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POLITICAL PARTICIPATION OF REGISTERED NURSES: A CORRELATIONAL STUDY

by

Ophelia B. McDaniels

A dissertation submitted in partial fulfillment

of the requirements for the degree of

Doctor of Education

University of San Diego

1991

Dissertation Committee

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Political Participation of Registered Nurses:

A Correlational study

by

Ophelia B. McDaniels

Dr. William Foster, Director

This study analyzes and provides a base line description of the political participation of nurses practicing in hospitals. The study explores the relationships between political participation and the variables: self-esteem, personal control, political efficacy and critical thinking.

The theoretical framework for designing the questionnaire was based on the Political Participation Model (Verba and Nie, 1972) and the Political Process Participation Questionnaire (Archer, 1983). Design of the Political Efficacy Scale was based on the Subjective Political Competence Scale (Almond and Verba, 1963) and the

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Political Efficacy Scale (Campbell, Gurin and Miller 1954). Self-esteem was measured by the Self-Esteem Inventory (Coopersmith, 1967). Personal Control was Measured by the Internal, Powerful Others, and Chance Locus of Control Scale, (Levenson and Miller, 1976). Critical thinking ability was measured by the Critical Thinking Appraisal (Watson and Glaser, 1980).

The research study group consisted of 56 registered nurses who were practicing for five or more years in hospitals in San Diego County, California. Correlation procedures and analysis of variance were employed to test for significance and to determine whether relationships exist between political participation and the variables.

A significant relationship exists between political participation and critical thinking, self-esteem and political efficacy. Nurses agreed to some extent with participation in politics, but reported a low level of participation in the political process within the last year.

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Special thanks to Mack, Gene and Ahmaad. Your patience, understanding and our love of God made this a reality.

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TABLE OF CONTENTS

ABSTRACT

ACKNOWLEDGMENTS ii

Chapter

I. **STATEMENT OF THE ISSUE** 1

Introduction 1
Statement of the Issue 5
Objectives of the Study 9
Null Hypotheses 10
Assumptions 13
Limitations 14
Definitions 14
Significance of the Study 16
Summary 18

II. **LITERATURE REVIEW** 20

Critical Thinking 20
Self-Esteem 23
Personal Control 24
Political Efficacy 27
Political Participation 30
Relationship Among the Variables 39
Political Participation and Critical Thinking 39
Political Participation and Self-Esteem 43
Political Participation and Personal Control 48
Political Participation and Political Efficacy 50
Summary 53

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III.	**RESEARCH DESIGN AND METHODOLOGY**	56
	Pilot	56
	Subjects	57
	Procedures	58
	Instruments	58
	Critical Thinking	58
	Political Efficacy and Political Participation	60
	Political Efficacy	61
	Political Participation	63
	Self-Esteem	64
	Personal Control	65
	Data Analysis	65
	Summary	68
IV.	**RESULTS**	70
	Pilot Study	70
	Reliability of Instruments	71
	Characteristics of Participants	74
	Political Participation Scale	77
	Political Participation Checklist	80
	Findings	84
	Summary	88
V.	**DISCUSSION OF THE RESULTS, IMPLICATIONS, AND SUGGESTIONS FOR FURTHER RESEARCH**	90
	Discussion of the Results	91
	Instruments	112
	Summary	114
	Implications of the Study and Suggestions for Future Research	115
	Implications for Curriculum and Instruction	116
	Suggestions for Future Research	122
	Summary	124
VI.	**REFERENCES**	126

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VII. APPENDICES 136

A. Political Participation Inventory - Instrument for the Measurement of Political Participation, Self-Esteem, Personal Control and Political Efficacy 137

B. Watson-Glaser Critical Thinking Appraisal 149

C. Political Participation Scale Items 158

D. Political Efficacy Scale Items 160

E. Political Participation Check List 163

F. Self-Esteem Inventory Items 166

G. Internal, Powerful Others and Chance Locus of Control Scale 169

H. Pilot Study Results 172

I. Critical Thinking Appraisal Scores 179

LIST OF TABLES

1. Reliability Coefficient Analysis 73

2. Percentages Agreeing and Disagreeing With Items On The Political Participation Scale 78

3. Percentage Participating In Political Activities 81

4. Analysis of Variance Summary Table For The Five Variables 85

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5. Correlation Matrix: Political Participation, Self-Esteem, Personal Control, Political Efficacy and Critical Thinking 86

6. Pilot Study: Analysis of Variance Summaries 173

7. Pilot Study: Reliability Coefficient Analysis 174

8. Pilot Study: Correlation Matrix 175

LIST OF ILLUSTRATIONS

1. Conceptual Model examining the relationship between Political Participation and Self-Esteem, Personal Control, Political Efficacy and Critical Thinking 12

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CHAPTER I

STATEMENT OF THE ISSUE

Introduction

Nurses need to become more politically aware and increase involvement in the political process. It is apparent from the small number of nurses in appointed and elected positions that the profession has failed to effect the decision making process, not only of groups which will shape the future of nursing, but groups in the public arena as well. Nurses possess the capacity to be one of the most powerful pressure groups in the country. Nurses could attain political power because of their number and the ability to structure and organize in a manner necessary to wield influence. It is argued that until nurses recognize and utilize the power of nursings unique expertise, nursing will

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not achieve professional development (Gott, 85). Nurses are professional, and potentially, also politicians. Because of lack of awareness nurses have failed to put their strength and power to work in their best interest. There is a need for general professional awareness and commitment across the profession as a whole if nurses are to influence professional practice and health care. It is imperative that nursing educators heed the evidence and accept political participation and awareness as legitimate goals of nursing education. Political development seems a necessary prerequisite for professional development.

Educators, like nurse administrators in service, are a group whom the nursing profession depends upon most to understand, and communicate how to effect health policy. Archer and Goehner (1981) conducted a survey of nurse administrators in service and education settings. More than 96% of the respondents stated that nurses are not politically active. The reason for nurse's lack of participation was lack of education. They were

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not prepared to be politically active nor were they aware that they needed to be. Responsibility for providing high quality patient care rests in the active participation and involvement of nurses in the political process.

There is substantial nursing literature indicating that: (1) there is an unprecedented and pervasive need for nurses with political savvy, (2) a relatively small group of nurses are involved in hospital politics, (3) nurses have limited skills and knowledge base and struggle almost daily to handle a myriad of political problems in nursing service and (4) nurses must become increasingly active in all levels of the policy making process (Hanley, 1987; Neuberger, 1987; Curtin, 1982 Pearson, 1987; Talbot & Mason, 1986; Schutzenhofer, 1986; Talbot, 1986; Oakley, 1981; Davis, Oakley and Sochalski, 1982; Forester, 1982; Gorman and Clark, 1986; Gott, 1985; Mauksch, 1985; Del Bueno, 1986; Gillilan, 1985; Rothberg, 1985; Milio, 1984; Ryberg, 1984; Franck, 1984; Curtin, 1982; Cavanaugh, 1985; Hodges and Hardy, 1986; and Newson, 1983).

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It is disturbing to note that only a handful of nurses have political savvy. Talbot and Mason (1986) point out this is especially true of the best educated nurses. It is only through nurses capable of strong and dynamic leadership that necessary changes in the implementation of nursing care can be effected.

For a long time lack of interest in politics has been explained by the fact that the nursing profession is comprised primarily of females and that nursing has not enjoyed the traditional privileges afforded male dominated professions. But nurses like males and females in other professions do not always behave altruistically and exhibit behaviors found in most organizations. Nurses group themselves within the profession and apparently act against one another for selfish goals and gains. In the hospital setting promotions for nurses are proportionately few and nurses have relatively little formal power within the organization. Therefore, they compete with one another for "intangibles," such as recognition,

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acknowledgment, respect and unofficial power and control (Minard, 1988). A cooperative endeavor, where everyone either sinks or swims, as opposed to, a competitive endeavor where one swims and the other sinks, would better serve the needs of nursing. It is necessary for nurses to recognize mutual problems and the necessity of working together to devise joint strategies to secure common goals. Politically astute nurses are crucial to the forward movement of the nursing profession. Information regarding the contemporary nurse level of participation in the political process will provide a profile of their perceived efficacy and critical thinking skills.

Statement of the Issue

The specific issue of this study is to examine the relationship between political participation and (1) critical thinking; (2) self-esteem; (3)personal control; and (4) feelings of political efficacy.

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Only a few studies have been conducted relative to critical thinking among nurses (Pardue, 1979; Alichnie, 1981; Keteflan, 1981). Most of the literature regarding politics and the nurse is limited to exposes' rather than theoretical or empirical studies (Cavanaugh, 1985; Rothberg, 1985; Mauksch, 1985; Hash, 1985; Skaggs, 1985; Schutzenhofer, 1986; Del Bueno, 1986; Archer, 1983; Chioni, 1981; Curtin, 1982).

The majority of research on political participation has been conducted by scholars from the social and political science disciplines. There is very limited descriptive data and systematically tested studies about nurse's political behavior.

Nurses must be able to function wisely and competently regarding hospital political affairs. Like any organization, these settings generally have written and unwritten political rules for operation. These rules affect the functioning and survivability of the nurse. To be successful and to survive, the nurse should know the nature and

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function of the rules that guide people in that system. Without such knowledge, conflicts and problems arise, especially when trying to change or maintain the quality of nursing care.

Many problems arise because nurses are often unsophisticated or lack knowledge about highly political processes and behaviors in which an astute and successful nurse must function. As a result, nurses may unknowingly undermine and weaken the leadership and political power base of nurse leaders at critical and important times.

Sculco (1978) states that nurse educators have a great stake in the development of politically astute nurses. Politics pervade every area of nursing. Nurse educators, therefore, must include in their curriculum, courses that will encourage nurses to assess their political efficacy and increase their political participation in their professional lives. Nurses cannot escape from being in the political arena in their professional lives. The very facts and basis of knowledge from

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which nurses work are influenced by both covert and overt political pressures. In health care institutions where practicing nurses are employed, funding and priorities depend on political expediency. The cuts in medicare, medical funding and DRGs (Diagnosis Related Groupings) have exacerbated the poor working conditions for nurses (such as staffing levels which increase the patient to nurse ratio assignments and the nurse is legally liable for the quality of patient care). Nurses have a responsibility to engage in institutional politics by contributing their expertise and collaborating with decision and policy makers to constructively address these issues.

One of the most salient problems in nursing has been the fact that most schools of nursing have few (if any) courses concerning political processes. Nurses, therefore, have not had opportunities to learn about politics in their educational program. The neglect of political factors in the education of nurses fosters the

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omission of a critical element in understanding, planning and implementing nursing services. The next generation of nurses must be politically astute and skilled political activists. To accomplish this, nurse educators must become politically aware and active and ensure that political education becomes a part of the nursing curriculum.

Objective of the Study

The objective of the study is to provide a baseline description of the political participation of registered nurses practicing in hospitals. The study explores and examines the relationships between:

(1) Political Participation and Self-Esteem,
(2) Political Participation and Personal Control,
(3) Political Participation and Political Efficacy,
(4) Political Participation and Critical Thinking,
(5) Political Participation and: Self-Esteem, Personal Control, Political Efficacy and Critical Thinking.

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Null Hypotheses

Theoretical and empirical support for the hypotheses is presented in Chapter II. The hypotheses that guided the study are:

1. There is no significant relationship between Political Participation as measured by the Political Participation Scale designed by McDaniels (1988) and Self-Esteem as measured by the Self-Esteem Inventory designed by Coopersmith (1967).

2. There is no significant relationship between Political Participation as measured by the Political Participation Scale designed by McDaniels (1988) and Personal Control as measured by the Internal, Powerful Others, and Chance Locus of Control Scale designed by Levenson and Miller (1976).

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3. There is no significant degree of relationship between Political Participation as measured by the Political Participation Scale designed by McDaniels (1988) and feelings of Political Efficacy as measured by the Political Efficacy Scale designed by McDaniels (1988).

4. There is no significant degree of relationship between political participation as measured by the Political Participation Scale designed by McDaniels (1988) and critical thinking as measured by the Critical Thinking Appraisal designed by Watson and Glaser (1980).

5. There is no significant relationship between self-esteem, personal control, political efficacy and critical thinking.

The hypothesized relationships are depicted in Figure 1. The hypothesized relationships in the figure are supported by data presented in the Literature review.

