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INFLUENCE OF WORK VALUES ON RURAL-PRACTICE INTENTIONS AMONG AMERICAN STUDENTS ATTENDING A RURAL UNIVERSITY

Nicholas Best

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INFLUENCE OF WORK VALUES ON RURAL-PRACTICE INTENTIONS AMONG
AMERICAN STUDENTS ATTENDING A RURAL UNIVERSITY

A Thesis Presented to the Faculty of the Department of Psychology
Murray State University
Murray, Kentucky

In Partial Fulfillment of the Requirements for the Degree
of Masters of Science in Clinical Psychology

By Nicholas Best
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Abstract

Rural areas in the United States frequently face difficulties regarding the prevalence of healthcare-related professionals. To better address this issue, it is important to understand how various demographic factors as well as individual work values influence the workplace setting decisions of future "helping" professionals. Previous research has studied the impact of various work values and how they relate to working with underserved populations (Aviram & Katan, 1991; Krous & Nauta, 2005). The current study aimed to compare various demographic factors and work value's ability to predict intentions to work in rural areas among students attending Murray State University ($N = 75$). The study found that the six work values measured through the Minnesota Importance Questionnaire did not predict intentions to work in rural environments above and beyond demographic factors related to growing up in rural areas or perceptions of rural populations. The implications of these findings are discussed, as well as potential future directions for successive studies.

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Chapter I: Review of Literature

Healthcare-Access Difficulties in Rural America

There is a notable difficulty in accessing health services in rural areas of the United States of America. According to the 2017 National Survey on Drug Use and Health, around 19 percent of adults living in non-urban environments, those classified as outside of nonmetropolitan counties, reported some form of mental illness (U.S. Department of Health & Human Services, 2017). While data, including a meta-analysis conducted by Peen, Schoevers, Beekman, and Dekker, suggest urban areas in the United States suffer from a higher rate of mental disorder (2010), rural areas have a unique accessibility dilemma. In fact, most of the states comprising the “Bible Belt” of the United States rank lowest in the country in terms of access to mental healthcare (Mental Health America, 2019).

Aside from restrictive access to mental health services, individuals in rural America also suffer from difficulty accessing various other forms of healthcare services. Specifically, services such as hospice care, oral healthcare, substance abuse services, obstetric, and palliative services all face significant shortages and inaccessibility issues in various remote rural environments (Rural Health Information Hub, 2019). Additionally, significant lack of health care services for transgender individuals and cancer survivors living in rural areas, as well as higher reported youth suicide rates are all significant difficulties faced by those in rural communities (Burris & Andrykowski, 2010; Fonatella,

Hiance-Steelesmith, & Phillips, 2015; Horvath, Iantaffi, Swinburne-Romine, & Bockting, 2014). This notable lack of accessibility is not only a major issue, but has been a persistent issue over the past decade, and has been ranked as the most significant concern regarding health care in these regions (Bolin, et al., 2015). Given the widespread rural health disparities across diseases and populations, expanding the focus of this review to encompass various forms of future healthcare service providers, such as nurses or other medical professionals, is important for understanding how to best address the continued lack of access to adequate health care in rural settings.

Because of this apparent need to improve the status of health care in rural communities, much research has been done regarding what makes these areas unique for health care access. Several commonly reported factors that limit the use of mental health care in these areas include accessibility and availability (Reschovsky & Staiti, 2005). Accessibility of mental health services pertains to the ability of an individual to travel to and afford these services and has been cited as the most significant issue surrounding rural health care (Bolin, et al., 2015). Additionally, even though individuals without health insurance have decreased throughout both urban and rural locations in the United States, rural individuals are still less likely to have insurance coverage with around 12.3% of individuals living without some form of health care insurance in mostly rural areas, versus 10.1% of individuals living in mostly urban areas (Day, 2019). This further limits the availability of services beyond those that may be geographically closer to an individual.

Many programs and universities that specialize in training mental health professionals are also located in urban areas. In a study by Domino et al. (2018), the

locations of various institutions awarding doctoral degrees in the United States were observed, as well as the location of schooling for professionals working in rural regions. The article also focused specifically on the state of North Carolina, which is home to several rural mental health shortage areas. It was found that nationally, of the 707 university programs awarding doctoral degrees in psychology, only 7 programs across 6 institutions were identified as being in a rural region. Additionally, none of the institutions awarding doctoral degrees in North Carolina were located in rural areas, and most graduates of these programs went on to practice out of the state (Domino, et al., 2018). The training students receive in these facilities is often not geared towards working with rural populations, and psychologists operating in rural areas may also find a lack of potential continuing education opportunities (Campbell, Kearns, & Patchin, 2006). To fully train future mental health care providers to work with rural communities, collaboration must be fostered between various disciplines and health care faculties. Students preparing to work with rural communities must also become aware of the various aspects of life that make rural America a distinct community. There is also a myriad of unique ethical and legal situations a practicing mental health professional can encounter while working in a smaller rural community (Harowski, Turner, LeVine, Schank, & Leichter, 2006). There are currently various initiatives and groups working towards improving rural outreach and retention of providers throughout the United States, including the Area Health Education Centers Program and the National Health Service Corps (National AHEC Organization, 2019; Health Resources & Services Administration, n.d.). For example, NHSC clinicians working in rural areas have led to expansions in services in these areas, and areas with noted NHSC support have seen an expansion in the

growth of non-NHSC related health care services (Pathman, et al., 2006). These initiatives have helped improve rural outreach throughout the states, but further exploration of factors surrounding future healthcare-related employment in these regions may aid in similar endeavors.

