seen as being more characteristic in men than women. Low scorers for the Factor III items are subjects who view women as "lacking ambition, assertiveness,

aggressiveness, and competiveness required of successful managers" (Peters, 1974, p. 16).

The highest possible score that can be achieved on the WAMS is 147. The lowest possible score is 21. The higher scores indicate more positive attitudes toward women as managers.

In the work done by Peters (1974) in developing the Women As Managers Scale, 421 research subjects were tested. From the accumulated responses, normative data were established. The normative data are illustrated in Table 1. As shown in Table 1, Peters (1974) and associates grouped the research subjects according to their raw scores on the Women As Managers Scale. A male who scored 120 was placed in the top 25% which indicated more favorable attitudes toward women as managers than men in general. However, women had to score 131 or higher to be placed in the top 25% which indicated more favorable attitudes toward women as managers than women in general.

TABLE 1

NORMATIVE DATA FOR WAMS SCORES

Percent of Sample		Range of Raw Scores--Male	Range of Raw Scores--Female
Top	25%	118 or greater	131 or less
Middle	50%	91 - 117	110 - 130
Bottom	25%	90 or less	109 or less

Data Collection Method

The Directors of Nursing from Hospital A and Hospital B were contacted for permission to conduct the study within the hospitals. The initial proposal was reviewed and accepted by the Human Subject's Committee from both hospitals and by the Research Committee of the School of Nursing.

Each subject was randomly selected from the total population of registered nurses in the staff nurse position. After the study group was chosen, the packets for Hospital B were taken to the units and left with the unit personnel to distribute to the appropriate person. The packets for Hospital A were given to the nursing supervisor for distribution per request of nursing service.

Each research participant received a packet that contained a cover letter, a demographic data sheet, and two research instruments, the informed consent, and two envelopes for returning the appropriate items. One envelope was for the informed consent and the other was to be used to return the demographic data sheet and the completed research instruments.

Preservation of Research Subject's Confidentiality

The research participant's confidentiality was protected by the process of using numbers instead of names on the research instruments. The names on the consent forms were returned in a separate envelope from the research instrument, so there was no way to identify which

person had completed which research instrument. The names on the consent forms were to be filed and used only for proof of informed consent. The subjects were assured and guaranteed that their institution would never have access to the responses of any given subject. The subjects were advised that the research material might be published at a later date, but their anonymity would be preserved.

Data Analysis

Hypothesis one and hypothesis two were examined statistically utilizing Chi Square. For hypothesis one, the Chi Square cells were in a two by three box, a total of six cells. For hypothesis two, the Chi Square cells were in a two by two box, a total of four cells.

In order to examine the effect of work years on attitudes toward women as managers, the WAMS scores were separated into two ranges, 131 or greater and 130 or less. These numbers were taken from the normative data formulated by Peters (1974). The range of scores between 109 or less had to be collapsed into the 130 or less category because consistent high scores were prevalent in two cells representing the number of work years experience.

In order to determine if androgynous sex role attitudes were more prevalent in baccalaureate degree nurses than in nurses from the associate degree or diploma programs, the Chi Square was utilized. The cells (4) were set up to simply reflect either an androgynous score or a non-androgynous score in the baccalaureate nurses versus the associate degree and diploma nurses.

The third hypothesis was tested utilizing Pearson's r to determine if a significant correlation existed between two variables. The Pearson's r measures linear correlation and it is a reliable indicator of true correlation. The two variables that were used to test the correlation were the scores from the Women as Managers Scale and the Androgyny Difference Scores from the Bem Sex Role Inventory.

CHAPTER III

RESULTS AND DISCUSSION

Sample Return

There was a return of 70 questionnaires returned out of the 150 that were distributed for a return rate of 46.6%. There were 35 questionnaires returned from Hospital A and the same number returned from Hospital B. Therefore both hospitals had equal representation. Scores were calculated from each of the 70 questionnaires. These scores determined results on the Women As Managers Scale (WAMS) and the Bem Sex Role Inventory (BSRI), both of which each subject had taken.

It is difficult to postulate the reasons why 80 subjects in the random sample of 150 chose not to respond. There were at least three participants who did not receive their packets due to the fact that two had quit and one was on a leave of absence. It was not possible to meet individually with the research participants therefore the questionnaires were left on the appropriate nursing units. It is possible that some of the packets were not picked up, and this may account for part of the 80 no returns.