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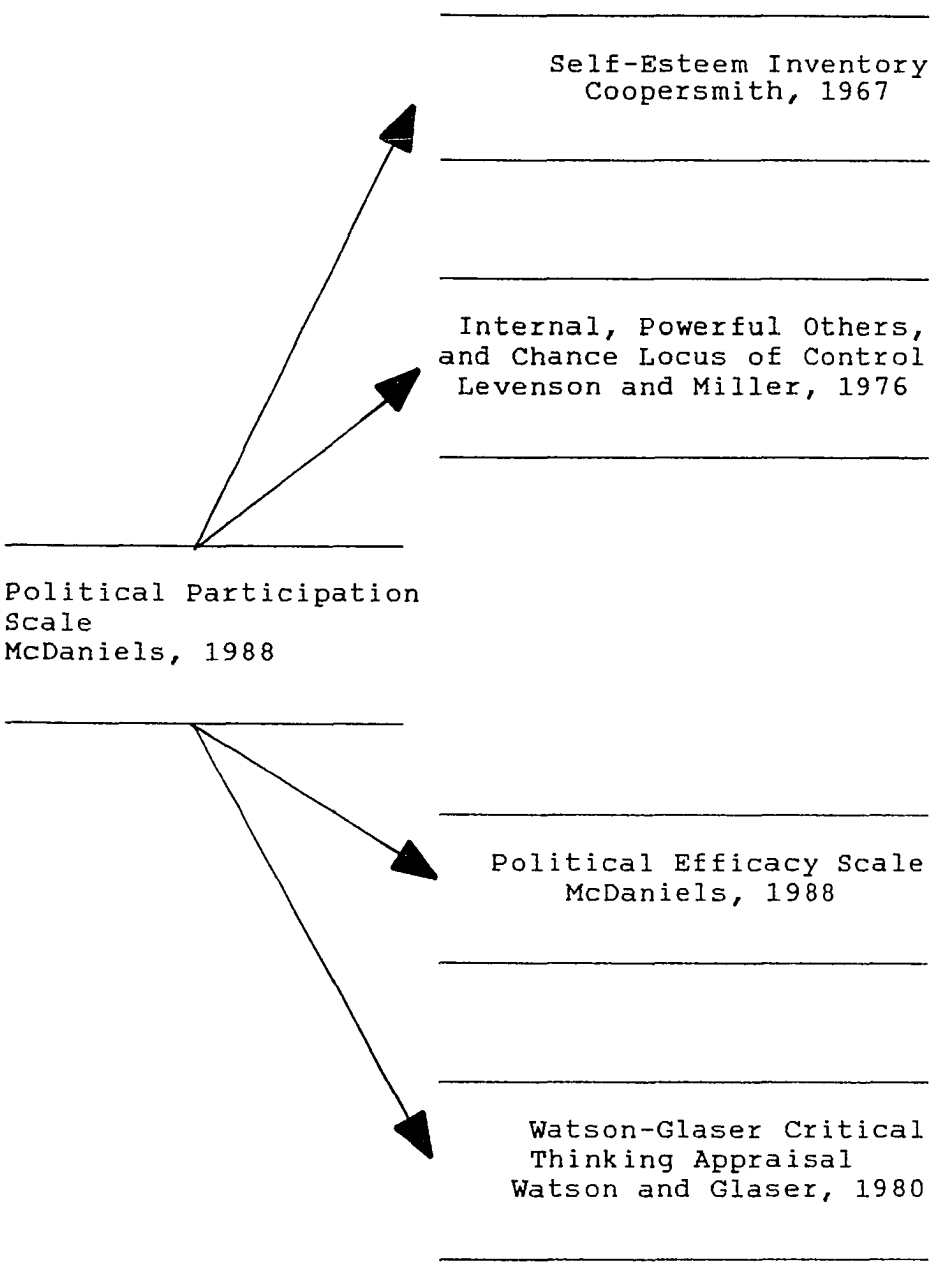

Figure 1. Hypothesized relationships between Political Participation and Self-Esteem, Personal Control, Political Efficacy and Critical Thinking

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The literature of political psychology indicates that personality variables are predictive of political involvement. This includes activity and ideology (Lane, 1959 and Barber, 1965). "The influence of personality is directly related to the specificity of the politically relevant behavior." (Knutson, 1973, p. 45)

The basic outline of the study's model is: basic psychological and personality needs (self-esteem, personal control, political efficacy) develop at an early stage in a child's life cycle. These needs must be satisfied. The satisfaction of these needs have cognitive antecedents (critical thinking ability being one). Psychological health is based on the satisfaction of these needs and is related to political ideology, and political participation; both of which have cognitive components.

Assumptions

1. Political participation is assumed to be an interactive effect and function of the variables (self-esteem, personal control, political efficacy and critical thinking).

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2. Subjects are politically active/inactive.
3. Subjects responded honestly and accurately.

Limitations

1. Subjects were registered nurses working in hospitals in San Diego County, California. However, the results of the study should be applicable to hospitals nationwide.
2. There is limited research on the variable critical thinking and its relationship to political participation.
3. Randomizing was not attempted because of the intense battery of instruments and limited sample population.

DEFINITION OF VARIABLES

Critical Thinking - In developing the Critical Thinking Appraisal Watson and Glaser (1964) viewed critical thinking as a composite of attitudes, knowledge and skills. This composite includes:

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> (1) Attitudes of inquiry that involve an ability to recognize the existence of problems and an acceptance of the general need for evidence in support of what is asserted to be true;
> (2) Knowledge of the nature of valid inferences, abstractions and generalizations in which the weight or occurrence of different kinds of evidence are logically determined; and (3) Skills in employing and applying the above attitudes and knowledge. (p. 10)

Critical Thinking Ability is operationally defined as scores on the Critical Thinking Appraisal (Watson and Glaser, 1980).

Self-Esteem - A personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. (Self-Esteem Inventory, Coopersmith, 1967).

Personal Control - A basic need to have control over the forces and experiences that impact upon and shape one's life. (Internal, Powerful Others and Chance Locus of Control Scale, Levenson and Miller, 1976).

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Political Efficacy - An individual's belief that political and social change is possible and that they possess a degree of control and the ability to bring about this change (Campbell, Gurin and Miller, 1954; Almond and Verba, 1963). Individuals believe in the value of political action and that they will probably have success in this action. Individuals with a high sense of political efficacy believe that political action is not only possible but of positive utility as well. They also believe that political and social change can produce desired behavior on the part of political authorities (Weissberg, 1975).

Political Participation - Those activities that are directed at influencing others (see Political Participation Items Appendix C).

SIGNIFICANCE OF THE STUDY

The study has significant implications for nurses in service as well as nurse educators. Professional education should be concerned with the

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development of intellectual skills and operations to provide the nurse with the ability to assess a broad range of data, engage in complex problem solving and make decisions. The conceptual framework for schools of nursing are replete with statements indicating that their goal is to develop intellectual skills, (usually called thinking skills). Statements abound in nursing education literature that affirm commitment to critical thinking as an educational ideal. There is little evidence to support the notion that political participation is being observed or realized. Politics is not receiving the emphasis in the classroom that it receives in state and national level meetings and subsequently state and national organization's position papers.

The American Nurses Association (1975) stated that critical thinking is an educational objective of nursing education. Beyond critical thinking being fundamental and essential in nursing education, a further goal should be to develop a commitment to incorporating political content in the curriculum to develop attitudes of political participation and inquiry. Critical thinking is a

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primary goal of nursing education and political participation an espoused goal. If a relationship between the two goals can be established, then the importance of one goal (critical thinking) is enhanced and accomplishing the other becomes more possible. If political participation is a function of the ability to think critically, the goal of participatory and politically astute nurses can be met partially by emphasizing politics as well as critical thinking in the classroom. Providing political experiences, opportunities to participate and other ideas that have evolved from the desire to develop nurses who are willing and able to participate politically are certainly feasible ambitions for nursing education. If the relationship between critical thinking and political participation is borne out, the teaching of politics must become an important part of any nursing program.

Summary

This study analyzes political participation and provides a baseline description as to its

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cognitive components. The importance of personality in political activity is established in current research. This study extends beyond most research in the analysis of the cognitive element and its influence on the personality variables and political participation.

This study could have a significant impact on nursing education and the political socialization of nurses.

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CHAPTER II

LITERATURE REVIEW

The literature review encompass six (6) areas: (1) Critical Thinking; (2) Self-Esteem (3) Personal Control; (4) Political Efficacy; (5) Political Participation; and (6) Relationship among the variables.

Critical Thinking

Critical thinking is identified by other terms involving the same processes and skills such as inquiry, inductive, reflective thinking and problem solving (Cusimano, 1975; Egelston, 1973; Rachelson, 1977; Seymour, Padberg, and Koutnik, 1974; Wilson, 1974). The American Nurses Association (1975) affirmed critical thinking as an important competency for students in baccalaureate nursing programs. For this reason Pardue (1979)

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conducted a comparative study which investigated whether there were significant differences between blocked-content (one specialty taught in a course) and integrated content (several specialties taught in a course) in baccalaureate nursing programs, student's critical thinking ability, and student's nursing State Board Exam performance. National League for Nursing (NLN) accredited baccalaureate nursing programs using blocked and integrated content were located. Critical thinking ability was measured by the Cornel Critical Thinking test. This is a 52-item test designed to measure 10 proficiencies in critical thinking. This instrument has established validity and reliability indices of approximately .89. State Board Exam scores were obtained anonymously from the school's most recent graduates. The pertinent finding of the study is that students of blocked and integrated content programs scores on State Board Examination were not significantly different.

The relationship between critical thinking, educational preparation and level of moral judgment among practicing nurses was studied by Keteflan (1981). The Watson-Glaser Critical Thinking

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Appraisal test was used to measure critical thinking. Moral judgment was measured by Rest's Defining Issues Test. Results of the study indicate that the higher the nurses's critical thinking ability the higher the moral reasoning.

Ostrow (1968) investigated the interaction of 75 baccalaureate nursing student's cognitive style, cumulative GPA, the Personalized System of Instruction (The PSI is a method of teaching that inculcates critical thinking) versus the lecture method; and evaluation of the teaching method. The independent variable in this study was the PSI. The dependent variables were students cognitive style and cumulative GPA. Students were randomly assigned to either the lecture or the PSI group. The investigation revealed that Personalized System of Instruction results in higher examination scores and higher satisfaction with that method over the lecture method.

Problem solving is a fundamental nursing activity. Each time nurses assess a patient, make a nursing diagnosis, and develop a nursing care plan, they are practicing analytic nursing. Few nurses, however, have had training or experience in

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applying the same analytic process to the organizational practice problems that occur daily in the hospital setting. To function effectively, the nurse must be able to understand the work, as well as, the political environment. Nurses, who have little experience in analysis of the work or political environment, even when they are skilled in preparing a nursing care plan, will frequently revert to rationalizations or retreat from the situation altogether (Gorman and Clark, 1986).

Self-Esteem

Self-esteem is described as being on good terms with one's superego (Hinsie and Campbell, 1977). The superego also contains one's positive stroking ability. This enables people to value themselves even when other people are being critical of them.

Coopersmith (1967) defines self-esteem as the evaluation which the individual makes and customarily maintains with regard to himself. It indicates the extent to which the individual believes himself to be capable, significant,

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successful, and worthy. "Self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal report and other overt expressive behavior" (p.4-5).

The ability to pursue full development of self is closely associated with maintenance of self-esteem. The importance of this need in the study of political participation has been indicated by a number of political scholars (Renshon, 1977; Milbrath, 1965; Lasswell, 1948; Stone and Schaffner, 1988; Ziller, 1973; Rosenberg 1962; Barber, 1965; Lane, 1959 and Sniderman, 1975). Evidence presented indicate that persons with high self-esteem expose themselves to political stimuli. Those with low self-esteem often feel insecure and avoid political stimuli.

Personal Control

The ability to control what happens to oneself is important to most people. For normally independent adults, it means that individuals know what they want and how to obtain it. Control

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implies a certain sense of dominance over the environment (Barry, 1984). Whether individuals sense that events are under their control or are outside of their control is called locus of control. Rotter (1966) theorize that people with an internal locus of control perceive events as being within their control and believe that they have some power over their response to events, and some ability to modify the environmental situation. People with an external locus of control perceive events as being outside of their control.

Rotter (1966) conducted numerous studies and refined a scale that measures the relative degree of belief in internal versus external control in certain situations. The I-E Scale has a certain degree of reliability and validity in predicting how a person will react when faced with certain sets of choices. Mean scores ranged from 5.48 to 10.00 out of 25 possible items. The higher the score, the more external the belief. A high scoring individual whose belief is largely in external control would perceive the result of an action to be contingent upon luck, chance, fate,

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under the powerful control of others, or as totally unpredictable. A person who believes that an event is based on their own personality characteristics and behavior is evidencing internal control. They would have a low I-E score.

To determine whether a person's political participation is a function of their locus of control, Rosen and Salling (1971) conducted a study in which the subjects completed Rotter's I-E Scale; a political activity scale; and a self rating of political activity. Political participation was positively correlated with internal locus of control.