Impact of Internet-Based Outreach

One of the most notable modes of rural outreach made to alleviate the issue of accessibility has been made through the use of internet-based programs such as Telehealth. Telehealth related outreach programs intend to utilize the internet and various smart devices to allow individuals to readily make contact with mental health care providers. During its inception, there was speculation and belief that this would serve as a potentially effective aid in delivering mental health services to rural communities through a variety of ways including providing remote services to home-bound individuals in rural communities (Schopp, Demiris, & Glueckauf, 2006). Telehealth related outreach has shown to be beneficial for rural communities. A telepsychology based outreach program was conducted by Tarlow et al. (2014) and examined the effect of telepsychology services on 94 individuals living in rural Leon County, Texas between the years 2009 and 2012. Of these 94 participants, 40 participated in a follow-up reassessment of areas addressed through Telehealthcare. It was found that after four sessions of telepsychology services, the average mental health functioning score significantly increased (Tarlow, McCord, Elliott, & Brossart, 2014). Additional meta-analysis studies conducted on the value of Telehealth has found that the service is linked with positive outcomes over a variety of populations and diseases, such as heart disease and psychiatric disorders (DelliFraine & Dansky, 2008). While

Telehealth has proven a valuable resource for increasing outreach to underserved areas, there are some potential limitations that could arise with services that are administered mainly through long-distance communication. Among these potential limitations include various legal barriers including state licensure differences that make access to care even more difficult when a provider located in another state legally cannot provide the client with care. There is also a notable digital divide between rural and urban areas. Because of this, many rural individuals, especially those with lower incomes or less education, may have difficulties making effective use of the technology involved in the Telehealth service (Dorsey & Topol, 2016).

Another issue with utilizing a remote, telecommunication healthcare service for rural communities is the potential lack of trust developed between patient and practitioner. A study observing the barriers to seeking various forms of healthcare among African American adults living in a rural region of Mississippi found that among the top barriers included feelings of fear and distrust related to healthcare providers and insurance companies (Connell, Wang, Crook, & Yadrick, 2019). Individual's fears also related to feeling stigmatized in their community due to any diagnosis they may receive. Because Telehealth involves communication with a health provider whom a client would not have developed a prior relationship with, it may be especially difficult to properly develop client-clinician trust with a client from a rural area. Despite this potential issue, it is important to stress that Telehealth has been shown effective when working with some groups living in rural America. For example, a Telehealth based outreach program conducted by the University of Mississippi Medical Center proved effective in aiding diabetic clients who lived in rural communities. Telehealth proved to be a valuable

resource in this instance, as it not only proved effective in improving medication adherence and lowered hemoglobin A1C numbers without hospitalization or visits to the emergency room but also reduced fees related to obtaining this medical aid (Mississippi Telehealth Network Could Be FCC's Model for RPM Expansion, n.d.). Currently, Telehealth seems to be a very promising tool in regard to rural outreach. Despite its value, other ways of increasing access to these communities are still valuable, especially when considering potential difficulties that could arise without direct contact with health care providers.

Factors Impacting Intention to Work in Rural Areas

While there is a clear need for increased retention and expansion of healthcare providers within rural environments, there is a lack of information regarding attracting future health care providers to these environments. The current literature regarding factors associated with future providers and their intentions to work in these areas is sparse. Despite this, there exists literature that supports several factors that may influence these decisions. Among the more supported factors includes work values. Work values are specifically related to satisfaction with employment and will be discussed at length later in the reading. Additional factors that have some empirical support include ethical concerns and perceptions of the population living in rural environments.

Ethical Challenges

One potential explanation for hesitation regarding working in rural communities are the unique ethical dilemmas that may arise from this environment. The America

Psychological Association's ethics code covers a wide variety of issues related to how to interact with others, the danger of forming dual role relationships, what to accept as payment for services, and boundaries of practice based on competence (American Psychological Association, 2017). These guidelines are beneficial for many locations and populations, but when examining rural communities specifically, there are potential gray areas regarding ethical conduct. The small-town nature of many rural communities could also create instances where confidentiality or other aspects of ethical practice can be challenged. For example, mental health disorders are often stigmatized in a rural community, and lower levels of perceived stigma are associated with a significant increase in seeking service (Town, 2005). Additionally, other ethical concerns such as confidentiality and competence may serve as unique challenges for working in these regions. Boundaries of competence may be difficult to define within a rural community due to a potential lack of varied and simultaneously available mental health services. Without this network, a rural mental health practitioner may need to practice treatments and assessments that may be beyond their level of expertise (Werth, Hastings, & Riding-Malon, 2010). Additionally, a smaller, more identifiable population may create a challenge should a professional wish to publish the results of research or work from these communities (Fraser & Alexander, 2006).

While these ethical difficulties do exist, it would be disingenuous to imply that the APA ethics code does not recognize these factors. For example, the ethics code does offer some leeway in terms of when non-monetary transactions for mental health services would be acceptable, especially when working with clients who may be unable to afford services. The code also discusses how to keep professional boundaries with clients even

when living in small towns where run-ins are nearly guaranteed (Koocher & Keith-Spiegal, 2016). Additionally, there is evidence that some counselors within rural environments may view the unique ethics involved more positively and may aid in increased retention of providers (Wilson, Branislava, Barbara, Paula, & Erin, 2018). Regardless, the ethical “gray zone” presented by these communities is still present.

Financial Concerns

Financial difficulties may also act as a potential deterrent to individuals wishing to pursue a career in rural areas. High pay levels, fixed pay, and job-based pay have been shown to significantly impact the attractiveness of various jobs (Cable & Judge, 1994). According to a five-year statistical analysis conducted by the American Community Survey (ACS), from 2013-2017 the median household income for both mostly rural and completely rural counties in the United States was lower on average than those from mostly urban or completely urban counties. It should also be noted, however, that the average poverty rates for these rural counties were on average lower than those for more urban environments, despite the higher average household income (Bishaw & Posey, 2016). Despite the lower poverty rate, the perception of lower household income for these rural environments could act as a potential deterrent for those seeking employment in these sectors. Despite this potential explanation, it is unclear how correlated the magnitude of salary is with the amount of employment in the mental health field. When comparing both the employment size and mean annual wage of mental health professionals by state, it is shown that while some high wage states such as Oregon and Colorado have high employment, other high wage states such as Nebraska and Wyoming have lower employment rates (U.S. Bureau of Labor Statistics, 2017). Outlier factors

such as high population cities for a more rural state may factor into some of these discrepancies, but further analysis of whether desired income significantly affects desire for employment would be beneficial.