Study Population

The final sample consisted of 70 subjects, equal numbers of subjects came from Hospital A and Hospital B. The characteristics of the research group are presented in Table 2. As can be seen, all of the research participants were female. The majority (57%) of the respondents were between twenty and thirty years of age, 50% had a baccalaureate

degree or higher, and over 50% had worked for less than five years.

There was representation in every age group from the 20-30 year old age group to the 51-62 year old age group. Every level of basic nursing education was represented. Also, the years of work experience varied from nurses just beginning their careers to nurses who had worked 20 years or longer. The variations in characteristics between subjects in Hospital A and Hospital B are also presented in Table 2.

Results and Discussion

WAMS

The mean scores for the Women As Managers Scale are presented in Table 3 for all levels of nursing education. As can be seen in Table 3, there was very little difference in the mean scores for the various levels of nursing educational preparation.

However, the diploma nurses from Hospital B scored the highest with a mean score over 131. There was only an approximate five point difference between the highest and lowest mean WAMS scores for all educational levels in Hospital A and Hospital B.

The range of actual scores for the WAMS was from 79 to 147. The associate degree nurses from Hospital A and Hospital B did not score lower than 116 or higher than 143. While the diploma nurses from Hospital A had the lowest score, 79, this group also had two nurses who scored 147. Another wide range of scores was seen in the baccalaureate nurses from Hospital B, where the scores ranged from 94 to 146. Two groups from Hospital B scored in the lowest 25% of the normative data.

TABLE 2

CHARACTERISTICS OF RESEARCH SUBJECTS N = 70

Characteristic	Frequency		Percent	
	Hospital A	Hospital B	Hospital A	Hospital B
Gender				
Female	35	35	50%	50%
Male	0	0	0	0
Age Group				
20-30 years	16	24	23%	34%
31-40 years	11	7	16%	10%
41-50 years	1	3	1%	5%
51-62 years	7	1	10%	1%
Educational Background				
Baccalaureate Degree or higher	16	20	23%	28%
Associate Degree	4	8	6%	12%
Diploma	15	7	21%	10%
Work Experience				
0-5 years	17	21	24%	30%
6-10 years	5	8	7%	12%
11-15 years	4	4	6%	6%
16-20 years	6	1	8%	1%
over 20 years	3	1	5%	1%

TABLE 3

FREQUENCY AND MEAN SCORES FOR THE WAMS BY HOSPITAL AND EDUCATIONAL LEVEL

Hospital	Educational Level			$\bar{X}$ Scores			Range		
	BSN	AD	Dip.	BSN	AD	Dip.	BSN	AD	Dip.
A	16	4	15	129.2	126.2	128.5	101-147	119-143	79-147
B	20	8	7	126.7	128.6	131.3	94-146	116-143	98-144

The wide variation in scores from the different levels of educational preparation may indicate that the type of educational preparation does not influence attitudes toward women as managers. The attitudes are probably more a reflection of environmental factors and the previous exposure to feminist literature. Also, these wide variations indicate that there is obviously some differences in perceptions of sex roles.

Hypothesis I

The first hypothesis stating that an inverse relationship would exist between years of work experience and positive attitudes toward women as managers was not supported. This result is a contradiction to the findings of Matteson (1976), who found that as the number of work years increased there was a decrease in support for women as managers. The Chi Square table for this hypothesis is presented in Table 4.

Hypothesis II

The Chi Square was also performed to test the hypothesis stating that androgynous sex role attitudes would be significantly greater in baccalaureate degree nurses than in nurses from the associate degree and diploma programs. The Chi Square table for hypothesis II is presented in Table 5. As can be seen in Table 5, the Chi Square was 1.4 with one degree of freedom which was not significant at the .05 alpha level. Therefore, the second hypothesis was not supported.

BSRI

Bem, (1976) states that the androgynous person will achieve an
Androgyny Difference Score between +1 and -1 on the Bem Sex Role Inven-
tory. The closer the score is to zero, the more androgynous are the
sex role attitudes. Two of the research subjects scored zero on the
Androgyny Difference Score indicating complete androgynous sex role
attitudes. Both of these nurses were in the 31-40 year old range of age
groups. Interesting to note is that neither of these nurses had a
baccalaureate degree. One nurse was a diploma graduate and the other
was an associate degree graduate. The diploma nurse had nursing
experience which fell in the range of eleven to fifteen years, while
the associate degree graduate had been in nursing a period of time
which fell in the range of zero to five years. The data which addresses
the prevalence of androgynous sex role attitudes by educational prepara-
tion are presented in Table 6.