Renshon (1974) suggests in his research that individuals with internal personal control have trust in themselves and their abilities. Also, "individuals with high internal personal control would rate themselves as happier than individuals with low personal control, since it is intrinsically rewarding to have such personal control" (p. 159).

Levenson and Miller (1976) conducted a study to examine the relationship between a multidimensional measure of locus of control and

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socio-political activism, controlling for the effects of political ideology. Results of the study indicate that high internal locus of control are positively associated with increases in political activism for liberal students, while for conservatives, there is a negative relationship.

Political Efficacy

The concept of political efficacy is used by scholars of political behavior to identify an individual's feelings about the effects of his action on political events. It refers to the person's belief that political and social change can be effected or retarded and that efforts, alone or in concert with others, can or cannot produce desired behavior on the part of political authorities. Efficacy has its origins in social psychology and is closely related to "ego strength", "self-confidence" and "personal effectiveness" (Prewitt, 1968).

Efficacy is not the same as a sense of civic obligation. Civic obligation can motivate political activity whether or not individuals feel that their activity will make a difference.

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Interest and concern are also different from efficacy. Both are likely to be specialized or temporary, whereas efficacy involves a generalized orientation toward political activity which remains stable over time (Prewitt, 1968).

To date Almond and Verba (1963) have contributed the most extensive research in the area of political efficacy. Their study, The Civic Culture, was conducted between 1959-1960 and the data is now over thirty years old. The findings are still cited in contemporary political literature. One thousand interviews were conducted in four countries: United States, Great Britain, Germany and Italy. A Subjective Competence Scale was developed which showed that the capacity to understand politics was related to a sense of ability to influence politics and to actual experience in the attempt to influence it. The most important findings of the study were: (1) Individuals who feel subjectively efficacious are more likely than those lacking in a sense of competence to be politically active and actually try to influence the political elite. (2) Advanced

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education is the most important factor contributing to a sense of high efficacy. (3) The socialization process tends to produce persons with feelings of subjective political competence.

Weissberg's (1975) study made use of the research on the 1968 election conducted by the University of Michigan's Survey Research Center. Weissberg attempted to assess whether or not beliefs of political efficacy were rooted in actual conditions. Weissberg hypothesized that if a sense of political efficacy were based on reality, it would vary by the objective political conditions that affect an individual's calculations of the likelihood of making successful influence attempts. The study revealed that "one's sense of efficacy and political congruity were totally unrelated" (p. 487).

Madsen (1978) conducted research of eleven nations widely varying in their sociocultural and economic levels. He hypothesized that economic development and years of democratic experience are critical to the subjective efficacy of citizenries under democratic regimes. Results of the data confirmed the hypothesis. Measurement of efficacy

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levels involved the use of one well known efficacy item in attitude questionnaires: "People like me don't have any say about what the government does." Madsen belives that "this particular item clearly goes to the very heart of the concept [of efficacy]. More over, it has been shown in previous empirical research to be a strong contributor to weighted indexes of efficacy." (p. 875) He also states that the item appears to be remarkably stable over time.

Political Participation

Political participation refers to those activities that are directed at influencing others. Political participation is important because in our society it is the means by which individuals are able to have input and control over their lives.

Political participation is a multifaceted concept, which includes different types of activities. Milbrath (1965) has identified methods of participation, which indicate the different manifestations of political activity. Exposure to stimuli perceived as political is a function of a

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person's predisposition. The more political stimuli received by a person, the more likely they are to be active in politics. Milbrath developed a hierarchical ranking of political activities. The Hierarchy of Political Involvement comprises the most common political activities. Those most often engaged in are at the bottom and those least often engaged in at the top. Milbrath contends that participation is cumulative and unidimensional. People who engage in the topmost behaviors are likely to perform those lower in rank also. The first six activities are called "Gladiatorial Activities." These are:

(1) Holding public and party office

(2) Being a candidate for office

(3) soliciting political funds

(4) Attending a caucus or a strategy meeting

(5) Becoming an active member in a political party

(6) Contributing time is a political campaign

"Transitional Activities" include the following:

(7) Attending a political meeting or rally

(8) Making a monetary contribution to a party or candidate

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(9) Contacting a public official or a political leader

"Spectator Activities" include the following:

(10) Wearing a button or putting a sticker on the car

(11) Attempting to talk another into voting a certain way

(12) Initiating a political discussion

(13) Voting

(14) Exposing oneself to political stimuli

"Apathetics" do not actively engage in any of the activities. (p. 33)

People tend to be either spectators, gladiators or apathetics. The apathetics are passive participants. The spectators are minimally involved in some of the first five activities. The gladiators are political activist.

Archer (1983) conducted a study of: (1) nurse administrator's participation in policy making processes, (2) reasons for the low participation of nurses in policy arenas, and involvement in organizations and other resources that have proven helpful in political activities, and (3) ways nurse administrators can help staff and students to be

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more politically active. A cross-sectional design was used to sample 1,086 nurse administrators from community health agencies, home health agencies, hospitals and schools of nursing. Data reported were based on 522 questionnaires. Eighty-seven percent of the nurse administrator respondents indicated that they were actively involved in political activities. Ninety-three percent of all respondents indicated political activities that were passive, such as contributing money to candidates/campaigns/political parties/political action committees and voting.

Goel, Parkum & Parkum (cited in Smith, Macaulay & Associates, 1980, p. 145) divides participation activities into Conventional and Unconventional categories. Conventional activities are those regarded as normal for a citizen to do. Conventional activities include:

(1) Voting

(2) Discussing politics

(3) Campaigning

(4) Attending meetings and rallies

(5) Forming a group

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(6) Contacting government officials

(7) Belonging to a political party

Unconventional activities include:

(1) Demonstrating

(2) Marching and sitting in

(3) Engaging in civil disobedience

(4) Holding political strikes

(5) Rioting

(6) Engaging in guerrilla activity

(7) Engaging in revolutions and rebellions

Milbrath and Goel, (1977) view political participation as multidimensional. Their study revealed distinct "modes" or "styles" of political participation. They assert not only are there gladiators, spectators and apathetics, but a variety of gladiators that differ among themselves in how they engage in the political arena.

Verba and Nie, (1972, p. 56) participation model identified 12 specific political activities in which citizens ordinarily engage. The activities are grouped into four modes of political participation; voting, campaign activity, citizen-initiated contacts and cooperative participation.

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These are:

Voting

(1) Vote in Presidential election

(2) Vote in local election

Cooperative

(3) Active in at least one organization involved in community problems

(4) Work with others in trying to solve some community problems

(5) Form a group or organization to attempt to solve some local community problem

Campaign

(5) Attempt to persuade others to vote

(7) Actively work for a party or candidates during an election

(8) Attend at least one political meeting or rally

(9) Give money to a party or candidate during an election campaign

(10) Current member of a political club or organization

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Contacts

(11) Contact a local government official about some issue or problem

(12) Contact a state or national government official about some issue or problem

These modes of participation offer alternative ways in which political activities can occur.

In 1972, Stone (1974, p. 32) conducted a study of the levels of citizen involvement in the political process in the United States. He developed a cumulative Scale of Increasing Participation. The scale is divided into 5 levels. Level I is the minimal possible political involvement and Level 5 the maximum. The levels are:

5 Office holding

(a) local officeholder

(b) state office holder

(c) national officeholder

4 Candidacy for political office

(a) local office, non-partisan

(b) local, partisan office

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(c) county, state offices

(d) national office

3 Involvement in campaign organizations

(a) passing handbills

(b) house-to-house canvassing

(c) party activity on local, county, or state levels

(d) holding party office

2 Indirect participation

(a) following newspaper and television accounts

(b) discussion with other people

(c) wearing buttons, etc.

1 Voting

(a) in Presidential elections only

(b) in elections for major state and federal offices

(c) in local elections

0 Nonvoting

(a) unaware of issues

(b) some awareness, but insufficient motivation to vote

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The study revealed that 56% of voting-age individuals voted. Twenty-seven percent of the population had no political involvement. Fourteen percent were at Level 3 and Level 2 and could be considered politically active. The proportion of the population that participates as candidates and office holders was estimated under 1%.

Why people do not participate in the political process is still being evaluated by political scholars. Smith et al. (1980) view the barriers to political participation as having three dimensions. One dimension is political "powerlessness." This involves feeling that one cannot affect or influence what goes on in politics. The second is political "normlessness." This involves questioning or rejecting the operating rules of the political system. "It is a feeling that the rules governing the society are either fraudulent or broken often by powerful groups and individuals for selfish gain" (p. 128). The third dimension is political distrust. This is distrust of the political leadership. When lack of participation is explored, evidence has repeatedly shown that negative feelings about the political

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system, regardless of how measured, is inversely related to political participation.

Stone (1974) suggest that complexity of the issues may be a barrier to political participation. Being poorly informed; having to study the issues; and lack of understanding of the opposing views can create barriers to participation

Many researchers have shown education to be directly related to participation. Most educated people are more likely to vote, to seek information about political issues and to become involved in the political process in other ways.

Survey research indicates that socioeconomic status such as income and occupation is also directly related to participation. People with high incomes or high status occupations participate more than low socioeconomic people.

RELATIONSHIP AMONG THE VARIABLES

Political Participation and Critical Thinking

Theoretical and empirical research bearing directly on the relationship between critical thinking and political participation is sparse.

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Wilson (1954) conducted a study of the factors associated with participation in grass roots civic meetings on a college campus. The study revealed that a superior academic record and a capacity for critical thinking were positively related to political participation.

A few scholars have established an association between critical thinking and political participation. A basic assumption is that critical thinking skill is a key to increasing ability to perceive and cope with one's political world. "Those who have competence to appraise and to inquire are supposed to have more potential for effective political action than those who lack these skills" (Renshon, 1977, p. 202). Political participation and involvement are products of the need for understanding. Lane (1959) notes that the pursuit of meaning and understanding is based on a physiological drive apparent in animals, as well as, education and other experiences that develop skills for handling abstractions.

Socialization studies have found that each individual's learning and thinking affects the way in which the individual assimilates and organizes

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political orientations. Socialization and cognitive ability are key factors in how people interpret and understand political knowledge. Bartal & Saxe's (cited in Ichilov, 1990) view is that the availability of information from various agents of socialization plays an important role in shaping individuals political knowledge. Individual cognitive capacity and motivation are equally important.

Nurse educators traditionally have acknowledged the importance of developing students intellectual and political participation skills. But they have given little attention to teaching political participation skills. The purpose of political education is to assist in the development of the individual by providing every opportunity to develop the ability to think logically and to analyze problem situations in a rational manner. Cleary (cited in Heater and Gillepsie, 1981) asserts that the development of individual analytic ability depends on exposure to controversy. This allows students to develop arguments and to make decisions. College provides an ideal time for political socialization. Rosenberg (cited in Lane,

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1959) maintains that high school and college foster an abstract orientation and an involvement in the superpersonal. "Hence educated people feel at home in the company of political ideas." (p. 7).

Weissberg (1974) maintains that the education system does not foster intelligent political participation. Instead, the emphasis was on the learning of objective facts rather than on analytical thinking. This is still true of the education system today. Regardless of how innovative the overall curriculum, most students spend their time in teacher centered lessons. They must memorize and reproduce whatever the teacher says. Creativity is not appreciated in students. It is often misinterpreted as insubordination. Langeveld (cited in Heater and Gillespie, 1981) believes that students have no say in what they study and after some years of training they do not want it any more. Subsequently, they become totally dependent on their teachers in every aspect of the learning process. They are not given the opportunity to listen to arguments for and against a solution, weigh costs and benefits, and subsequently come up with at least an arbitrary solution.

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Theoretically, critical thinking is linked with political participation. Political knowledge is acquired through intrapersonal cognitive processes as they are influenced by social and motivational factors. The political arena is complex and the issues within it makes it virtually impossible for effective participation without the critical thinking skills to understand, organize, develop arguments, make decisions, explain and evaluate political phenomena.

Political Participation and Self-Esteem

The relationship between self-esteem and political participation is well documented theoretically and empirically in the literature. Some scholars believe that one's self-esteem is largely based upon the opinions of others. DiPalma and McCloskey (1970) believe that the most important determinant of a person's self concept is how he thinks other people think of him. Conversely, Stone (1974) believes that self-esteem is based on "objective indications of one's worth; that is, on one's achievements and competence, as well as on reflections from other people" (p. 96).

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Lasswell (1948) contends that the political personality chooses to accentuate power over other possible values. The underlying reason for the emphasis on power is compensation for feelings of inferiority. Power is expected to overcome low estimates of the self by changing either the traits of the self or the environment in which it functions.