Perceptions of Rural Populations

The perceptions of rural America may also influence the desire to work in these regions. For example, despite poverty disproportionately affecting single parents, women, and minorities in both urban and rural areas, rural poverty is often viewed as a "white" problem (Gurley, 2016). This perception could potentially explain some degree of distancing between poor rural communities and Caucasian practitioners, as there is evidence that, among White individuals, there is a desire to distance oneself from other in-group members who are part of a lower socioeconomic status (SES). This prejudice is also one of the few that is more widely tolerated throughout contemporary society and involves both physical and psychological distancing from other in-group members. A study examining how White individuals distance themselves from lower-SES members of the racial in-group found that among the White individuals examined, there was more time needed to correctly identify White individuals as being in a lower SES status than other races. It was also found that White individuals would exaggerate their own SES status to further distance themselves from lower SES White individuals, and would experience increased discomfort when interacting with lower SES members of the racial in-group (Kuntsman, Plant, & Deska, 2016). Stigmatization has been noted among many groups living in rural America. For example, individuals living in rural Appalachia are frequently mocked through various mainstream sources, while various positive factors, such as their resilience are often ignored (Hamby, 2019). While fears regarding the

client's ability to pay for services was discussed previously as a concern regarding employment, this information may provide additional support for client SES status as a deterrent in rural areas.

Impact of Work Values and Desired Career Choices

Of the variety of factors discussed in the literature, one of the most significantly reported are those surrounding work values. Work values are defined as factors that are important for individuals seeking work, and have been shown to correlate individually with job satisfaction (Blood, 1969). Previous research has supported the notion that work values can be generalized into four main categories: intrinsic values, such as self-betterment; extrinsic values, such as material values of financial security; social values related to building worthwhile social connections; and prestige values related to authority, achievement, or influence (Ros, Schwartz, & Surkiss, 1999). A study analyzing the work values of first-year college students at a large mid-Atlantic university found that students typically favored work values relating to intrinsic interest, high anticipated earnings, contributions to society, and prestige. It was also observed that students who intended to pursue graduate education through master's or doctoral programs also rated prestige as a highly motivating factor for job selection (Duffy & Sedlacek, 2007). Because rural regions are typically less populated and have a lower average income when compared with urban regions, these factors may negatively influence the desire to work in these areas.

Specifically, the work value of prestige may have a strong effect on influencing student's desire to work in rural environments. Many students may envision themselves working with a specific population or within a specific framework of healthcare, and it

could be that rural communities are lacking or perceived as lacking these preferred employment opportunities. A 1991 study by Aviram and Katan examined clientele desirability among social workers and found that Israeli graduate students working towards a degree in social work in fields had an overall greater interest in populations with higher "prestige" such as children, adolescents, and young and married couples. Clientele who were older, poor or those with intellectual disabilities rated much lower on the client desirability scale (Aviram & Katan, 1991). As discussed earlier, rural communities in the United States have a lower average income, but they additionally are inhabited by older individuals. According to the United States Census, the median age of individuals living in rural environments is greater than that of more urban areas (Day, Hays, & Smith, 2016). Additionally, those who wish to publish research may also be deterred from working in these areas, as the additional ethics one must consider before publication could increase the difficulty of publicly sharing the results of various studies done in these areas (Fraser & Alexander, 2006). These factors all seem to suggest that it may not be as simple as "urban environments have better work opportunities when compared to rural ones" but may instead suggest something different such as "rural communities are perceived as lacking what I would prefer."

Aside from prestige, other work values may impact the decision to work in rural environments. In a 2005 study by Krous and Nauta, various values and motivations associated with working with underserved populations were assessed among a group of 135 college students from a large Midwestern university who were majoring in healthcare professions such as nursing, psychology, and education. The values of achievement (placing importance in using abilities during work and feeling accomplished at work),

altruism (placing importance in being able to help others, avoid morally dubious work, and being friendly among coworkers), comfort (independence at work, keeping busy, and feeling like they are being well-compensated), safety (feeling like the employer is fair and having a good supervisor or training), status (valuing advancement, recognition, or authority), and autonomy (valuing the use of creativity, responsibility, and with little supervision) were observed using the Minnesota Importance Questionnaire (MIQ). Based on their findings, values of autonomy were correlated to a desire to work in underserved communities, with other factors such as growing up with parents in other "caring" fields such as teachers or nurses, and troubled past experiences (Krous & Nauta, 2005). This seems to indicate that those who value working with fewer constrictions or supervision may find rural employment as enjoyable due to a lack of other professionals or organizations. The previous experience with other "caring" fields is also of interest, as it seems to indicate that these individuals either viewed the results of these other professionals as being desirable, or they wished to "give back" to underprivileged communities in some way.

While a rural environment may be unable to appeal to the work values of every future health provider, there is evidence that such work locales have benefits for those who value certain work values. In a study by Conomos, Griffin, and Baunin (2013), a cross-sectional survey was conducted on one-hundred and eighty-nine first-year psychology students at an Australian university and one-hundred and twenty-four current mental health practitioners. The study compared desire to work in rural communities with both rural backgrounds and examined how rural backgrounds, work values, and perceptions of work environments affected the desire to work in urban and rural

locations. For the first-year psychology students, growing up in a rural background was not highly correlated with a desire to work in rural areas, though this could have been the result of a lack of students who came from rural backgrounds or were educated in these areas. Despite the seeming lack of effect growing up in a rural community had on desire to work in rural communities, certain work values did appear to make a difference.

Conomos, Griffin, and Baunin found that lower values for prestige and higher values for service work values were highly correlated with greater intentions of working in rural environments. The study also showed that mental health practitioners who worked in rural areas or had previous experience working in these regions gave more positive ratings towards work in these areas than did individuals who had only worked in rural environments (Conomos, Griffin, & Baunin, 2013). This could indicate that exposure to these regions as a potential work environment could be influential in motivating future mental health providers to work here.

Current Study

While various factors seem to motivate individuals to either pursuing or avoiding work in rural environments, the factor of work values seems to have the most support regarding employment intentions. To attract more individuals who desire to work in a "helping" career such as mental health services, counseling, nursing, or as other medical professionals, it is important to examine how work values impact career decisions in these areas. The purpose of this research is to explore the relationship between work values of students who are pursuing undergraduate degrees in health care fields and their intentions to work in underserved rural communities. Of specific interest are the work values of autonomy, altruism, and status. Autonomy refers to valuing creativity,

responsibility, and desiring less supervision, altruism refers to placing importance into helping others, and status refers to valuing advancement, recognition, and authority. Previous data suggest that increased value in autonomy and service predicted increased desire to work in rural areas, while increased prestige also predicted less desire to work in these same areas (Conomos et al., 2013; Day, Hays, & Smith, 2016; Krous & Nauta, 2005). In the case of this study, “prestige” and “service” will be measured by the work values of “status” and “altruism” respectively. Also, this study will examine other potentially significant relationships between the desire to work in rural environments, and the other measured work values of achievement, comfort, and safety. It is expected that the work values of status, autonomy, and altruism will serve as predictors of desire to work in rural environments, above and beyond other demographic variables or the other described work values. Additionally, it is expected that this study will replicate previous research in finding that the other three work values measured by the MIQ will not be significant predictors of desire to work in rural areas (Krous & Nauta, 2005). Finally, it is believed that conducting this study in a more rural-based university may aid in strengthening the connections between these work values and desire to work in rural environments, as much of the previous literature has been conducted in more urban settings or universities.

