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SECONDARY HEALTH OCCUPATIONS: IMPLICATIONS
FOR PROGRAM DEVELOPMENT

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Abstract: The purpose was to determine interest in a secondary health careers program and in a health career by tenth and eleventh grade students in **Nebraksa**. Relationships between interest and sex, grade, and and grade average were examined. Interest in a health career was expressed by 20% (1,326) of the 6,640 respondents and 2,375 indicated they **would** enroll in a **health** careers program if it were available. Attitudes reflecting sex stereotyping of careers were prevalent among sophomore and junior students and to a significantly higher degree among males than among females.

General secondary vocational health occupations programs, commonly called

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Health Careers, provide high school students with exposure to a variety of health careers. Students may also learn basic skills for entry-level jobs as assistants. Nationally, 214,652 students are enrolled in secondary vocationally reimbursed health occupations programs (Golladay & Wulfsberg, 1981, p. 25). In Nebraska, however, only 165 students are participating in such programs (Annual Plan for Vocational Education in Nebraska, 1982, p. 93).

The need for Nebraska's high school students to acquire employable skills is evidenced by the fact that 25% will not graduate from high school and only 50% of those graduating will enter any **type** of post-secondary or collegiate program (Report of the Governor's Task Force, 1983, p. 22). Five of the **28** fastest growing jobs through 1990 identified by the U.S. Department of Labor (Nardone, 1980, p. 4) are vocational health occupations which require training below the baccalaureate level.

Elimination of sex stereotyping could greatly increase the supply of vocational health occupations personnel for the health care industry. Secondary health careers programs would allow males, as well as females, to identify the technical, humanistic, and financial aspects of various health occupations. However, only .07% of secondary students enrolled in the health careers programs in Nebraska are males.

Purpose

The major purpose of this study was to determine the number of tenth and eleventh grade students in Nebraska who would enroll in a health careers program if **it** were offered at their high schools. An important consideration was perceptions of sex stereotyping of careers by these students. The following questions were formulated:

1. How many students are interested **in a health** career?

2. What factors tended to influence the career decisions?
3. Are respondents influenced by traditional sex stereotyping of careers?
4. How many students would enroll in a secondary health careers program if it were offered at their high school?
5. Are there significant differences in the responses of students when grouped by sex, grade average, and class for questions 1, 3 and 4?

Results of the **study could** be used by school officials as justification for recommending additional health careers programs in Nebraska. Data on factors influencing career decisions and sex stereotyping could provide information to **be** used by teachers and counselors in recruiting students for health careers programs.

Review of the Literature

Historically, career guidance literature reinforced sex stereotyping of careers. Planning guides for males or for females, not both, were prevalent. In earlier career literature for males, the position of nurse was not listed (Vocational Guidance Research, 1945). Currently, reference to sex is generally omitted. However, one more recent career information book contained the statement that men could become nurses but no reference to the sex of individuals was made in information on other areas (**Hawes**, Hawes, and Fleming, 1977) .

Sex-role attitudes are apparently a major contributing factor to the hesitancy of males to enter traditional female occupations. Males tend to have significantly more stereotyped perceptions of occupations than females (**Basow**, 1980, p. 146; **Mackie**, 1983, p. 130). Basow cites other studies which indicate that traditional female occupations are not highly valued by either

sex, but male occupations are (p. 257); that undergraduates have a more negative perception of **males** in sex-appropriate or sex-inappropriate occupations (p. 247); and that males prefer to be regarded as superior to their female co-workers (p. 247). These sex-role attitudes are critical considerations since, **universally**, men tend to view themselves in terms of their occupation (**Basow**, 1980, pp. 258, 266; **Mackie**, 1983, p. 101).

Methods

Population

Data were obtained from 6,640 students representing 26 public secondary schools across the state of Nebraska. The respondents were 3,318 tenth grade students, 3,249 eleventh graders, and 73 students who did not identify grade level. Only 1% (65) of the students did not identify their sex, resulting in a known population **of** 3,089 females and 3,486 males. Females comprised 48% of each grade. The ethnic mix of the group was not determined. Reported grade averages were: **16.0%** A, 40.4% B, 35.4% C, 5.3% D, 0.4% F, with 2.5% not reported.

Instrumentation

A questionnaire with four sections was designed to accomplish the objectives **of** this study. The first section requested personal data about sex and grade average. The second section determined students' interests in health careers and why they were or were not interested in a health career. The third section contained a list of 13 careers, and students were asked to indicate the sex of the person they felt would do the best job in each career. Five of the careers were traditional female careers and eight were traditional male careers. The 13 careers were selected on the basis of wide recognition responsibilities associated with each career. Masculine or

feminine determination was based on sex predominance in the **labor** force (U.S. Bureau of the Census, 1980, pp. 418-420) and from a study of occupational sex stereotyping by children (Nemerowicz, 1979, Chapters 3 & 4) . The last section provided a brief description of a secondary health careers course and asked if the students would take such a course if it were offered at their high school. Responses to all questions were forced-choice.