Ziller's (1973) study of self-other orientation emphasizes defining the self in regards to the individual's social context and political participation. Self concept is measured by the number of adjectives an individual selects (from a list of 110) as being characteristic of himself. Ziller's belief is that the individual who perceives himself as complex has more possible ways of relating to other people and, therefore, tend to be more involved with politics. Ziller also measures self-esteem by a diagrammatic test in which the individual is asked to place an S in a circle to represent the self and place other letters representing significant others in the circles. Positions to the left of the array of circles are related to high self-esteem.

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Self-esteem can be thought of as positive self feeling. An individual may have either a large or small amount of self-esteem. Negative concepts of self may also exist, but they are not necessarily the opposite of self-esteem (Stone and Schaffner, 1988).

Everyone strives to maintain a positive self image or, in other words, to maintain high self-esteem. Self-esteem is based upon the regard in which one is held by others. It is also dependent upon one's subjective feelings of competence.

High self-esteem leads to political activity. Researchers have found that people with high self-esteem are more likely to be politically active (Barber 1965; Rosenberg, 1962). The more efficacious and confident an individual is, the more they participate in politics. The need for self-esteem may be gratified by political participation in many ways. Merely having opinions or knowing bits and pieces of information can make a person appear to others as intelligent or "in the know."

Lane (1959) contends that self image is attained from social situations. The reflection of

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self can be seen in such cues as the minor courtesies and attention given by others. In these cues the police, civil servants and politicians reflect the political power of the person with whom they are dealing. Members of the community also know and respond to who has power.

The results of a study conducted by Sniderman (1975) indicate that low self-esteem leads to alienation from politics. People who have low self-esteem feel ineffective and withdraw from public activity such as politics.

The value that individuals place on themselves determines their relationship to the outside world and therefore much of their behavior. DiPalma and McCloskey (1970) believe that self-esteem affects the confidence with which one approaches others.

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Individuals with low self-esteem characteristically tend to withdraw from social interactions and avoid involvement in group activities.

Harmonious interaction with others is an essential component of political activity. Milbrath (1965) speculates that without a reasonably high level of self-esteem an individual will have great difficulty interacting effectively with other people. According to this position liking oneself and feeling personally competent leads to social and political participation.

The relationship between self-esteem and political motivation can be traced to an effort to maintain or enhance self-esteem (Renshon, 1977).

Lane (1959) summarizes the relationship of the need for the maintenance of self-esteem and political participation as follows:

> Political participation is encouraged by the need for self-esteem whenever politically linked objects (persons, ideas, groups, or symbols) become ego-involved, that is, whenever their fate is psychically linked to the fate of the self.

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> Political objects become ego-involved for an individual when (a) society invests them with a status attribute accepted by the individual, and (b) whenever the individual identifies with such objects in the pursuit of his private goals.
>
> Political participation is increased by needs for self-esteem when political acts are socially valued. It is decreased by these needs when a political act exposes a person to charges of ignorance or socially disapproved deviance. (p. 130)

Political Participation and Personal Control

The relationship between personal control and political participation is also well researched. Review of various fields of psychology such as Freud and psycoanalytic theory; Piaget and developmental theory; Maslow and humanistic theory present strong evidence that there is within each of us a need to exert some amount of control over relevant aspects of our lives. This need is called the need for personal control (Stone, 1974). Everyone does not have the same level of need for

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personal control. The level of need is associated with the degree of control needed. Renshon (1974) contends that "a person with low needs for personal control will be satisfied with less, while an individual with high levels of need for personal control will require greater amounts of control in order to be satisfied." (p. 45)

Rotter (1966) suggest that people expect certain outcomes based on their ability to control the environment. He refers to people who attribute success to their own skills and abilities as Internals. People who attribute everything to chance or to other people are Externals. The Internals are likely to be attracted to an arena in which they can have an effect on the environment. These people will most likely become active in politics. The Externals who attribute control to chance or fate are less likely to waste their time getting involved with politics.

In a study conducted by Sigel (1974) it was determined that control is not related to political activism among externals, but it is relevant among Internals. A comparison of all Internals with all Externals revealed that Internals felt politically

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more efficacious. Externals lacked trust in people, and confidence in their own capacity to control the environment and, therefore, had a lower sense of political efficacy. The study also confirmed that Internals are politically more involved, provided they see politics as "relevant to their lives." The findings also suggest that internality in and of itself increases an individuals inclination to become politically active.

Political Participation and Political Efficacy

Political efficacy is the feeling that one is capable of influencing the decision making process. When people believe they can exert influence they are said to be subjectively efficacious.

The relationship between efficacy and political participation is widely documented in the literature. Findings linking political participation and feelings of political efficacy are confirmed in studies conducted by Matthew and Prothro, 1966; Berelson et al., 1954; Almond and Verba, 1963; Lane, 1959; Verba and Nie, 1972;

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Bloomberg and Rosenstock (cited in Bloomberg and Schmandt, 1968). Empirical evidence supporting the relationship between political efficacy and political participation is extensive.

Stone (1974) believes that the origin of efficacy is in the effectance need. "The effectance need is universally found in human beings; it grows out of an intrinsic need to deal effectively with the environment, a need man shares with other animals" (p. 107). Stone further theorizes that effectance is a basic need present in all organisms and what has been thought of as "human" motives are actually learned while meeting this basic need. Therefore, the underlying basis for power, achievement, affiliation and other motives is the need for effectance.

Renshon (1974) notes that political efficacy is never mentioned as a motivation to participate. It is always put forward as a condition of participation. It is never suggested that people participate in politics in order to be efficacious. Rather, it is asserted that people are more likely to participate in politics if they are efficacious. "Under certain conditions,

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efficacy itself can be intrinsically motivating" (p. 31).

Campbell et al. (1964) in their study of the American voter, found that people who have a strong sense of personal effectiveness also feel politically efficacious.

Lane (1959) summarizes the relationship between political efficacy and participation as follows:

> A sense of political effectiveness leads people to become more alert to their political environment, more informed and partisan in their views, and more active in the political process. The person with a low sense of political efficacy is likely to live in a closed world filled with private problems.
>
> Upper status groups generally tend to have greater feelings of political effectiveness, generalizing from their experiences of control in private life as well as realistically appraising their greater influence. Lower-status groups tend to contrast their own power to those with upper

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status, thus reinforcing their feelings of social inferiority.

A sense of political effectiveness is likely to be increased by association with industry, unions, and the complexity of urban living; it is negatively related to rural life and its less dense constituencies and greater face-to-face contact with politicians.

A sense of political effectiveness is not always closely related to conventional participation such as voting, but it is closely related to interest and concern with politics and to letter writing to officials. (P. 154)

SUMMARY

Political participation is important because it is the primary way in which nurses can have an effect on the social and political institutions shaping their lives. The learning of participation skills is an implied goal in some schools of nursing; some schools do not address politics at

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all. Nursing educators stress intellectual skill learning and exclaim the importance of critical thinking while they teach uncritical political content or ignore politics altogether. Most nursing educators have not attempted to teach in a systematic manner the competencies necessary for political activism. The instructional objectives for participation skill learning should include content that enhance the abilities to interact well with others; to facilitate and maintain a group, as well as cooperate within a group to achieve a common goal; skill in organizing and interpreting evidence; ability to negotiate and bargain; and skill in using influence to achieve objectives and make decisions.

The establishment of links between the personality variables (self-esteem, personal control and political efficacy) and political participation are clear. The personality variables give the basis for understanding the characteristic and functions of political activism. In political psychology, it has become a truism that personality in some way affects political beliefs and political activity.

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The theoretical and empirical support for the hypotheses presented in chapter I have been explicated. The methodology for testing the hypotheses is presented in chapter III.

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CHAPTER III

RESEARCH METHODOLOGY

The intent of this study is to determine the relationship and effects among political participation, self-esteem, personal control, political efficacy and critical thinking. Each variable and concept in the hypotheses were operationally defined in the preceding chapter. To test the relationships, data relevant to each of the variables were collected and analyzed. A detailed explanation of the methodology employed follows.

Pilot Study

To measure the effectiveness of the instrument and obtain information for improving or modifying the study, a pilot study was conducted. Ten registered nurses participated in the pilot study.

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They were chosen from the same population as the subjects in the study.

The instruments were administered in a large hospital auditorium. The last page of the instruments provided an area for participants to make comments about the procedures and the instruments.

Feedback from the participants centered around being pleased that the issue was being studied. There were no comments about the instruments or specific items in the instruments.

Subjects

The research study group consisted of 56 registered nurses who were practicing for five or more years in hospitals in San Diego County. Nurses practicing for five or more years were selected because of experience in providing health care and awareness of the political climate. In addition there were administrators, physicians and nurses who influence policy within the institution. Because of the intense battery of instruments and limited sample population an available sample was used.

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Procedures

The instruments were administered to the participants in a large hospital auditorium. A cover letter and the Political Participation Questionaire were administered first. Completion of the instrument took from 30 - 40 minutes. The Watson-Glaser Critical Thinking Appraisal was administered immediately following the Political Participation Questionnaire. Testing time for the Critical Thinking Appraisal was 50 minutes. This included time spent in giving directions and passing out and collecting test materials. Fifty usable instruments were obtained.

Instruments

Critical Thinking

The Watson-Glaser Critical Thinking Appraisal (1980) was used to measure critical thinking. The test consists of a series of exercises which include "problems, statements, arguments and interpretations of data similar to those that are encountered on a daily basis at work, in the

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classroom, and in newspapers or magazine articles." (p.2) The exercises also require data interpretation encountered through hearing speeches, and participation in discussion on various issues. The test contains 80 items that can be completed in about 50 minutes. It consists of 5 sub-tests designed to measure different, though interdependent aspects of critical thinking. The five sub-tests are as follows:

(1) Inference. Discriminating among degrees of truth or falsity of inferences drawn from given data.

(2) Recognition of Assumptions. Recognizing unstated assumptions or presuppositions in given statements or assertions.

(3) Deduction. Determining whether certain conclusions necessarily follow from information in given statements or premises.

(4) Interpretation. Weighing evidence and deciding if generalizations or conclusions based on the given data are warranted.

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(5) Evaluation of Arguments. Distinguishing between arguments that are strong and relevant and those that are weak or irrelevant to a particular question at issue. (Watson-Glaser, 1980, p. 2)

Reliability data, consisting of split-half reliability coefficients derived from the scores of the various normative groups are provided in tables. The reliability coefficients range from .69 to .85. A table is provided which contains norms for business employees, civil service employees and job applicants.

Political Efficacy and Political Participation

Numerous empirical instruments are available to measure political efficacy and political participation, but they deal primarily with presidential election and government related issues. A few of the items in the instruments would have been inappropriate for practicing registered nurses; therefore, instruments were designed to gather data, using statements from other existing instruments. They were developed

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according to the methods described by Belson (1981) and Borg and Gall (1979).

Political Efficacy

Construction of the Political Efficacy Scale (McDaniels, 1988) was based on the Subjective Political Competence Scale (Almond and Verba, 1963) and the Political Efficacy Scale (Campbell et al., 1954).

The Subjective Political Competence Scale consists of five items that attempt to measure belief in the efficacy of one's own political action in local government.

> In the indexes of competence, political competence is the individual's perception of their ability to influence the formation of laws and policies. Administrative competence is the individual's perception of their ability to affect the application of general policy in specific, personally relevant situations. Questions used to measure the

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> various forms of political competence tap the individual's anticipated response to situations of stress in which rules or regulations harmful to the person's interest are being considered by local or national authorities" (Almond & Verba, 1980, p. 356).

The coefficients of reliability for data forming a Guttman scale ranged from .80 to .93. Data on validity indicated that those scoring high on subjective competence were more likely to expose themselves to political communications, to engage in political discussion and to be a partisan activist.

The Political Efficacy Scale consists of five items that measure an individual's subjective competence in politics, especially with regard to one's feeling of playing an important role in telling the government how things should run. No test-retest reliability was reported. Guttman scale analysis resulted in an over-all coefficient of .94.

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Political Participation

Construction of the Political Participation Scale (McDaniels, 1988) was based on the Political Process Participation Questionnaire (Archer, 1983); and the Participation Model (Verba and Nie, 1972).

The Political Process Participation Questionnaire attempts to assess political participation with an 18 item array of political behaviors. Extensive pretesting with nurse administrators offers some face and construct validity. No reliability testing was reported.

The Participation Model variables were used in a large-scale survey of the American public conducted in 1967. The mean correlation coefficient among the thirteen political activities is .25 and range from .10 to .71.

The Political Participation Checklist (McDaniels, 1988) items construction was based on the Political Activity Index (Woodward and Roper 1950). The Political Activity Index is composed of seven items which attempt to identify the amount of political activity in which they engage. The authors report "partial but not perfect" inter-item correlation. No tests for validity are reported.