Research Question: Which work values are significant predictors of intentions to work in rural environments, above and beyond demographic factors?

H1a: Higher status work value scores will predict lower intentions to work in rural environments.

H1b: Higher autonomy work value scores will predict higher intentions to work in rural environments.

H1c: Higher altruism work value scores will predict higher intentions to work in rural environments.

H2: Higher scores in achievement, comfort, and safety will not predict higher intentions to work in rural environments

Chapter II: Methodology

Participants

This study aimed to gather information from a variety of undergraduate students training in various healthcare professions in a rural-based University, including those pursuing Bachelor's degrees in Health and Physical Education, Nursing, Occupational Safety and Health, Psychology, Public and Community Health, and Social Work. This study also included participants currently enrolled in various Psychology courses at Murray State University, who completed this study to earn in-class research credits. This second group of students were included in the study after several weeks of data collection due to difficulties recruiting participants from these healthcare professions directly. While this population may present some challenges regarding applying the results of the study among students who are more further along in their career paths or have had more working experience in these helping majors, it still offers potentially valuable insight into how the factors measured in this study may impact choices earlier on in the career path of many individuals. A college sample is ideal, as early career decision or indecision has been found to be linked to a variety of personal and work-related factors, making this an important population to observe when considering factors related to deciding where to seek employment (Feldman, 2003) These professions were chosen due to the noted lack of accessibility of related health care services in rural environments, including mental health services, obstetric care, hospice care, and others (Rural Health Information Hub,

2019). The final participant population included 14 males, 58 females, 1 transgender male, and 2 participants who identified as "other" genders. 65 participants (86.7%) identified their race as White, while 9 participants (13.3%) identified as other races/ethnicities. Regarding growing up in rural environments, 48 participants (64%) stated they did grow up in rural areas, and 50 participants (66.7%) stated they grew up in regions with populations below 50,000. See Table 1 for the frequencies of reported year in college, and Table 2 for the percentages of reported majors among the participant surveys.

Table 1

Frequency of year in college identified by participants (N = 75)

| Year in College | N | % |
|----------------------------|----|------|
| Freshman | 40 | 53.3 |
| Sophomore | 17 | 22.7 |
| Junior | 6 | 8.0 |
| Senior | 10 | 13.3 |
| In graduate/medical school | 2 | 2.7 |

Table 2

Frequency of different majors identified by participants (N = 75)

| Major | N | % |
|--------------------------------|----|------|
| Health and Physical Education | 5 | 6.7 |
| Nursing | 16 | 21.3 |
| Occupational Safety and Health | 1 | 1.3 |
| Psychology | 20 | 26.7 |
| Public and Community Health | 5 | 6.7 |
| Social Work | 1 | 1.3 |
| Other | 27 | 36.0 |

Measures

This study aimed to measure the factor of work values as well as the intention to work in an underserved rural environment after graduation. This was done through the use of three main forms: a demographic survey, a question regarding the participant's intentions to work in rural environments, and the Minnesota Importance Questionnaire, Paired Form.

Demographics. Students were asked to complete a demographics survey that inquiries about the participant's major, year in college, race, gender, and history growing up in rural areas. Additionally, the demographics survey included three additional items to measure the previously discussed factors of ethical concerns, financial concerns, and perceptions of the rural population. These items included the ethics-related phrase

“There are potential ethical concerns regarding working in rural areas that worry me.”

Additionally, the survey asked the following questions to gauge financial concerns and perceptions of rural individuals: "I am particularly concerned with earning profit through my profession," and "People in rural areas are less cultured and interesting than people who live in cities." These items were measured using a 1 to 5 Likert scale with scores of 4 and 5 indicating that the participant "agrees" or "strongly agrees" with the statement, while scores of 1 and 2 indicate the participant "disagrees" or "strongly disagrees." These demographic factors were included in the primary study analyses, as it is expected that the aforementioned work values of status, autonomy, and service would predict intentions to work in rural areas above and beyond the demographic results.

Desire to Work in Rural Areas. The survey inquired about the participant's desire or willingness to work in a rural setting after graduating from the university. This was measured on a 1 to 7 Likert scale response to an item adapted from the underserved intention scale which was previously used in Krous and Nauta (2005): “I particularly want to work in rural areas.” The version in the current study was reworded as such: “I particularly want to work in rural areas after finishing my professional training.” This was done due to tailor to the undergraduate population sampled for the study.

Work Values. Work values were assessed using the paired form of the Minnesota Importance Questionnaire (MIQ). The MIQ measures 20 different psychological needs, as well as six underlying work values that are related to adjustment and satisfaction regarding employment, including safety, achievement, comfort, status (prestige), altruism (service), and autonomy. The MIQ is developed at a fifth-grade reading level, and the paired form includes 190 items that employ a "statement choosing" method to measure

these work values. This involves participants choosing one of two phrases that pertain to their "ideal jobs." Additionally, the version of the MIQ used in this study included ten additional "attention check" items. These were structured identically to the original 190 items but included a "Select this response before continuing" option to ensure the participant is continuing to engage with the study. The paired form also includes an "absolute judgment" section of 21 items, where the participant states whether each statement is important or not to their ideal job. The frequency of choosing each of the 20 needs was calculated for each participant and converted to a score by converting the 1-20 "raw score" into scale values from -2.0 to 2.0 (Gay, Weiss, Hendel, Dawis, & Lofquist, 1971). The scale value score of the "absolute judgment" scale is then subtracted from each of the 20 scale value scores to calculate the "adjusted scale value" score. This adjusted score measures the level of importance of each value for the individual participant, with scores above zero being important, below zero being of very little importance, and scores of zero indicating no preference. These adjusted scale scores are then averaged to calculate the value scores of the six measured work values. The MIQ typically takes around 35 minutes to complete and has been observed to be a validated measure, with a .74 to .78 correlation with the Strong Vocational Interest Blank (SVIB), a highly validated measure of vocational interests (Gay et al., 1971). Additionally, on the stability of measured factors, the MIQ profile stability correlations ranged from .56 to .97 with a median of .87 after a year between test administrations, indicating these measures would remain stable over time (Gay et al., 1971). Additionally, the paired form of the MIQ was chosen for this project due to previous research demonstrating a correlation

between certain MIQ value measurements and intention to work in rural environments (Krous & Nauta, 2005).