Of the total study population, 48½% of the participants scored in
the androgynous range (+1 to -1). Hospital A and Hospital B were very
close in the number of androgynous nurses in their hospitals for the
baccalaureate and diploma nurses. The most significant group (50%) with
androgynous sex role attitudes were the associate degree nurses from
Hospital B. The associate degree nurses from Hospital A and Hospital B
combined to have 75% of their group who had androgynous sex role atti-
tudes.

The baccalaureate degree nurses had the lowest percentage (42%) of

TABLE 4

IMPACT OF INCREASING YEARS OF WORK EXPERIENCE ON

ATTITUDES TOWARDS WOMEN AS MANAGERS

Number of Years Worked	WAMS Scores of 131 or >	WAMS Scores of 130 or <	Totals
0 - 5	22	17	39
6 - 10	8	5	13
11 or >	7	11	18
Totals	37	33	70

x^2 = 1.97; df = 2; not significant at the .05 alpha level.

TABLE 5

ANDROGYNOUS/NON-ANDROGYNOUS SEX ROLE ATTITUDES IN

VARIOUS EDUCATIONAL LEVELS

Educational Level	Non-Androgynous	Androgynous	Totals
BSN	21	15	36
AD and Diploma	15	19	34
Totals	36	34	70

x^2 = 1.4; df = 1; not significant at the .05 alpha level.

androgynous sex role attitudes as compared to the associate degree or diploma nurses (45%). This is rather an interesting finding. It would have seemed that the opposite would have been true, i.e., that androgynous sex role attitudes would be more prevalent with increased educational preparation. Perhaps, nurses who were educated in university settings were also indoctrinated with the traditional roles inherent in the old doctor-nurse relationship. These roles describe the traditional female sex role attributes and do not allow for androgynous behavior.

Looking at the presence of androgynous sex roles compared to years of work experience, it is interesting to note that androgynous sex role attitudes are the most prevalent in the first five years of work experience. In nurses who had worked between sixteen to twenty years, four of the six nurse respondents had androgynous sex role attitudes. While in the eleven to fifteen year work bracket, only one out of seven respondents had androgynous sex role attitudes. It is understandable that androgyny would be more common in the younger nurses because they have been the ones who were the most exposed to the feminist movement.

It is less understandable that nurses who have worked eleven to fifteen years would have such a poor showing of androgynous sex role attitudes, while the nurses who had worked from sixteen to twenty years displayed a high percentage of androgynous sex role attitudes. It might be explained by environmental factors such as being single parents, divorced, or being single and independent. All of these life conditions

would force the person to be androgynous since they would have to take care of all their own needs.

TABLE 6

PERCENTAGE OF SUBJECTS WITH ANDROGYNOUS SEX ROLE

ATTITUDES BY HOSPITAL AND EDUCATIONAL LEVEL

Hospital	Educational Level	Frequency	Percent
A	BSN or >	7	20%
	AD	3	25%
	Diploma	6	27%
B	BSN	8	23%
	AD	6	50%
	Diploma	4	18%

Hypothesis III

This hypothesis stated that a positive correlation would exist between androgynous sex role attitudes and positive attitudes toward women as managers. This hypothesis proved to be true and was therefore supported. A Pearson's r of .66 was achieved which indicated a high positive correlation between the presence of androgynous sex roles and positive attitudes toward women as managers.

CHAPTER IV

SUMMARY, CONCLUSIONS,
AND RECOMMENDATIONS

Summary

The attitudes toward women as managers and sex role attitudes of hospital staff nurses of varying educational levels at two local hospitals were determined. Two instruments were used for this determination, the Women As Managers Scale (WAMS) and the Bem Sex Role Inventory (BSRI).

As reported in the results, the first hypothesis was not supported, i.e. no inverse relationship existed between increasing work years and positive attitudes toward women as managers. This was a finding contrary to an earlier study done by Matteson (1976).

The second hypothesis was not supported. This hypothesis stated that androgynous sex role attitudes would be more prevalent in graduates of a baccalaureate program than in graduates of associate degree and diploma programs. It was found that graduates of associate degree programs had the greatest percentage (75%) of nurses with androgynous sex role attitudes.

The third hypothesis was supported; that androgynous sex role attitudes would be significantly correlated with a positive attitude toward women as managers. This finding is very encouraging, since many of the leaders in nursing are women. It would seem reasonable that people who were designated as having androgynous sex role attitudes would also believe that women would function well in a management position.