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The Political Participation Scale items are in Appendix C. The Political Efficacy Scale items are in Appendix D. The Political Participation Checklist items are in Appendix E.

Self-Esteem

The Self-Esteem Inventory designed by Coopersmith (1967) measures evaluative attitudes toward the self. Although the scale is dated, it provides more validation than exists for many of the more recent scales. With slight wording changes, the scale was easily adaptable for use with registered nurses. For this study 10 of the items were used. Psychologists classified the items as indicative of high or low esteem. Taylor and Reitz as cited by Robinson et al., (1973) found a .90 split-half reliability for the inventory. Reports of validity range from .42 to .66 when correlated with comparable popular scales. The Self-Esteem Inventory items are in Appendix F.

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Personal Control

Levenson and Miller's (1976) Internal, Powerful Others, and Chance Locus of Control Scale was used to measure for personal control. Previous studies utilizing the instrument found slight to moderate correlations between the Powerful Others and Chance Scale (.23 to .59) and .77 for the Internal Scale (Levenson and Miller, 1976, p. 202). The Internal, Powerful Others, and Chance Locus of Control Scale is in Appendix G.

Data Analysis

To test for significance and determine whether relationships exist between political participation and the variables, data was analyzed by means of analysis of variance. The raw scores were used in the statistical analysis and a significance level of .01 selected to evaluate the relevant F ratios.

Analysis of variance separates the total variability of a set of data into two components: (1) variability resulting from independent variables and (2) all other variability, such as individual differences and measurement

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unreliability (Polit and Hungler, 1983). The test statistic used in analysis of variance is called the F statistic and is defined as:

F = Variance among groups/Variance within groups.

The analysis of variance summary table has five columns: Source, df (degrees of freedom), SS (sum of squares), MS (Mean Square) and F. The among group variance is the variation due to difference in treatment. The within group variation is called the error variation since it is due in part to the failure of individuals treated alike to respond alike (Knapp, 1978). The degrees of freedom for the first row is the number of instruments in the study. The degrees of freedom for the second row is the total degrees of freedom of the first row (minus one) subtracted from the number of subjects in the study.

Sum of squares for each Source of variation was calculated. Mean Square is the degrees of freedom divided into the corresponding Sum of Squares. The number in the F column was determined by dividing the Mean Square of the among group by the within group mean square. The F value was interpreted by finding the critical value or

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significant F in the F table of Critical Values. When the calculated F value is larger than the tabled critical value, then there is a significant difference between the means and the null hypothesis is rejected. When there is a significant difference between means, an asterisk is placed next to the calculated F value in the summary table and the level of significance is indicated.

A correlational matrix presenting all the possible combinations of correlations among the five variables was developed. The nature and size of the relationship between two variables is measured by a correlation coefficient. The range of possible values is from -1.00 to +1.00. The closer the coefficient is to either +1.00 or -1.00, the higher or stronger the correlation. The closer the coefficient is to zero, the lower or weaker the correlation. When a positive correlation exists, high scores on one variable are paired with high scores on the other variable. Conversely, low scores on one variable are paired with low scores on the other variable. A positive correlation reflects a direct relationship between the two

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variables. A negative correlation reflects an inverse relationship between the two variables. When no systematic relationship exists between the variables being measured there is no correlation or a zero correlation between the two variables (Huck, Comier and Bounds, 1974). Interpretation of the correlation coefficients is based on the criteria set by Hinkle, Wiersma and Jurs (1979).

SUMMARY

The most common available approach to studying political behavior centers around attempts to determine what factors cause people's basic tendencies towards participation in various political activities. The independent variables used are usually education, socioeconomic status, demographic characteristics, socialization, and government policies. This study adds different dimensions. The study analyzes political participation as to its cognitive components. It examines whether political participation is a function of the ability to think critically. The

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cognitive elements of the personality variables (self-esteem, personal control and feelings of political efficacy) are analyzed in relation to political participation.

One of the major purposes of the study is to contribute to the theoretical knowledge regarding political participation among nurses. A theoretical model has been developed which studies political participation and the relationship of the variables self-esteem, personal control, political efficacy and critical thinking.

Theoretical and empirical research provides the bases for the instruments used as well as support for the study. The Watson-Glaser Critical Thinking Appraisal designed by Watson and Glaser, 1980; the Self-Esteem Inventory designed by Coopersmith, 1967; the Internal, Powerful Others, and Chance Locus of Control Scale designed by Levenson and Miller, 1967; the Political Efficacy Scale, the Political Participation Scale and the Political Participation Checklist designed by McDaniels, 1988 were used to gather data. Correlation procedures and analysis of variance were used to evaluate the data.

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CHAPTER IV

RESULTS

The focus of this study is the relationship and effects among political participation, self-esteem, personal control, political efficacy and critical thinking. Hypotheses have been set forth. Analysis of variance and correlational procedures were used to analyze the relationship among the variables. This chapter will report the findings of the study. The discussion of the results is presented in Chapter V.

Pilot Study

The survey instrument was tested in a pilot study consisting of a convenience sample of 10 registered nurses from various hospitals in San

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Diego County. Internal consistency and reliability of each scale was tested. Alphas for the instruments are as follows: Political Participation Scale - moderate (.68); Self-Esteem Inventory - very high (.95); Internal, Powerful Others, Chance Locus of Control Scale - high (.89); and Political Efficacy Scale - high (.85). The hypotheses were rejected at the .01 level of significance with alphas between .4619 and .8063. Correlation coefficients were between .1223 and .3054. (See Appendix H for statistical results of Pilot Study.)

The pilot study did not bring to notice that "diploma" was left out of level of education. Subsequently, for the study, nurses responded by writing diploma when appropriate.

Written comments centered around the length of the instrument. Most participants felt it was too long.

Reliability

To accurately interpret the results, the instruments needed to measure the variables to determine the relationship among the variables.

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Stability of each measuring instrument was determined. Table I shows the results of reliability analysis. Reliability is the accuracy of the measuring instrument. A reliable instrument more or less measures the "true" scores of individuals (Kerlinger, 1973) or individual differences. Analysis of variance of the scores are calculated which yields the variances between items, between individuals and Residual or Error. Reliability coefficients are obtained for the calculations. If the first administration of an instrument yields a certain rank order of individuals and all succeeding administrations tend to yield approximately the same rank order, then the test is reliable. This is test-retest interpretation of reliability (Kerlinger, 1973).

Reliability is the internal consistency of a test and indicates whether the test items are homogeneous. Two sets of random samples of different items were taken from each instrument. Each sample was treated as a separate sub-test. The two sets were correlated. The average intercorrelation of the sub-test reflects the instrument's internal consistency. If the

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Table 1

Reliability Coefficient Analysis

Political Participation Scale, Self-Esteem Inventory, Internal, Powerful Others, Chance Locus of Control, Political Efficacy Scale

Instrument (# of items)	Mean Inter-item Correlations	Corrected Item-total Correlation		Standardized Item Alpha
		Min.	Max.	
PPS (6)	.2449	.0282	.5209	.6606*
SEI (18)	.4055	-.1519	.7984	.9247*
IPO (15)	.3713	-.3650	.8020	.8986*
PE (7)	.3803	.1617	.7035	.8112*

Note. PPS = Political Participation Scale
SEI = Self-Esteem Inventory
IPO = Internal, Powerful Others, Chance Locus of Control
PE = Political Efficacy

* Significant at the .01 level

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instrument is reliable, individuals will have the same rank order. Table I shows the standardized item alphas of the reliability coefficients for each instrument. Alphas for the instruments are as follows: Political Participation Scale - moderate (.6606); Self-esteem Inventory - very high (.9247); Internal, Powerful Others, Chance Locus of Control - High (.8986); and Political Efficacy Scale - High (.8112).

Characteristics of Participants

The survey instrument was administered to registered nurses employed for five years or longer in hospitals in San Diego County. These nurses represented a variety of specialties. Fifty usable instruments were obtained.

Ninety-four percent (47) of the participants were female. The ages ranged from 27-64 years and were evenly distributed.

In response to level of 'nursing education,' 30 percent held a two year degree; 32 percent held a baccalaureate degree; 14 percent held a masters degree; and 24 percent held a diploma.

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'Annual salary' for 22 percent of the nurses was over $40,000. Forty-four percent reported salary between $40,000 - $31,000; 26 percent reported salary between $30,000 - $26,000; 6 percent between $25,000 - 21,000 and 2 percent reported salary under $15,000.

Length of time in 'current position' and in "current hospital' ranged from 5-25 years with 22 percent being 5 years and 12 percent being 15 years.

Only 16 percent responded yes to being a 'union member'. This could be attributed to the fact that some hospitals do not have unions in place.

Response to 'Years in nursing' was evenly distributed and ranged from 5-34 years. However, the largest categories were 5 and 20 years. Sixteen percent reported being in nursing 5 years and 12 percent reported having been in nursing for 20 years.

Raw scores on the Critical Thinking Appraisal ranged from 10-75. Ten percent (5) obtained a score between 10-35; 72 percent (36) obtained a score between 40-60 and 18 percent (9) obtained a

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score between 65-75 percent. (Appendix I contains all scores, frequency and percents on the Critical Thinking Appraisal.)

Demographic variables provide important information about attitudes and social background factors. A widely documented finding is that people with higher education tend to engage in political participation more than those with lower education. Nurses are among the better educated, have moderate to high incomes, should be more informed about politics and feel more efficacious.

People with higher incomes are more likely to participate in politics. The findings regarding education and income are supported by numerous studies (Matthews & Prothro, 19766; DiPalma, 1970; 1980; Verba & Nie, 1972; and Milbrath, 1965). Generally, income relates to activities that require high self-esteem such as donating money or talking to others about specific issues.

The majority of participants in the study were female. One of the most documented and substantiated research findings is that females participate less than males (Verba & Nie, 1972; Milbrath, 1965; Stone, 1974). Research data indicate that this is due to low feelings of

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political efficacy. Feelings of powerlessness tends to prevent people from engaging in politics.

Studies have found that participation is greatest among the middle aged and older (Weissberg, 1974; Sniderman, 1975; Lane, 1972; Milbrath, 1965; Verba & Nie, 1972; and Peterson, 1990). This is attributed to such things as older people having more time and experience at participating; the acquisition of property; having children; and economic security, which allows more time for participation.

Political Participation Scale

Generally, nurses approved of participation in politics. The Political Participation Scale is a 6 point Likert scale. For reporting purposes responses were combined and a 2 point scale of agree or disagree was used. As shown in Table 2 three quarters (82%) agreed that contacting officials about a problem or issue is an effective form of political participation. Eighty-eight percent also agreed that they were knowledgeable about hospital policies and procedures. Seventy-eight percent agreed that they had talked with an

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Table 2

Percentages Agreeing and Disagreeing With Items On The Political Participation Scale

	Agree Very Much	Agree IN General	Agree A Little	Disagree A Little	Disagree IN General	Disagree Very Much	Mean X
I would participate in a demonstration to show dislike for hospital policy.	6	14	16	14	30	20	4.080
Contacting Administrative officials about a problem or issue is an effective form of political participation.	8	60	14	6	8	4	2.580
I might disobey a hospital policy to demonstrate that I thought it was unjust.	0	8	22	10	28	32	4.540
I am knowledgeable about the policies/ procedures and how the hospital runs.	16	60	12	4	4	4	2.320
In the last 6 months I have talked to my immediate supervisor to let him/her know what stance I would like to take on an issue.	28	22	28	0	22	0	2.660
Joining and working on a task force/ committee is one way of influencing hospital administrators.	24	32	28	10	6	0	2.420
It is important for people to actively support the nursing leaders they like.	30	54	16	0	0	0	1.860

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*I would not attend a protest meeting no matter how strongly I supported the cause.	36	28	16	12	4	4	4.280
If I felt strongly about a hospital/ nursing issue, I would try to persuade others to share my point of view.	6	26	46	12	8	2	2.960
I would join a group that was trying to get a policy passed that I was strongly in favor of.	16	38	42	0	4	0	2.380

*Item reversed from the wording presented on the questionnaire

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immediate supervisor to inform them of the stance they took on an issue. Eighty-four percent agreed that joining or working on a task force/committee is one way of influencing hospital administrators. Everyone agreed, to some degree, that it is important for people to actively support nursing leaders they like.

Ninety-six percent of the nurses agreed that they would join a group that was strongly in favor of passing a policy. Less than half (36%) would participate in a demonstration to show dislike for hospital policy. Likewise, 70% of the nurses disagreed with obeying a hospital policy to demonstrate that a policy was unjust. Eighty-one percent of the nurses would not attend a protest meeting. Ninety-six percent of the nurses agreed that they would join a group to try and get a policy passed.