Procedure

Data was collected through a digital survey built using Lime Survey. This survey contained a digital informed consent form, the demographics survey, and a digital version of the paired form of the MIQ. This survey was distributed via email link to various students within the “helping” majors discussed prior in the methods section. To facilitate this, an email was sent to the department chairs of each major that included a link to the survey, as well as an example of an invitation email for the study. In the invitation email, participants were informed that the following measures would take around 30 minutes to complete, as well as explain that upon completion of the survey, they will have the opportunity to enter a raffle for a \$50 Amazon gift card. After completing the digital survey, the participants were taken to a debriefing screen that explained the primary focus of the research, as well as an explanation for the data collected during the survey. To enter into the raffle, the participants were asked to enter their email address in a separate survey. Additionally, data was also collected through the Psychological department’s SONA System. SONA Systems is a cloud-based research management system that allows students to sign up for or participate in registered research projects to earn research credits. Students who participated through the SONA program were offered research completion credits instead of entering the gift card raffle. SONA data collection was incorporated into the current study after difficulties regarding direct email recruitment. This will be further discussed in the limitations section of this manuscript.

Analytical Strategy. Because the planned analyses involved the use of a multiple regression, assumptions of linearity, multivariate normality, multiple correlations, and homoscedasticity were confirmed prior to analysis. 15 survey records were incomplete and were not included in the final analysis. Additionally, potential outliers that could significantly impact the results of the analysis were identified through univariate (i.e., $z \geq 3.29$ or $z \leq -3.29$) and multivariate (Mahalanobis distance) screenings. No outliers were detected in the data set. Frequency data pertaining to the identity of the participant (gender, year in college, major, race) were reported, as well as means and standard deviation information for the Likert scaled demographic questions, as well as the MIQ subscales.

For the primary analysis, zero-order correlations were conducted between all variables (demographic, work values) and the dependent variable of rural-practice intentions. Demographic variables that were found to be significantly related to rural-practice intentions were included in the first step of the subsequent hierarchical regression that included all measured work values as the second step. Other exploratory correlations were reported, but not discussed in the current study.

A stepwise regression was used in the second step of the hierarchical model to analyze all six independent variables (MIQ work value scales) and to determine which variables remain as significant predictors of the dependent variable of rural intentions. Each of the three hypothesis variables were expected to have a p -value that is less than or equal to 0.05, and the values of autonomy and service were expected to have a positive B value, while autonomy was expected to have a negative B value. Additionally, the values of safety, achievement, and comfort were expected to have p values that were greater

than 0.05, indicating that they are not significant predictors of the dependent variable. To further validate the analysis, half of the participant's data was planned to be randomly selected for use in this exploratory stepwise regression model, while the other half of the participant sample would be used in a confirmatory block entry regression model to further validate any significant work values detected in the first model.

An a priori regression power analysis was conducted using G*Power v3.1.9.2 and using the six MIQ scales as predictors. The analysis determined that for an α value of 0.05, a power parameter of 80%, and a medium effect size of $f^2 = 0.122$, a sample size of 67 individuals were needed to adequately power the analysis and replicate the findings of the previously found autonomy value (Krous & Nauta, 2005). It should be noted, however, an analysis of effect size for the values of “service” ($f^2 = 0.037$) and “prestige” ($f^2 = 0.034$) measured in the Conomos et al. (2013) article indicated that small effect sizes that needed a sample size of $n = 212$ and $n = 237$ were needed to properly power the analysis. Because of the split sample model of this analysis, a population of around 474 participants was necessary to complete the intended analysis. The final sample resulted in 75 unique participants. This sample size was insufficient for both the exploratory and confirmatory analyses, and fell below the needed power to completely replicate any significant findings regarding the values of service and prestige. To allow for an adequately powered analysis of the “autonomy” work value, only the first regression analysis model was utilized in the current study.

Chapter III: Results

The survey concluded due to the semester ending with a total of 97 participant entries. Incomplete surveys and surveys that had duplicate participant SONA ID's or missed more than five of the ten attention check items were removed from the study. Of these 97 entries, 15 were indicated as being incomplete. Additionally, six were found to have missed more than five attention check items, and one was identified as having a duplicate SONA Systems participant ID. These 22 survey results were removed from the final data set. Outlier screenings were conducted, and no outliers were detected among the updated data set. 75 participants were retained for study analyses.

For the total model, correlations were measured between scores on all previously described demographic values, the six described work values of Achievement ($M = -0.43$, $SD = 0.59$), Comfort ($M = -1.17$, $SD = 0.56$), Status ($M = -0.99$, $SD = 0.61$), Altruism ($M = -0.60$, $SD = 0.64$), Safety ($M = -1.07$, $SD = 0.69$), and Autonomy ($M = -0.81$, $SD = 0.56$), and the scores on the 1-7 Likert scale question regarding intentions to work in rural environments ($M = 3.48$, $SD = 1.66$). See Table 3 for two-tailed correlation values of the demographic values and the dependent variable Intentions to work in rural areas Likert scale. See Table 4 for two-tailed correlations between these demographic values and the six measured work values. Of the demographic questions measured, only "Did you grow up in a rural setting?" ($M = 0.64$, $SD = 0.48$) was identified as significantly correlated to intentions to work in rural environments.