The presence of androgynous sex role attitudes in half of the study population has other positive features. In other studies, women with androgynous sex role attitudes appeared to have achieved a better level of psychological adjustment (Bem, 1972). It has also been stated by Bem (1972) that women and men who are androgynous have enhanced intellectual development.

The availability of cross sex typed traits allows for the androgynous nurses in the study population to have access to an increased variety of appropriate behaviors. They can be competent and assertive while remaining compassionate and gentle. The nurses who scored as "feminine" versus "androgynous" are much more restricted in their behaviors. Their actions are predicated on what is or is not considered appropriate for their sex.

The results of the study must be considered in relationship to the limited size of the study population. However, with nursing coming more into its own as a profession, it is important to identify androgynous nurses. These nurses will be able to meet the challenge and support the concepts inherent in nursing such as patient advocacy, the expanded role of the nurse, and the new trends in nursing education.

Conclusions

Considering the small study population, the following conclusions were drawn for the population tested:

1. Positive attitudes toward women as managers did not decrease significantly as the number of work years increased.

2. Androgynous sex role attitudes were present in approximately one half of the study population of baccalaureate degree and diploma nurses.

3. Associate degree nurses had androgynous sex role attitudes present in 75% of their group.

4. There is a positive correlation between the presence of andro-gynous sex role attitudes and positive attitudes toward women as managers.

Recommendations

The following recommendations for further study developed as a result of the present investigation:

1. Replication of this study using a larger population of nurses, including a representation from male nurses. This would give more data in which to extrapolate findings and to determine their relevancy for the broader population.

2. Further investigation to determine the impact of feminism on changing sex role attitudes in hospital based staff nurses.

3. Investigation of the concept that androgynous individuals dis-play better adjustment psychologically and greater intellectual development.

4. Investigation into the reasons why the associate degree nurses would score so highly on the Androgyny Difference Scores i.e. have such a high percentage of androgynous nurses.

5. Investigation of other variables which may have influenced androgyny or non-androgyny such as socio-economic factors, religious factors, or ethnicity factors.

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APPENDIX A

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

TO: All Faculty and Students

FROM: Human Research Committee

SUBJECT: Outline for Informed Consent Standard Format

I, _____ , herewith agree
     (First Name)   (Middle Name)   (Last Name)

to serve as a subject in the investigative study entitled, "Relationship
of Blended Sex Roles and Attitude Toward Women in Management", under the
direction of Marie C. Berger, R.N.,M.S. and Patricia Southard, R.N.,B.S.N.

It is my understanding that I will be asked questions about my attitude
toward women in management and to describe myself by checking a list of
60 characteristics. The time required is about one half hour.

All information that I give will be handled confidentially and my anony-
mity will be maintained on all instruments by using code numbers.

I may not benefit from this study but understand that my participation
will increase knowledge about attitudes toward women in management.

Patricia Southard has offered to answer any questions that I might have
about what is required of me during the study. I understand that I am
free to refuse to participate or to withdraw from the study at any time
and that doing so will not affect my relationship with the University of
Oregon Health Sciences Center.

I have read the foregoing statements.

                          Signature: _____

                          Witness: _____

Time: _____   Date: _____

APPENDIX B

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

TO: All Faculty and Students

FROM: Human Research Committee

SUBJECT: Outline for Informed Consent Standard Format

I, _____ , herewith agree
　　(First Name)　　　　(Middle Name)　　　　(Last Name)

to serve as a subject in the investigative study entitled, "Relationship
of Blended Sex Roles and Attitude Toward Women in Management", under the
direction of Marie C. Berger, R.N.,M.S. and Patricia Southard, R.N.,B.S.N.

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All information that I give will be handled confidentially and my anony-
mity will be maintained on all instruments by the use of code numbers.

I may not benefit from this study but understand that my participation
will increase knowledge about attitudes toward women in management.

Patricia Southard has offered to answer any questions I might have about
what is required of me during the study. I understand that I am free to
refuse to participate or to withdraw from the study at any time and that
doing so will not affect my relationship with St. Vincent's Hospital.

I have read the foregoing statements.

                              Signature: _____

                              Witness: _____

Time: _____   Date: _____

APPENDIX C

DEMOGRAPHIC DATA SHEET

Please fill out the requested information below. All responses will be kept confidential.

Circle the appropriate response.