Political Participation Checklist

Nurses reported a low level of participation in the political process as indicated by the Political Participation Checklist items in Table 3. Results indicate that within the last year only 10% of nurses sent messages of support to nursing

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Table 3

Percentage Participating in Political Activities

Activity	Percentage Participating
Formed or joined a group to deal with a hospital issue or problem.	0
Written a letter to a manager or administrator.	0
Telephoned a hospital official about an issue or problem.	0
Joined in a protest or formed a caucus.	0
Gone with a group to protest to an administrator/manager.	0
Refused to obey unfair hospital policies.	0
Sent messages of support to nursing leaders when they are doing well.	10

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Sent messages of support to nursing leaders when they are doing poorly.	0
Informed others in your department/ unit/floor about problems or issues.	0
Made your views known to managers/ administrators.	40
Served as a working member of state boards or commissions such as State Board of Health, Commissions, Task force, Mental Health Advisory Board, etc.	0
Worked for the election of local, state, or federal legislators known to favor health care and nursing issues, e.g. sponsor fund raiser.	0
Participated in hospital social functions.	15
Attended staff meetings.	76
Attended hospital board meetings.	0

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leaders when they were doing well. None sent messages of support when they were doing poorly.

Seventy-eight percent responded on the Political Participation Scale that they had talked to immediate supervisors in the last six months. Only 40% responded on the Political Participation Checklist that they have made their views known to managers/administrators in the the last year. Manager/administrator could have been perceived as top level management. The intent was supervisory level. Using the term supervisor or manager for both items might make the items better.

Fifteen percent indicated that they had participated in hospital social functions within the past year. The largest percentage of nurses (76%) responded that they had attended a staff meeting in the past 6 months. In only a few hospitals, attending staff meetings is a mandatory and paid requirement. The nurses who responded that they did not attend staff meeting (24%) possibly are those who feel that they have heard it all before; the meetings are not productive; or the meetings do not result in substantive changes.

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The hypotheses set forth in Chapter I were tested.

Findings

Hypothesis 1. There is no significant relationship between political participation and self-esteem.

Table 4 shows that the hypothesis is rejected ($F = .3097$, $df = 1/48$, $p < .01$). There is a low positive significant correlation ($r = .307$) between the relationship of political participation and self-esteem as shown in Table 5.

Hypothesis 2. There is no significant relationship between political participation and personal control.

The analysis of variance in Table 4 indicates that the hypothesis is accepted ($F = .8372$, $df = 1/48$, $p < .01$). The correlation coefficient in Table 5 also indicates that the relationship between political participation and personal control is little, if any ($r = .274$).

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Table 4

Analysis of Variance Summaries:

Dependent Variable = Political Participation

Scale	df	SS	MS	F
SEI				
Among	1	17.19438	17.19438	1.054*
Within	48	782.98562	16.31220	
Significant F = .3097				
IPO				
Among	1	.71078	.71078	.0427
Within	48	799.46922	16.65561	
Significant F = .8372				
PES				
Among	1	8.99345	8.99345	.5456*
Within	48	791.18655	16.48305	
Significant F = .4637				
CTA				
Among	1	16.74106	16.74106	1.026*
Within	48	783.43894	16.32164	
Significant F = .3162				

Note. SEI = Self-Esteem Inventory
IPO = Internal, Powerful Others, Chance Locus of Control
PES = Political Efficacy Scale
CTA = Critical Thinking Appraisal

*** Significant at the .01 level**

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Table 5

Correlation Matrix: Political Participation, Self-Esteem, Personal Control, Political Efficacy and Critical Thinking

Instrument	1	2	3	4	5
1. PPS	---	.307*	.274	.797*	.698*
2. SEI		---	.437*	.697*	.763*
3. IPO			---	.811*	.861*
4. PES				---	.477*
5. CTA					---

Note. PPS = Political Participation Scale
SEI = Self-Esteem Inventory
IPO = Internal, Powerful Others, Chance Locus of Control
PES = Political Efficacy Scale
CTA = Critical Thinking Appraisal

*** Significant at the .01 level**

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Hypothesis 3. There is no significant relationship between political participation and political efficacy.

As shown in Table 4 the hypothesis is rejected ($F = .4637$, $df = 1/48$, $p = < .01$). Table 5 shows that the relationship between political participation and political efficacy is positively and highly correlated ($r = .797$).

Hypothesis 4. There is no significant relationship between political participation and critical thinking.

The hypothesis is rejected ($F = .3162$, $df = 1/48$, $p = < .01$). The Correlational Matrix in Table 5 shows that there is a moderate positive significant correlation ($r = .698$) between the relationship of political participation and critical thinking.

Hypothesis 5. There is no significant relationships among political participation and the variables: self-esteem, personal control, political efficacy and critical thinking.

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As shown in Table 5 the relationship between self-esteem and personal control has a low positive correlation (r = .437). There is a moderate positive correlation (r = .697) between the relationship of self-esteem and political efficacy. The relationship between self-esteem and critical thinking has a high positive correlation (r = .763). Personal control and political efficacy have a high positive correlation (r = .811). Personal control and critical thinking have a high positive correlation (r = .861). Political efficacy and critical thinking have a low positive correlation (r = .477).

SUMMARY

A preliminary trial of research measures and techniques were performed in the manner of a pilot study. The entire research procedure was conducted, including analysis of data collected. Feedback from the research subjects was obtained.

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In the study the level of internal consistency and stability of each instrument was measured. The reliability coefficients ranged from moderate to very high.

The Political Participation Scale indicates that generally, nurses approve of participation in politics. The Political Participation Checklist revealed a low level of participation.

Hypothesis 1 is rejected and there is a significant relationship between political participation and self-esteem. Hypothesis 2 is accepted. There is no significant relationship between political participation and personal control. Hypothesis 3 is rejected and there is a significant relationship between political participation and political efficacy. Hypothesis 4 is rejected and there is a significant relationship between political participation and critical thinking. Hypothesis 5 is rejected and there are significant relationships among political participation and the variables: self-esteem, personal control, political efficacy and critical thinking.

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CHAPTER V

DISCUSSION OF THE RESULTS, IMPLICATIONS, AND SUGGESTIONS FOR FURTHER RESEARCH

The focus of the study was to provide a base line description of political participation of registered nurses. Fifty-six registered nurses were were asked to describe their participatory activities. Fifty usable instruments were obtained and subsequently analyzed. Variables (self-esteem, feelings of political efficacy, critical thinking and personal control) having an impact on political participation were examined.

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DISCUSSION OF THE RESULTS

It has been theorized that participation in decision making in the work place increases political participation, political awareness and interest in politics in general. Participation in one area, such as home, church, or a social club is presumed to give the individual skills and confidence necessary to participate in other arenas of life; such as the work place. Peterson (1990) theorizes that as participation in everyday institutions increases, political interest will rise, political efficacy will increase and political participation will increase.

Milbrath (1965) maintains that the more political stimuli a person receives, the more likely they are to be active in politics. Of all the political stimuli, personal discussion is apt to lead to political activity. The Political Participation Scale revealed that 78% of the nurses agreed that they would try to persuade others to share their point of view and 78% agreed that

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they had talked with a supervisor regarding an issue.

Milbrath believes that participation is cumulative and unidimensional. Thus, highly involved individuals will also engage in the lower ranked activities. The Political Participation Checklist, which gathered information on activities the nurses engaged in within the last year, revealed a low level of "Gladiatorial Activities." Only nineteen percent agreed that they would attend a protest meeting. On the Political Participation Scale eighty-two percent agreed that contacting officials about a problem or issue is an effective form of political participation. No "Spectator Activities" were reported. But, the Political Participation Scale indicates that over half the nurses agreed to some "Gladiatorial Activities."

Nurses responded negatively to activities defined by Goel, Parkum & Parkum (1980) as Unconventional. Less than half would participate in a demonstration. Given the socialization of nurses, engaging in a demonstration would be among the very last activities. Seventy percent of the

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nurses would not disobey a hospital policy even if it was unjust. Eighty-one percent of the nurses would not attend a protest meeting.

The results indicate that nurses are willing to engage in certain activities such as joining a taskforce/committee/group and talking to immediate supervisors. Most even agree that it is a good idea to contact an administrator. However, nurses are not willing to demonstrate, disobey a hospital policy or attend a protest meeting. This concurs with the research in Chapter II (Milbrath & Goel, 1977) which describes the dimensions and modes of activity structuring the political activity an individual chooses. Citizen-initiated contacts or when the individual participant makes contacts takes a considerable amount of initiative. Campaign and Cooperative activity (when an individual cooperates with others either in formal or informal groups) requires some initiative depending on whether the individual helped form the group. The major difference is that the individual may become exposed to or involved in situations where conflict can occur. Decisions to participate in a particular manner is colored by the extremity

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of the action and personal risk and benefits. The risk and benefits may not be substantial enough for some nurses to risk conflict or take extreme actions.

Analysis of variance was used in analyzing the data for the Political Participation Scale, Self-Esteem Inventory, Internal, Powerful Others, Chance Locus of Control scale and the Political Efficacy Scale. A significance level of .01 was selected.

Hypothesis 2 was accepted. There is no significant relationship between political participation and personal control. Some nurses have more self-confidence than others and display a greater sense of control over their lives. Renshon's (1974) research indicates that individuals like these nurses are more apt to participate in politics, to feel politically efficacious and feel positive towards organizational hierarchies. There are times when the benefits of political involvement are sufficient to cause nurses to participate. Generally, this occurs when nurses perceive that personal territory has been violated, threatened, or something directly affects them in the work

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place. Nurses will get involved (indirectly if possible) long enough to remove whatever is causing the problem. Once the problem has been eliminated, they then return to being non-participants. Hence, nurses participate, occasionally, for self serving interest.

Rotter's (1966) studies using the I-E Scale revealed that people who exhibit high personal control believe that events are based on their own personality characteristics and behavior. The study conducted by Rosen and Salling (1971) using Rotter's I-E Scale and political activity scales indicates that political participation is positively correlated with personal control. The three studies conducted by Levenson and Miller (1976) which provided data relevant to the relationship between locus of control and social-political activism, while controlling for the effects of political ideology revealed a positive association with high internal locus of control and political activism for liberal students.

It seems that the purpose of political participation has never been realized by the nursing profession. This is reflected in the low

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correlation (r = .274) between political participation and personal control as shown in Table 5. The purpose of political participation is not just for self interest and self aggrandizement, but for the ability to have control over one's life and therefore, control over the future and destiny of the nursing profession. People have a basic need to have control over their environment and lives. Those aspects of the environment that effect the person's ability to achieve goals, maintain certain values and meet specific needs are important. Those aspects may not always include political participation. People, institutions and processes may have the power and authority to make decisions that are binding on the person. But, it only becomes important when it is perceived to be " . . . a control-relevant aspect of the individual's psychological life-space." (Renshon, 1974, p. 2) Nurses may select certain areas as control-relevant based on their perception that their chances are good to have personal control. Not all nurses have the same level of need for personal control. The level of need falls within certain parameters, but there is individual variation. Nurses' belief in

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their ability to control the factors and experiences that impact and shape their lives also affects their political participation. Sigel's (1974) study confirms that Internals or people with high personal control are politically more involved, provided they see politics as relevant to their lives.

Another reason for the lack of relationship between political participation and personal control could be lack of knowledge of the opportunities for participation. Nurses may believe in their effectiveness, but not understand the political system and therefore, feel ineffective in the political arena.

The interest and future of the nursing profession will be measured by the decisions made by all nurses, not nurse educators with master and doctoral degrees; or nurses in administrative positions. It is practicing nurses, nurses "in the trenches" who collectively can build an influential political power base. These nurses need the wherewithal to gain access to hierarchal decision makers and the ability to effectively participate in decision making affecting them in the work

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place. Having knowledge of the political process would increase their sense of political efficacy and thereby increase self-esteem.

Political efficacy is the feeling that one is capable of influencing the decision making process. It is an attitude which makes participation likely. Of the three personality variables, political efficacy has the strongest relationship with political participation. Table 4 shows that Hypothesis 3 is rejected at the .01 level of significance, F = .4637. There is a significant relationship between political participation and political efficacy. This study's findings are in keeping with information found when the instruments were used in other studies. Measurement of feelings of political efficacy was originally identified by the Survey Research Center at the University of Michigan. The findings regarding political efficacy reported by Campbell et al., (1964) was based on a national survey in which a five item instrument was utilized to obtain generalized feeling as to the responsiveness of institutions to citizen pressure. Campbell noted that the "rate of voting turnout was found to

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increase uniformly with the strength of an individual's sense of political efficacy." (p. 58)

Almond and Verba (1963) employed a five item instrument that measured belief in the efficacy of one's own political action in local governments of five nations. Almond and Verba found evidence to support the proposition that "if any individual believes that he has influence, he is likely to use it." (p. 10)

The relationship between political efficacy and political participation is well established. The documentation of the linkage between efficacy and political participation is very convincing and persuasive. The findings linking political participation and feelings of political efficacy have been confirmed in other studies by Madsen, 1978; Verba and Nie, 1972; Lane, 1959; and Matthew and Prothro, 1966. In these studies, after controlling for socioeconomic variables, the correlation between political participation and political efficacy remain. Therefore, it is apparent that feelings of political efficacy/sense of political efficacy is a powerful determinant of political participation. The high correlation

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between political efficacy and political participation, r = .797 (Table 5) further supports the evidence that a sense of political efficacy encourages political participation.