Table 3

Two-Tailed Correlations Between Demographic Variables and Intentions to Work in Rural Environments (N = 75)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---------------------------------------|----|--------|-------|-------|-------|--------|--------|--------|-------|--------|-------|
| 1. Gender (Female = 1) | -- | -.232* | .203 | -.122 | .188 | .062 | -.067 | .035 | -.140 | .136 | .037 |
| 2. Gender (Non-Cis = 1) | | -- | -.080 | -.155 | -.130 | -.272* | -.144 | .127 | .090 | .113 | -.224 |
| 3. Race (Non-White = 1) | | | -- | -.065 | .049 | -.033 | -.055 | -.149 | .041 | -.248* | -.090 |
| 4. Year in school | | | | -- | .169 | -.068 | -.137 | .127 | .234* | .094 | -.022 |
| 5. Major (Healthcare = 1) | | | | | -- | .016 | -.177 | .100 | -.075 | .079 | -.085 |
| 6. Rural setting (Yes = 1) | | | | | | -- | .471** | -.088 | -.075 | -.179 | .235* |
| 7. Population < 50,000 (Yes = 1) | | | | | | | -- | -.265* | -.122 | -.127 | .205 |
| 8. Ethics concerns | | | | | | | | -- | .157 | .305** | -.093 |
| 9. Financial concerns | | | | | | | | | -- | .084 | -.168 |
| 10. Negative perceptions of rural | | | | | | | | | | -- | -.215 |
| 11. Intentions to work in rural areas | | | | | | | | | | | -- |

* $p < .05$. ** $p < .01$

Table 4

Two-Tailed Correlations Between Demographic Variables and Adjusted MIQ Work Values (N = 75)

| | Achievement | Comfort | Status | Altruism | Safety | Autonomy |
|-----------------------------------|-------------|---------|--------|----------|--------|----------|
| 1. Gender (Female = 1) | -.041 | -.048 | -.174 | .109 | .090 | -.010 |
| 2. Gender (Non-Cis = 1) | .103 | -.024 | .018 | .020 | .088 | .016 |
| 3. Race (Non-White = 1) | -.132 | .054 | -.187 | -.094 | .145 | -.014 |
| 4. Year in school | .222 | .029 | .172 | .101 | .079 | -.002 |
| 5. Major (Healthcare = 1) | .099 | .117 | .019 | .066 | .139 | .023 |
| 6. Rural setting (Yes = 1) | -.167 | -.199 | -.065 | -.102 | -.170 | -.034 |
| 7. Population < 50,000 (Yes = 1) | .030 | .094 | .129 | .144 | -.002 | .125 |
| 8. Ethics concerns | .047 | .007 | .024 | -.046 | .055 | .074 |
| 9. Financial concerns | -.050 | -.126 | -.179 | -.176 | .029 | -.062 |
| 10. Negative perceptions of rural | -.012 | .043 | .073 | .043 | .123 | -.082 |
| 11. Intentions to work in rural | -.100 | -.154 | -.152 | -.077 | -.087 | .055 |

* $p < .05$. ** $p < .01$

Regression Analysis. A hierarchical regression was conducted to test the hypothesis that work values would predict intentions to work in rural environments above and beyond demographic variables that were correlated with rural practice intentions. See Table 5 for the results of the stepwise regression model which incorporated the six MIQ Work Values and responses to the "grew up in a rural setting" demographic item. These results indicated that, while growing up in a rural environment was found to significantly predict intentions to work in rural environments, none of the specific work values were found to significantly predict intentions, and were thus removed from the model.

Table 5

Stepwise Regression Predicting Intentions to Work in Rural Areas (N = 75)

| | β | p | Model Statistics | R^2 |
|--------------------|---------|------|------------------------------|-------|
| Model 1 | | | $F(1,73) = 4.25, p = .043^*$ | .05 |
| Grew up in Rural | .80 | .043 | | |
| Excluded Variables | | | | |
| Achievement | -.06 | .590 | | |
| Comfort | -.11 | .338 | | |
| Status | -.13 | .232 | | |
| Altruism | -.05 | .643 | | |
| Safety | -.04 | .681 | | |
| Autonomy | .06 | .582 | | |

* $p < .05$

Chapter IV: Discussion

The goal of this study was to observe if the work values of Autonomy, Status, and Altruism predicted an individual's intentions to work in a rural environment above and beyond demographic factors and other work values. Before addressing the predictive power of work values, it is important to consider the impact of demographic variables on rural practice intentions. The results of this study indicate that the demographic factor of growing up in a rural setting is a significant predictor of intentions to work in rural environments. This result suggests that participants who grew up in rural environments were more likely to report higher intentions regarding working in rural environments. Similar to the findings of the Krous and Nauta (2005) study, this may suggest that having experience with an underserved population, such as those found in rural America, increases an individual's desire to work with underserved populations.

Regarding the correlations between various demographic variables, there are several findings of note. Firstly, there appears to be a negative correlation between reported race and perceptions of rural environments when the factor of race is dichotomized as White and People of Color. This may suggest a replication of previous findings regarding White individuals distancing themselves from lower SES-status White individuals. It should be noted, however, that a majority of participants identified as White (ie. 86.7%). To fully explore this factor, a larger proportion of racial and ethnic minority participants should be included in future studies. Another correlational factor

worth discussing is the relationship between perceptions of rural environments and growing up in a rural environment. Interestingly, there were no significant correlations between perceptions of rural environments and having grown up in a rural environment. This may suggest that individuals who do grow up in these regions are not unaffected by the impact of common negative perceptions of these areas. In other words, being around rural populations may not necessarily protect against forming these negative perceptions. When considering factors such as the mere-exposure effect, these results seem unexpected. Research suggests that this effect is prevalent in a variety of circumstances, including impacting social situations through subconscious exposure to related imagery (Bornstein, Leone, & Galley, 1987). While this suggests that individuals with frequent exposure to rural environments through both growing up in rural areas and attending a rural-based university should have significantly positive perceptions of others living in these areas, there is perhaps some underlying extraneous variable that has reduced the significance of this relationship. Future studies may benefit from studying how these may be related, as well as observing any factors unaddressed by the present study.

Previous literature appears to suggest that ethical and financial factors could play roles in seeking employment in rural locations (Cable & Judge, 1994; Fraser & Alexander, 2006; Werth et al., 2010). Despite this, the current study did identify these factors as influencing intentions to work in rural environments. There are several potential reasons that may be associated with the failure to replicate these effects. Firstly, the population measured in the current study should be considered when observing the data. Around 66.7 percent of the participants who completed the survey identified as

growing up in rural areas. Because a large number of participants identified growing up in rural environments, these individuals may be more familiar with the potential ethical concerns associated with rural environments, and therefore have more confidence in their ability to navigate these scenarios. This may be supported by the significant negative correlation between growing up in a population less than 50,000 and having ethical concerns. Potential factors influencing financial concerns are less clear and may be related to a variety of extraneous factors. Research on generational influences on work has noted that individuals who fall within the Millennial Generation or Generation Z may value more extrinsic benefits from employment, such as financial benefits (Iorgulescu, 2016; Sihombing & Liswandi, 2019). It should be noted, however, that research on generational factors associated with employment are mixed, and more heterogeneous factors may be involved in impacting individual work values such as financial benefits (Parry & Urwin, 2011).