Validity of the Instrument

The content of the items was identical to the content used **by** other researchers (see Basow, 1980, & **Nemerowicz**, 1979) and is available from the author. The instrument was field-tested **on** 50 students. Results of this process were used to clarify instructions and determine attributes of the instrument for obtaining information to meet the objectives of this study.

Procedure

The questionnaire was administered by classroom teachers. Standardization of administration was accomplished by having the teacher read the instructions.

Data Analysis

Aggregated frequencies of response values were obtained for each of the items. Responses to interest in a health career were examined using 2 (male or female) by 2 (yes or no) **chi-square** contingency tables, controlling for class and grade average. Also, 2 (male or female) by 3 (man, woman, or either) chi-square contingency tables, controlling for class and grade average, were used to analyze responses to gender assignment of who would do the best job for each of the 13 careers listed in the third section of the instrument. The fourth section, which sought to determine number of students who would take a health careers course if it were offered at their high school , was investigated using 2 (male or female) by 2 (yes or no) **chi-square**

contingency tables, controlling for class (10, 11) and grade average (A, B,..). The **SPSS^X** program was used.

Results and Discussion

Interest in a Health Career

Interest in a health career **was** expressed by 20% (1,326) of the respondents. Over twice as many females (881) expressed interest in a health career as did **males** (403). (The discrepancy between the total number of respondents **interested** in a health career (1,326) and the totals listed by sex (1,284) resulted as a missing data accommodation for those who did not identify their class, sex, or grade average.) **Chi-square** contingency tables revealed no significant differences between a positive or negative interest in health careers based on class (**10th** and **11th**). Students with B average from both sexes and classes constituted the highest number (575) of students interested in a health career. The next largest group was students with **C** average followed closely by students with A average.

Students were asked to mark all reasons for their interest in a health career. Of the 20% expressing interest in a health career, 73% (973) indicated they were interested in a health career because they had read about it, 64% (851) were interested because they had observed a person with that career at work, and 34% (453) were interested because they felt their families **would** like them to have that career. Of the 5,204 respondents not interested in a health career, (a) 39% (2,030) had no career interest at this time, (b) 61% (3,174) indicated they had decided on another career, (c) 29% (1,509) indicated lack of knowledge about the kinds of health careers, and (d) 12% (623) indicated that a health career was not what their family wanted for them.

These results indicate that an examination of current career awareness activities and an evaluation of the amount and type of health career information available to students is needed. The fact that 46% of the students related their decision regarding a health career to their family's desires for them is consistent with the importance of parental expectations in career decision-making found by Howell and Frese (1982, p. 321).

Sex Stereotyping

The third section of the survey contained 13 careers for which students were to indicate sex of the person (man, woman, either one) they felt would do the best job. Over 50% of the students had the opinion that men were best suited to be farmers, truck drivers, auto mechanics and airline pilots, while women would do the best job as dental assistants, nurses, and secretaries. X-ray technicians, doctors, respiratory therapists, and lawyers, respectively, showed the least amount of sex-stereotyping by students. Female respondents indicated that either a man or a woman would do the best job in each of the 13 careers at a significantly ($p < .05$) higher rate than did males.

Careers were then separated into categories of traditional male and traditional female. Chi-square contingency tables for each category by sex, controlling for class (10, 11) and for grade average (A, B,...) revealed that sophomore and junior male students, regardless of grade average, were more likely to identify men as doing the best job in traditional male careers than were female students. Except for A and D average sophomore males, the differences in responses by male and female students were significant ($p < .05$). In contrast, there were no significant differences ($p < .01$) in the responses of male or female students of either class or any grade average in choosing women for the traditional female careers.

The strong influence of sex stereotyping of careers was **evidenced by** the students' tendency to equate job ability to traditional gender dominance in a career. A six state study of **high** school students (Howell & Frese, 1982, pp. 316-320) also identified a high level of traditional sex-role influence on career decisions. Because males indicated significantly more **career sex** stereotyping, it is unlikely that they would voluntarily seek information on careers which they feel women perform best. However, studies of high school and college students indicate that a **high** level of occupational information gathering tends to increase career decisions and to decrease sex bias in career choices (Hurwitz & White, 1977, pp. 149-156) . A significantly higher number of males held the opinion that males would do the best job in traditional male careers, so it is doubtful that they would be accepting **of** females with these careers. These findings support the desirability not only for structured gender-neutral career awareness activities for **all** students, but also for "destereotyping" activities for current high school students.

Interest in a Health Careers Course

In response to the last question, 33% of the students, 1,468 females and only 832 males, indicated they would take a health careers course if it were offered at their high school. There were no significant differences between male and female students of either class or of any grade average in responding positively to this question.

Conclusions and Recommendations

Vocational health career programs are not available to a large number of students in Nebraska who desire and could benefit from them. Attitudes reflecting sex stereotyping of careers were very prevalent among sophomore and junior students and to a significantly higher degree among males than among

females.

Health Occupations personnel responsible for developing secondary health occupations programs should be concerned with the type and amount of information on health careers available to students prior to their sophomore year and with career awareness activities offered in the schools. Information for parents on health careers **is** warranted as a result of parental influence on career decision making.

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