It is assumed that organizations within the health care system are open and welcome feedback from health care workers. Many nurses naively believe that nursing issues brought before these bodies are taken seriously, and that nurses are allowed to participate in the decision making process. The lack of organization and political know how prevents nurses from obtaining responses to their articulated concerns. Nurses, generally, cannot generate enough conflict in an organized and coherent manner to influence decision makers. Therefore, these bodies continue to decide what issues will or will not be considered for decision making.

Some nurses work in facilities which allow unions. Thirty-two percent of the participants (16 nurses) belong to a union. They can have their concerns heard indirectly via these unions. However, the union's scope is limited to salary, vacation time and working hours. Thus, nurses are

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still not afforded the opportunity to participate in the formulation of the overall policies related to standards of practice, patient advocacy, and employee relationships. Therefore, the real issues and concerns of nurses are not being addressed. Verba and Nie (1972) believe that the more active people become in unions or participate in political discussions within a union, the more likely they will become politically active.

Researchers have found that people with high self-esteem are more likely to be politically active (DiPalma and McCloskey, 1970; Rosenberg, 1962; Sniderman, 1975; Renshon, 1977 and Lane, 1959). Since nurses are not allowed to actively participate, they do not have the knowledge base needed to formulate ideas and make contributions to improve their work environment. When nurses make attempts at challenging policies and decision making, hierarchal decision makers respond by making changes which they determine to be appropriate. What occurs in many instances is organizational hierarchies allow nurses to participate in meaningful but carefully orchestrated decision making. This gives the

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appearance of control and therefore increases self-esteem and feelings of political efficacy. Self-esteem is not inborn but obtained through experience with self as well as from interactions with the outside world. People reflect the evaluation of other people and their comparisons of themselves with other people.

Hypothesis 1 is rejected, at the .01 level of significance, F = .3097 (Table 4). There is a significant relationship between political participation and self-esteem. Renshon (1977) views self-esteem as the degree to which the individual values self or believes that they are worthy of others' regard. Milbrath (1975) believes that liking oneself and feelings of personal competence promotes political participation. Lasswell (1948) hypothesized that people with low self-esteem seek high visibility, powerful positions to compensate for the lack of self-esteem. Ziller's (1973) theory emphasizes defining the self with reference to individuals in the social environment. Barber (1975) contends that high self-esteem leads to political activity. "The more healthy, efficacious and confident a

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person is, the more he participates in politics." (p.217)

Self-esteem is based on many indicators of worth such as achieving competency in one's life work, motivation to strive for competency, previous successes, identification with other people and things. The low, but significant correlation (r = .307) between self-esteem and political participation could be an indication of the variability and range of feelings about self among nurses who engage in political participation. Many nurses are cognizant of the fact that decisions are made by the organization's upper echelon and nurses are pacified and made to feel that they are participants.

Increase in self-esteem sometimes becomes a destructive force among nurses. Since nurses are not allowed to participate in the formal organization, many will accept recognition which fulfills the need for self-esteem. Informal power and control, and leadership of small groups displaces participation. Nurses are content to assume these roles in lieu of substantial participation in the formal organization.

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Collegial relationships in which nurses support one another and present a united approach to the hierarchy would provide a climate in which nurses would be more willing to participate. Historically, these relationships are nonexistent and nurses do not support each other.

There is a significant relationship between political participation and critical thinking. Hypothesis 4 is rejected at the .01 level of significance, F = .3162, as indicated in Table 4. The positive moderate correlation (r = .698) shown in Table 5 supports the theories presented in Chapter II as to a relationship between critical thinking and political participation. Cognitive ability greatly influences the acquisition of political knowledge. Political participation requires the ability to form concepts, reason, arrive at decisions, possess knowledge of a wide range of information and competence in information processing. Research examining critical thinking ability/intellectual capacity variables and political participation are rare. The literature that does exist tends to focus on social background variables and a few personality or attitude

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variables. The best indication of an individual's ability to learn and to adapt to the environment is critical thinking skills. Critical thinking is affected by the individual's experiences in life, as well as by genetic inheritance.

The Correlation Matrix in Table 5 shows there are significant relationships among the variables. There is a low positive correlation (r = .437) between self-esteem and personal control. Researchers have determined that people who feel in control participate because they increase their self-esteem. Having control over a certain area of one's life is the basis for feelings of high self-esteem (Renshon, 1977; Milbrath, 1965; Stone, 1974). Lasswell (1948) speculates that many people who seek political careers do so out of self interest and personal advancement.

The concept of self-actualization has been closely associated with the need for control (Renshon, 1974). Self-actualization or the attempt "to become everything that one is capable of becoming" (Maslow, 1970, p. 159) is one of the strongest motivating forces of human beings. Self-actualization has been associated with the need for

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control. In Maslow's need hierarchy once physiological, safety, and love needs are met, self-esteem needs must be met. Self-esteem is the feeling of self-worth which is based on personal competence and achievement. When this need has been met, self-actualization emerges. Maslow links self-esteem and personal control by making personal control a dimension of self-esteem. The self-actualizing person is found to be more politically active.

Nurses must make concerted efforts to participate and gear their activities toward political ends. There must be commitment to moving the profession forward. It is no longer sufficient for a nurse to be a dedicated skillful practitioner and ignore what is happening to the profession. Responsibility goes beyond patient care. It encompasses utilizing talents and abilities to accomplish equality for nurses and protection against denigration of professional status. Taking professional responsibility will lead to political participation. The more nurses participate, the more educated they become about the political process. Nurses learn through participatory

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activities to identify the benefits that the activities offer. The ability to acquire and successfully utilize a variety of skills to reach personal goals will effect political participation. They also learn how their own interest can be met by the benefits. In addition to individual interest, interest they have in common with other nurses or groups of nurses are discovered. If nurses are not successful in achieving the aims being sought, the experience of participation still leads to increased self-esteem and fosters awareness of issues affecting nursing.

There is a positive moderate correlation between self-esteem and efficacy ($r = .697$). Most political theorists assert that high self-esteem leads to political activity and the more efficacious a person feels the more one participates in politics (Renshon, 1974; Milbrath, 1965; McPherson et al., 1977; Verba and Nie, 1972; Weissberg, 1975; and Almond and Verba, 1980). These researchers also found that people who are most likely to vote are those highest in personal efficacy, which they in turn related to positive self-esteem. Renshon (1974) contends that people

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choose certain arenas based on their feelings that they can be effective in those arenas. He suggests that people participate because they feel efficacious, which they find rewarding. These feelings are rewarding because it increases the self-esteem of the efficacious individual.

Personal control and efficacy have a high positive correlation, r = .811 (Table 5). Political efficacy is the belief that one has sufficient personal control over political processes which satisfy the need for control in certain areas of life. Therefore, feelings of high political efficacy are logically preceded by a need for personal control. The higher the personal control the greater the participation.

Renshon (1974) indicates that participation does not always lead to feelings of personal control in the political arena. In order for personal control needs to become transformed into feelings of political efficacy, the individual must have engaged in some action that is perceived as successful.

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There is a high positive correlation with critical thinking for both personal control (r = .861) and self-esteem (r = .763) as indicated in Table 5. Critical thinking ability allows most people to understand politics or a political environment and its procedures. Both personal control and self-esteem have a basic cognitive component of which critical thinking is an important part. Having control over one's life is a basic human need (Renshon, 1974; Maslow, 1970, Rogers, 1971). Sigel (1974) and Rotter (1966) determined that cognitive ability is an important factor in personal control. Sniderman (1975) contends that cognitive abilities and skills are the most important of the personality characteristics likely to affect the relationship of self-esteem and political learning. Maslow (1970) places the need for intellectual mastery and competence as a function of self-esteem needs. Cognitive skill is viewed as a prerequisite of high self-esteem.

Along with technological advances nurses are being faced with more social, moral and ethical dilemmas. Health care facilities add to the

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dilemmas by excluding nurses from decision making regarding these issues, thereby affecting the nurse's sense of moral responsibility. These decision makers are not involved to the extent that nurses are involved with final patient outcomes and do not carry the same moral responsibility. If nurses participated in decision making, they would also be accountable for their actions and the results. The organization's position is that it has ultimate responsibility for the actions of their employees. However, participation requires that health care organizations and nurses share accountability. The organization and the nurse are equally accountable.

Members of the organizational hierarchy are given authority which they can delegate to nurses. The lines of authority flow in only one direction. Nurses, therefore, are responsible to members of the hierarchy. Since ultimate responsibility belongs to the hierarchy it does not have to be shared. This leaves the nurse with innate moral responsibilities which cannot be given or taken away. Most nurses will state that the patient's best interest is always primary. In reality,

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issues are not that clear and simple. Past occurrences of nurses being patient advocates and having it adversely affect the organization has resulted in nurses losing their job, receiving poor references and experiencing financial losses. Therefore, the nurse must acquire and is obliged to become a political participant to meet and carry out their moral and ethical responsibility. Nurses must no longer continue to carry the onerous moral responsibility and accountability without participation. Nurses have the right to participate in decisions affecting them.

Today health care organizations are run as big corporations. This is reflected in the adoption of corporate titles for health care workers. Old titles such as director of nurses, head nurse and charge nurse have been replaced with corporate titles such as associate administrator, administrative nurse I, II and III. These health care institutions cannot operate without employing individuals with health care knowledge and skills. Nurses are the largest number of employees of most health care institutions. Therefore, the goal of nurses should be application of critical thinking

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abilities to gain some control over the work environment and to gain political clout.

Political efficacy has a low positive correlation (r = .477) with critical thinking. Critical thinking ability affects self-esteem and personal control primarily through feelings of effectiveness. Political participation is an outgrowth of feelings of efficacy. Stone (1988) asserts that "intelligence acts to shape the person's self-concept chiefly through its impact on his feelings of effectiveness." (p. 59) Stone (1974) also contends that the "effectance need" is basic to all higher animals. The "effectance need" has underlying motives that are all concerned with "competence." Everyone needs to be able to deal competently with their environment. All nurses are skilled and possess competence acquired through experience. The competence necessary to deal with the political work environment is a basic need.

Instruments

The instruments designed for the study contains all of the elements to measure the areas

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delineated in the study. Thorough research of the literature as presented in Chapter II and intimate knowledge of the field; as well as, contact with knowledgeable experts, validates the relevance of the instruments.

The results provided through use of the instruments is valid and valuable in helping to solve the dilemma of lack of participation among practicing nurses. Results are useful because it confirms the theoretical concepts identified by political scholars. These concepts when applied to the practicing registered nurse characterizes the political participation status of registered nurses.

Reliability of the instruments is established by the standardized item alphas of the reliability coefficients for each instrument. Alphas for the Political Participation Scale were moderate (.6606). The Political Efficacy Scale was high (.8112).

The instruments assessed and provided base line descriptions on specific aspects of practicing registered nurses political participation. The results provide useful information and serves as a

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resource. It gives credence to the necessity of nursing education assuming an active role in preparing politically competent and astute nurses.

SUMMARY

The findings indicate that a significant relationship exists between political participation and critical thinking, self-esteem, and political efficacy. Feelings of political efficacy is strongly related to political participation. Significant correlates of efficacy are personal control and self-esteem. Further, there is a high positive correlation with critical thinking for both personal control and self-esteem.

Most of the findings are consistent with well documented empirical research. The findings with respect to a significant relationship between personal control and political participation accepts the hypothesis that there is no significant relationship. Personal control may be related to activity requiring considerable individual initiative. Feelings of personal control may have

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a large influence on the political involvement of people for whom politics is salient than for those who have little interest in politics and are unaware of the relevance for their own lives.

Nursing continues to be a troubled occupation. It's professional status is still questionable, even though its practitioners continue to perform professionally, as well as, obtain educational requirements comparable to other professions. To assure excellence in nursing, the profession must give more attention to the cultivation and preparation of nurses for the political arena. The curricula of nursing programs are already filled with necessary knowledge and skills. But, room must be made to include knowledge that leads to politically active and effective nurses.