    Male   Female

Age Group:

    20 - 30   31 - 40   41 - 50   51 - 62

Academic level of basic nursing education:

    Associate Degree   Diploma   Baccalaureate Degree

Highest level of nursing education attained if other than basic:

    Master of Nursing   Master of Science in Nursing

    Ph.D.   D. Ed. in Nursing

Number of years of nursing experience:

    0 - 5   6 - 10   11 - 15   16 - 20   20 or over

APPENDIX D

BSRI

Sandra Lipsitz Bem

In this inventory you will be presented with sixty personality character-
istics. You are to use those characteristics in order to describe your-
self. That is, you are to indicate on a scale from 1 to 7, how true of
you these various characteristics are. Please do not leave any character-
istics unmarked.

Example: _____ Sly

    Mark 1 if it is never or almost never true that you are sly

    Mark 2 if it is usually not true that you are sly

    Mark 3 if it is sometimes but infrequently true that you are sly

    Mark 4 if it is occasionally true that you are sly

    Mark 5 if it is often true that you are sly

    Mark 6 if it is usually true that you are sly

    Mark 7 if it is always or almost always true that you are sly

Thus, if you feel it is sometimes but infrequently true that you are
"sly", never or almost never true that you are "malicious", always or
almost always true that you are "irresponsible", and often true that you
are "carefree" you would rate these characteristics as follows:

    __3__ Sly   __7__ Irresponsible

    __1__ Malicious   __5__ Carefree

Describe yourself according to the following scale:

Never or Almost Never True	Usually Not True	Sometimes But Infrequently True	Occasionally True	Often True	Usually True	Always or Almost Always True

1. _____ Self-reliant
2. _____ Yielding
3. _____ Helpful
4. _____ Defends own beliefs
5. _____ Cheerful
6. _____ Moody
7. _____ Independent
8. _____ Shy
9. _____ Conscientious
10. _____ Athletic
11. _____ Affectionate
12. _____ Theatrical
13. _____ Assertive
14. _____ Flatterable
15. _____ Happy
16. _____ Has strong personality
17. _____ Loyal
18. _____ Unpredictable
19. _____ Forceful
20. _____ Feminine
21. _____ Reliable
22. _____ Analytical
23. _____ Sympathetic
24. _____ Jealous
25. _____ Has leadership abilities
26. _____ Sensitive to the needs of others
27. _____ Truthful
28. _____ Willing to take risks
29. _____ Understanding
30. _____ Secretive
31. _____ Makes decisions easily

32. _____ Compassionate
33. _____ Sincere
34. _____ Self-sufficient
35. _____ Eager to soothe hurt feelings
36. _____ Conceited
37. _____ Dominant
38. _____ Soft-spoken
39. _____ Likeable
40. _____ Masculine
41. _____ Warm
42. _____ Solemn
43. _____ Willing to take a stand
44. _____ Tender
45. _____ Friendly
46. _____ Aggressive
47. _____ Gullible
48. _____ Inefficient
49. _____ Acts as a leader
50. _____ Childlike
51. _____ Adaptable
52. _____ Individualistic
53. _____ Does not use brash language
54. _____ Unsystematic
55. _____ Competitive
56. _____ Loves children
57. _____ Tactful
58. _____ Ambitious
59. _____ Gentle
60. _____ Conventional

APPENDIX E

WOMEN AS MANAGERS SCALE

RATING SCALE

1 = Strongly Disagree

2 = Disagree

3 = Slightly Disagree

4 = Neither Agree or Disagree

5 = Slightly Agree

6 = Agree

7 = Strongly Agree

_____ 1.   It is less desirable for women than men to have a job that requires responsibility.

_____ 2.   Women have the objectivity required to evaluate business situations properly.

_____ 3.   Challenging work is more important to men that it is to women.

_____ 4.   Men and women should be given equal opportunity for participation in the management training programs.

_____ 5.   Women have the capability to acquire the necessary skills to be successful managers.

_____ 6.   On the average, women managers are less capable of contributing to an organization's overall goals than are men.

_____ 7.   It is not acceptable for women to assume leadership roles as often as men.

_____ 8.   The business community should someday accept women in key managerial positions.

_____ 9.   Society should regard work by female managers as valuable as work by male managers.

_____ 10.   It is acceptable for women to compete with men for top executive positions.

_____ 11.   The possibility of pregnancy does not make women less desirable employees than men.

_____ 12.   Women would no more allow their emotions to influence their managerial behavior than would men.

_____ 13.   Problems associated with menstruation should not make women less desirable than men as employees.

_____ 14.   To be a successful executive, a woman does not have to sacrifice some of her femininity.

_____ 15.   On the average, a woman who stays at home all the time with her children is a better mother than a woman who works outside the home at least half-time.