Impact of Work Values. For the specific model observed in the study, none of the measured MIQ Work Values acted as significant predictors of intentions to work in rural environments. While these results do support the proposed hypothesis regarding the work values of Comfort, Safety, and Achievement not predicting intentions to work in rural environments, the hypotheses regarding Status, Autonomy, and Altruism significantly predicting intentions to work in rural environments were rejected. Regarding the scoring of items on the MIQ, many of the adjusted scores for these Work Values were found to be negative, indicating that many individuals indicated that they were not significantly more important for considering a job. Score adjustment is done to observe which of the specific measured values are more important to an individual, with positive value scores

being indicative of characteristics of an individual's ideal job (Gay et al., 1971). Negative scores do not necessarily indicate that these specific values are not important to the individual, merely that they were not uniquely important to their ideal job.

Comparatively, non-adjusted scores are higher in value than the adjusted, and only reflect the total amount of times one “value statement” was chosen in an individual’s response.

An a posteriori exploratory hierarchical regression was run with non-adjusted Work Value scores, but similarly found no significance for the six work values. These results suggest that, among the measured population, many participants viewed most of the twenty scale values as important for their desired job. Because of this, specific work values were less recognized as more important than others in the sample. This may be directly related to specific limitations with the utilized measure, such as its age. Specific limitations such as age will be further discussed in the limitations section.

Another factor that may have resulted in differences between this study and similar ones may be due to differences in sampled populations. The current study aimed to replicate the findings of similar studies assessing the work values of college students among a rural-based university. Other studies, such as the one conducted by Krous and Nauta (2005) may have targeted a population that would not be considered "rural-based," as they sampled college students attending a large Midwestern university. The unique findings of the current study may be indicative of some differences in work values held by students attending a smaller, rural-based university, and may suggest that future interventions consider other factors outside of work values when recruiting from similar populations.

Limitations and Future Directions

Several limitations were noted with the present study. Firstly, a significant proportion of participants (ie. 36%) did not fall under the proposed "helping" majors. These participants were recruited from the SONA pool, as this was open to all students within Psychology courses at Murray State University. This may have influenced the results of this study, as much of the previous research examined more healthcare-related participants. An exploratory analysis using only participants who identified as part of the selected healthcare majors was conducted, and while perceptions of rural environments were found to be significantly correlated with intentions, the overall stepwise regression model still found no statistical significance in MIQ work values predicting intentions to work in rural environments.

The year in college of the participants may also be a factor related to these results, as around 53.3 percent of respondents indicated that they were in their freshman year at Murray State University. This may suggest that many of the participants have not considered factors related to employment at the time of this survey, or do not have any specific preferences regarding work values. Future studies may benefit from focusing solely on these healthcare majors, as well as target only individuals who are entering or have accrued workplace experience.

The choice to broaden the participant pool to include Freshman was also done after failure to accrue a significant amount of participants through email invitations of upperclassman in specific helping majors. Upon further investigation, which included responses of individuals who received the invitation emails from their department chairs, it appeared that many of the invitation emails were marked as "spam" by the student's

email service. This may have contributed to a lack of participants from non-nursing or psychology "helping" majors. Additionally, this resulted in the current study lacking an adequate sample size to fully replicate the effects seen regarding factors associated with previous work looking at work values similar to status and altruism (Conomos, Griffin, & Baunin, 2013). Different means of distributing invitation emails to potential participants may have increased the response rate of this method. For example, it is possible that including the phrase "Chance to win \$50 Amazon Gift Card" in the invitation email title may have caused the student's email service to recognize the email as spam. Future studies may benefit from a "trial-email" step to ensure that participant emails successfully arrive in a potential participant's inbox. Additionally, other forms of digital advertisement may be helpful, such as posting links on student used websites, such as "digital classrooms." Data collection also began around the start of Murray State University closing its on-campus activities and switching to remote classes for the remainder of the 2020 spring semester in response to the 2020 COVID-19 pandemic (Murray State University, 2020). During this period, students were beginning to shift from an in-classroom style of education to a remote, digital format. While it is currently unclear what impact if any this had on data collection, it seems reasonable to infer that this may have significantly impacted response rates among the participants given the additional daily living concerns brought upon by this pandemic, including financial and economic concerns, as well as overall mortality related factors. Additionally, while it is not clear how this pandemic impacts the current study, there is research to suggest that terror-management theory related factors impact academic satisfaction and engagement. A study on the organizational impacts of terror-management found that mortality salience

leads to an increase in academic involvement and satisfaction among college students, but only if they were already highly involved with the university (Salgado, Poes, & Casa de Calvo, 2015). Perhaps the removal of students from the physical university resulted in a disconnect or lack of involvement in university-related activities as the students attempted to form other terror-management strategies. It should be noted, however, that potential terror-management theory explanations should be held to high scrutiny, as recent research has demonstrated failures in replicating initial findings related to the development of the theory (Klein, et al., 2019).

Another factor to consider with the current data is the potential drawbacks to the MIQ for measuring work values. Firstly, the MIQ is an older method that utilized items validated from a sample in 1971 and has switched to public use with no scoring or administration aid from the original publisher (Gay et al., 1971). The age of this measure may indicate that it may not serve as a valid measure of specific work values that for the generation that was surveyed during this study. For example, some newer measures of work values, such as the Career Values Inventory (CVI) have a greater focus on values such as "creativity" and "excitement," which were values less robustly covered by the MIQ (Macnab, Bakker, & Fitzsimmons, 2005). Additionally, the difference between measuring the MIQ Work Values with the paired form versus the ranked form may have resulted in differing results compared to previous literature. Previous research discussed in the study utilized a shorter form of the MIQ to measure these factors (Krous & Nauta, 2005). Because of scoring difficulties with this form of the measure, this study opted to utilize the longer paired form version. While attention check items were included in the survey to ensure that participants were continuing to engage with the survey, the length

of this measure may have impacted the results due to fatigue or loss of interest with accurately responding to the measure (Gay et al., 1971). Future studies should utilize shorter measures to assess these potentially significant values and may also benefit from utilizing updated measures that have been normed on generations closer to their target population. Potential measures that may be effective include the Career Values Scale (CVS), which is an 88 item scale that takes around 15 minutes and measures factors related to financial rewards, status, independence, and other factors similar to the MIQ Work Values (Macnab et al., 2005). Another potential measure would be the Work Value Inventory (WVI) which is a 61 item measure that takes around 10 minutes to complete, and was developed fairly recently in 2016 (Messer & Greene, 2020).