IMPLICATIONS OF THE STUDY AND SUGGESTIONS FOR FUTURE RESEARCH

One of the major goals of nursing education is the development of critical thinking skills. The

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findings of the study indicate that a relationship does exist between critical thinking and political participation. Critical thinking significantly affects self-esteem, personal control, and political efficacy. Self-esteem, critical thinking and political efficacy positively affect political participation.

Studies linking personality variables with political participation have been growing in recent years. This study goes beyond traditional research by establishing a cognitive basis to the personality variables. It also adds to the literature by linking critical thinking with political participation.

IMPLICATIONS FOR CURRICULUM AND INSTRUCTION

All of the evidence indicate that political education should and must become a major goal of nursing education. Concerted efforts must be made to ensure that nurses who want to become politically active can do so and be successful. Nursing must systematically address barriers that

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hinder the teaching of political content in schools of nursing. The call for such action indicates a need and desire to raise the consciousness of educators to areas that receive insufficient and sometimes inaccurate treatment in the traditional curriculum. There are some nursing programs that already include some political content in courses with titles such as trends in nursing, and professional issues. The obvious limited effects of the courses may be attributed to the content and how it was presented. Nurse educators usually single out particular topics and issues rather than offering generalized cognitive or participatory skills. More emphasis should be placed on political literacy instead of subjects. Political literacy is generalizable and provides an approach to problems. People who are politically literate would be able to recognize and understand the political dimensions of any situation.

One of the functions of nursing programs is socialization, instilling norms and values prevalent in society. The socialization of nurses should involve the development of psychological and cognitive abilities to make informed ideological

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choices. Health care issues, how the health system functions, legalities, evaluation of health services and standards of care, funding and what part of the federal budget should be allocated to health care are just a few aspects that require careful and thoughtful decision making that affect many peoples lives.

Emphasizing politics in the nursing program, could be a means of fostering increased levels of political participation. As indicated in the study, one's sense of political efficacy is an important stimulus to participation. Therefore, more emphasis should be placed on curriculum content that would enhance students' perceptions of the nurse's ability to influence in the work setting. Political participation should be presented as a special series of challenges in achieving control over the work environment. The political material and information being given must be salient and related to what is actually occurring in the environment. This would increase the chances of information taught being absorbed.

Fostering group based political participation is also important. The impact of individual

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participation through groups should be stressed. The components and what contributes to group effectiveness in the political arena should be analyzed. Acquisition of knowledge about how groups can affect policy outcomes should be emphasized. Writing, implementation, enforcement, evaluation and revision of policies should receive more emphasis in nursing education. Policy objectives and the ability to recognize whether the objectives are being achieved should also be included.

The ultimate goal is to encourage and increase political participation in the work environment. This can be accomplished by providing students with the abilities to understand the importance of participation, apply critical thinking skills to analyze policies and issues, make good decisions and the ability to use influence.

Incorporating politics into present nursing curricula would require faculty to identify the political elements in the courses they are currently teaching. Every nursing course lends itself to incorporating political material and possesses areas that facilitate the teaching of

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political literacy. For instance, all nursing courses can include change strategies, decision making, conflict resolution, and exploration of the concepts and nature of administration. What is needed is identification of opportunities to teach and engender political concepts characteristically present in nursing courses.

Examples of objectives for nursing courses with political literacy focus are:

1. State the relevance of the political process to nursing.
2. Identify ways an individual nurse might affect the political process.
3. Identify political action organizations composed of nurses.
4. Explain the federal government's role in health care.
5. Discuss issues affecting nurses locally.
6. Critically analyze policies of local health care institutions.
7. Develop strategies for influencing decision making.

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8. Observe local politics and processes through field experiences including various governmental levels and private boards.
9. Attend public meetings dealing with health care issues.
10. Identify legislation affecting nursing.

Following are examples of material needing emphasis in nursing courses: Political theory, processes and strategies; budgetary procedures; pressure groups; how the health care system operates; how health policies are made; public administration; how to handle the media; and how to influence public opinion.

Efforts must be made to identify content already being taught in nursing and cognate courses that are applicable and will facilitate political activities. Nursing faculty should strive to impress that political participation is a function of the nurse. At every opportunity examples of actual political activities of faculty members should be discussed.

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SUGGESTIONS FOR FUTURE RESEARCH

The study would be more generalizable and conclusive if a larger sample were used. Therefore, the study should be replicated using a larger randomized sample.

The results are based on a survey of nurses in a large county in southern California. The results of the study are applicable to nurses across the nation. The study should be replicated in other locations or nationwide.

If at all possible, the instruments should be administered at a time prior to participants working or on a day when participants are not working. If this is not possible, a rest period should by given between administration of the Critical Thinking Appraisal and the Political Participation Inventory. The instruments could also be administered on different days. This would assist in the elimination of the problem of fatigue.

Other personality traits should be used to determine effects on the relationship with political participation. It is difficult to

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establish relationships between personality and political participation because it is difficult to measure personality since it is best determined by behavior.

Since correlational studies only establish relationships, path analysis should be used to assess causal paths and how relationships functions. In path analysis regression coefficients are used to describe the relationships among variables in a causal model. The basic theorem assumes that the correlation between any two variables is equal to the product of the paths linking the variables (McPherson et al., 1977; Blacock, 1969; Blalock, 1970; Duncan, 1966; Duncan, 1969; and Land, 1969). The goal in path analysis is to define a set of equations which corresponds to actual causal processes in the real world; that is, one seeks a set of equations which permit predictions of how a change in any one variable in the system affects the values of other variables in the system (Heise, 1969).

Critical thinking should be assessed using political issues. The ability to think critically in political situations will have a greater effect

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on the political variables. This would be an indication that critical thinking skills should be taught using political subject matter.

SUMMARY

A primary implication of this study is that the teaching of political participation skills may increase participatory attitudes and behavior. It is necessary and possible to prepare nursing students for political participation. Therefore, as a profession, nursing must intensify efforts to make political instruction a compulsory component of the nursing curriculum. Nurse educators must provide the milieu for nurses to learn the various components of political participation and how to become effective participants in the decision making process. The goal should be to sensitize students to the presence and nature of political problems and methods for undertaking them.

One of the major goals of research is to formulate and assist in the implementation of programs that will improve the quality of nursing

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education. The results of this study indicate that greater political competency is necessary and possible through educational change. Change is necessary and inevitable.

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APPENDICES

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APPENDIX A

POLITICAL PARTICIPATION SCALE INSTRUMENT FOR THE MEASUREMENT OF POLITICAL PARTICIPATION, SELF ESTEEM, PERSONAL CONTROL AND POLITICAL EFFICACY

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Thank you for agreeing to participate as a member of an expert panel of nurses, in a nursing research study that I am conducting as the subject for my doctoral dissertation. The study aims to provide a base line description of the political participation and activities relative to self-esteem, personal control, feelings of political efficacy and critical thinking of registered nurses practicing in San Diego County hospitals.

Participation is voluntary and you may withdraw at any time. Completion of the instruments is the only requirement for participation. Pretesting of the instruments indicates that it will take less than two hours to complete. All responses will be kept confidential. No individual or hospital will be identified. The results will be presented as aggregate statistics. Results of the study will be made available to participants.

If you have any questions please ask. I sincerely appreciate your time and effort. Thank you for your assistance in this important study of our profession.

There is no agreement, written or verbal, beyond what is expressed on this consent form.

I, the undersigned was given the opportunity to ask questions about the procedures and they were answered. I, the undersigned, understand the above explanations and, on that basis, I give consent to my voluntary participation in this research.

_____ _____

Your Signature Date

_____ _____

Ophelia B. McDaniels, M.S.N. Date

_____ _____

Witness Date

Done at_____ _____

City State

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p. 139-147

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1. Age:_____

2. Sex:_____

3. Education

_____Two Year Degree
_____Baccalaureate Degree
_____Master Degree
_____Doctoral Degree

4. Annual Salary

Under 15,000_____
16,000-20,000_____
21,000-25,000_____
26,000-30,000_____
31,000-40,000_____
Over 40,000 _____

5. Years in current position_____

6. Years at current hospital_____

7. Union Member

Yes_____
No _____

8. Years in Nursing_____

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APPENDIX B

CRITICAL THINKING APPRAISAL

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APPENDIX C

POLITICAL PARTICIPATION SCALE ITEMS

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APPENDIX D

POLITICAL EFFICACY SCALE ITEMS

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p. 161-162

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APPENDIX E

POLITICAL PARTICIPATION CHECKLIST

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p. 164-165

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APPENDIX F

SELF-ESTEEM INVENTORY ITEMS

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p. 167-168

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APPENDIX G

INTERNAL, POWERFUL OTHERS AND CHANCE LOCUS OF CONTROL SCALE ITEMS

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p. 170-171

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APPENDIX H

PILOT STUDY RESULTS

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Table 6

Pilot Study: Analysis of Variance Summaries:

Dependent Variable = Political Participation.
Independent Variables = Self-esteem, Personal Control, and Political Efficacy

Scale	df	SS	MS	F
SEI				
Among	1	1.53004	1.53004	.11480
Within	6	79.96996	13.32833	
Significant F = .7463				
IPO				
Among	1	7.60378	7.60378	.61739*
Within	6	73.89622	12.31604	
Significant F = .4619				
PES				
Among	1	1.21951	1.21951	.09114
Within	6	80.28049	13.38008	
Significant F = .7729				

Note. SEI = Self-Esteem Inventory
IPO = Internal, Powerful Others, Chance Locus of Control
PES = Political Efficacy Scale

***Significant at the .01 Level**

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Table 7

Pilot Study: Reliability Coefficient Analysis

Dependent Variable = Political Participation
Independent Variables = Self-Esteem, Personal Control and Political Efficacy

Instrument (# of items)	Mean Inter-item Correlations	Corrected Item-total Correlation		Standardized Item Alpha
		Min.	Max.	
PPS (6)	-.0799	-.7888	.3968	.7989*
SEI (18)	-.0016	-1.0000	1.0000	1.0000*
IPO (12)	1.0000	1.0000	1.0000	1.0000*
PE (6)	-.1230	-.7683	.7977	1.9168*

Note. PPS = Political Participation Scale
SEI = Self-Esteem Inventory
IPO = Internal, Powerful Others, Chance Locus of Control
PE = Political Efficacy Scale

*** Significant at the .01 level**

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Table 8

Pilot Study

Correlation Matrix: Political Participation, Self-Esteem, Personal Control, Political Efficacy and Critical Thinking

Instrument	1	2	3	4
1. PPS	---	.1370	-.3054	.1223
2. SEI		---	.8535*	-.7709
3. IPO			---	.5095*
4. PES				---

Note. PPS = Political Participation Scale
SEI = Self-Esteem Inventory
IPO = Internal, Powerful Others, Chance Locus of Control
PES = Political Efficacy Scale

*** Significant at the .01 level**

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FINDINGS

Hypothesis 1. There is no significant relationship between political participation and self-esteem.

Table 7 shows that the hypothesis is accepted ($F = .7463$, $df = 1/6$). The correlation coefficient in Table 8 also indicates that the relationship between political participation and self-esteem is little, if any ($r = .1370$).

Hypothesis 2. There is no significant relationship between political participation and personal control.

The analysis of variance in Table 7 indicates that the hypothesis is rejected. ($F = .4619$, $df = 1/6$, $p = .01$). Table 8 shows that there is low negative correlation ($R = -.3054$) or inverse relationship between political participation and personal control.

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Hypothesis 3. There is no significant relationship between political participation and political efficacy.

As shown in Table 7 the hypothesis is accepted ($F = .7729$, $df = 1/6$. Table 8 indicates that there is little, if any correlation ($r = .1223$) between political participation and political efficacy.

Hypothesis 5. There is no significant relationships among self-esteem, personal control and political efficacy.

As shown in Table 8 there is a high positive correlation ($r = .8535$) between self-esteem and personal control. Self-esteem and Political efficacy have a high negative correlation. Personal control and political efficacy have a moderate positive relationship ($r = .5095$).

Table 6 shows the results of reliability analysis of the instruments. The Self-Esteem Inventory and the Internal, Powerful Others, Chance

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Locus of Control results indicate perfect inter-item correlation coefficients. This probably is attributed to the small sample size. Alphas for the other instruments are as follows: The Political Participation Scale - High (.7989) and the Political Efficacy Scale - (-1.9168).

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APPENDIX H

PILOT STUDY RESULTS

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Scores on Critical Thinking Appraisal

Score	Frequency	Percent
10	1	2
30	1	2
35	3	6
40	8	16
45	3	6
50	9	18
55	9	18
60	7	14
65	4	8
70	3	6
75	2	4
Total	50	100

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