_____ 16.   Women are less capable of learning mathematical and mechanical skills than are men.

_____17. Women are not ambitious enough to be successful in the business world.

_____18. Women cannot be assertive in business situations that demand it.

_____19. Women possess the self-confidence required of a good leader.

_____20. Women are not competitive enough to be successful in the business world.

_____21. Women cannot be aggressive in business situations that demand it.

APPENDIX F

RAW SCORES FROM WAMS

AND BSRI

Subject Number	Educational Level	Hospital	WAMS*	ADS**
1	BS	B	127	1.62
2	Dip.	A	147	-4.29
3	Dip.	A	79	3.13
4	AD	A	119	- .58
5	BS	A	129	1.86
6	Dip.	A	147	1.28
7	BS	A	105	1.51
8	Dip.	A	124	.58
9	Dip.	A	117	- .12
10	BS	A	144	.70
11	Dip.	A	124	2.32
12	BS	A	143	- .93
13	Dip.	A	145	-1.4
14	AD	A	121	.35
15	BS	A	147	4.41
16	AD	A	122	- .23
17	BS	A	101	-1.39
18	Dip.	A	129	-1.86
19	Dip.	A	126	.46
20	BS	A	126	1.04
21	Dip.	A	133	.58
22	AD	A	143	-1.17
23	BS	A	129	3.37
24	Dip.	A	137	2.55
25	BS	A	134	.58
26	BS	A	136	4.64
27	MN	B	130	- .46
28	Dip.	B	144	- .46
29	Dip.	B	144	.35
30	AD	B	138	.35
31	BS	B	122	1.28
32	BS	B	119	2.44
33	AD	B	143	.81
34	BS	B	146	2.20
35	Dip.	B	141	.93

*   WAMS = Women As Managers Scale
** ADS = Androgyny Difference Score from the BSRI

Subject Number	Educational Level	Hospital	WAMS*	ADS**
36	AD	B	133	1.16
37	AD	B	132	.81
38	BS	B	135	.58
39	BS	B	106	3.02
40	BS	B	135	.58
41	BS	B	134	.12
42	BS	B	136	2.09
43	AD	B	123	1.39
44	BS	B	119	2.20
45	BS	B	136	3.01
46	Dip.	B	138	4.29
47	BS	B	114	1.74
48	Dip.	B	98	2.09
49	AD	B	126	.81
50	BS	B	131	.35
51	BS	B	94	1.97
52	BS	B	129	.81
53	AD	B	116	.72
54	BS	B	134	2.09
55	BS	A	136	3.01
56	BS	A	136	.7
57	BS	A	119	1.2
58	Dip.	A	135	2.5
59	Dip.	A	132	1.4
60	BS	A	137	.23
61	Dip.	A	116	.7
62	Dip.	A	137	0
63	BS	A	107	1.
64	BS	A	138	.35
65	Dip.	B	120	.12
66	AD	B	118	0
67	BS	B	119	.35
68	BS	B	137	1.
69	BS	B	131	1.3
60	Dip.	B	134	1.5

ABSTRACT

AN ABSTRACT OF THE THESIS OF

PATRICIA SOUTHARD

For the MASTER OF NURSING

Date of Receiving this Degree:

Title: A STUDY TO DETERMINE WHETHER THE PRESENCE OF ANDROGYNOUS SEX-
        ROLES IN HOSPITAL STAFF NURSES PARALLELS POSITIVE SUPPORT FOR
        WOMEN IN MANAGEMENT POSITIONS

Approved: _____
          Marie C. Berger, R.N.,M.S., Thesis Advisor

The purpose of the present study was threefold: 1) to determine if
an inverse relationship existed between the number of years of work exper-
ience and a positive attitude toward women as managers; 2) to determine
if androgynous sex-role attitudes were significantly greater in baccalaur-
eate graduates than associate degree and diploma graduates; and 3) to
determine if androgynous sex-role attitudes were significantly correlated
with a positive attitude toward women in management.

Seventy-five hospital staff nurses from two hospitals completed two
instruments each, the Bem Sex-Role Inventory and the Women As Managers
Scale. The data were analyzed by means of the Chi Square and Pearson's r.

The results were found not to be statistically significant at a level
of $p = .05$ for the inverse relationship between the number of work years
and a positive attitude toward women as managers. It was also found that
androgynous sex-role attitudes were not significantly greater ($p = .05$)
in baccalaureate graduates than associate degree and diploma graduates.

A positive correlation (r = .66) was found between androgynous sex-role attitudes and positive attitudes toward women as managers. Conclusions were drawn and recommendations for further study made.