The dependent variable of rural intentions, as well as the various demographic factors were also measured in a way that may have impacted the results of the study. In the current study, intentions were measured by a non-validated one item Likert scale adapted from a previous study (Krous & Nauta, 2005). Solely measuring “intentions” instead of other factors such as “openness” to work in these environments may have resulted in a failure to fully capture the nuances of how work values may impact future decisions. Additionally, measuring intentions to work does not capture the same impact as actual career choices or decisions made later in life. The choice to utilize a single Likert scale item adapted from a previous study was done due to lack of readily available scales developed to measure intentions more thoroughly. Further expanding on the intentions variable may include developing and validating more items that address various aspects related to intentions, instead of utilizing an overarching, overly-general intentions question. Future research may benefit from a more robust system to analyze

intentions to work in rural environments or look at career choices more directly by utilizing some form of longitudinal research design that includes individuals who are already practicing or entering the workforce.

Regarding the various Likert scale demographic questions drafted for the current study, they may have suffered from being too broad or vague in their wording. The ethical concerns item, for example, merely asks the participant if they have any broad ethical concerns regarding working in rural environments. Because ethics encompass a wide variety of factors, and some individuals with less work-related experience, potentially including college freshmen, may not fully recognize ethical issues or concerns, this factor may have been better measured through a series of specific items that list examples of ethical challenges. Future studies may benefit from expanding on these items, and providing more specific examples. The development or utilization of more psychometrically sound measures for these demographic factors may have allowed for a more nuanced look at how they could impact intentions to work in rural environments.

Clinical Implications. The present study depicts a departure from what is expected based on similar previous research. The fact that many of the demographic variables did not correlate to intentions to work in rural environments, as well as the lack of significant relationship between the work values and intentions to work in rural areas may suggest that these are not relevant to influencing the decisions of the measured population. This may suggest that rural-employment interventions targeted at individuals who live in these areas may benefit from focusing less on the work values associated with rural employment, and more on addressing demographic factors related to growing up in these

regions. Various methods to address negative stigmas has proven effective for other stigmatized groups, and may include strategies such as educating individuals about these groups, or utilizing Acceptance and Commitment Therapy approaches such as recognizing how negative or stigmatizing thoughts are automatic and recognize similarities between themselves and these stigmatized groups (Masuda, et al., 2007).

Conclusion. The current study aimed to observe if the MIQ work values of Status, Autonomy, and Altruism predicted intentions to work in rural environments above and beyond demographic values that may also be related to intentions among students attending a rural-based university. The study also predicted that the work values of Safety, Comfort, and Achievement would not predict higher or lower intentions. While the demographic factor of growing up in a rural environment was found to significantly predict intentions to work in rural environments, none of the six measured MIQ Work Values were found to significantly predict intentions. This may suggest that interventions addressing rural outreach among future healthcare providers should focus more on addressing social factors related to rural populations, and less on unique work values associated with rural-based employment.

Appendix I: Demographics

Year in College:

Choose one of the following answers

Freshman

Sophomore

Junior

Senior

In graduate/medical school

On internship/residency

Not currently in college

Gender:

Choose one of the following answers

Male

Female

Transgender Male

Transgender Female

Other

Race/Ethnicity:

Please choose all that apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other:

Major:

Choose one of the following answers

Health and Physical Education

Nursing

Occupational Safety and Health

Psychology

Public and Community Health

Social Work

Other

Did you grow up in a region with a population under 50,000?

Choose one of the following answers

Yes

No

Did you grow up in a rural setting?

Choose one of the following answers

Yes

No

Please indicate how much you agree to the following statements personally.

There are potential ethical concerns regarding working in rural areas that worry me.

Choose one of the following answers

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

I am particularly concerned with earning profit through my profession.

Choose one of the following answers

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

People in rural areas are less cultured and interesting than people who live in cities.

Choose one of the following answers

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

I particularly want to work in rural areas after I finish my professional training.

Choose one of the following answers

1. Strongly Disagree
2. Disagree
3. Somewhat Disagree
4. Neutral
5. Somewhat Agree
6. Agree
7. Strongly Agree

Appendix II: Minnesota Importance Questionnaire

Minnesota Importance Questionnaire

Directions:

The purpose of this questionnaire is to find out what you consider important in your ideal job, the kind of job you would most like to have.

On the following pages you will find pairs of statements about work.

- Read each pair of statements carefully.
- Decide which statement of the pair is more important to you in your ideal job.
- For each pair, select the statement that is more important to you in your ideal job.

Do this for all pairs of statements. There are 200 pairs. Work as rapidly as you can. Read each pair of statements, mark your choice, then move on to the next pair. Be sure to make a choice for every pair.

Do not go back to change your answer to any pair.

1. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could be busy all the time.

The job would provide an opportunity for advancement.

2. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could try some of my own ideas.

My co-workers would be easy to make friends with.

3. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job could give me a feeling of accomplishment.

I could do something that makes use of my abilities.

4. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The company would administer its policies fairly.

I could be busy all the time.

5. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could try out some of my own ideas.

I could be "somebody" in the community

6. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job would provide an opportunity for advancement.

My co-workers would be easy to make friends with.

7. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could tell people what to do.

I could work alone on the job.

8. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could get recognition for the work I do.

The company would administer its policies fairly.

9. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

My co-workers would be easy to make friends with.

The job would provide for steady employment.

10. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job could give me a feeling of accomplishment.

The job would provide an opportunity for advancement.

11. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

Select this answer before continuing.

I could do something that makes use of my abilities.

12. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

My boss would train the workers well.

I could work alone on the job.

13. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do the work without feeling that it is morally wrong.

The job would have good working conditions.

14. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could be busy all the time.

The job could give me a feeling of accomplishment.

15. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do something that makes use of my abilities.

The job would provide an opportunity for advancement.

16. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could tell people what to do.

The company would administer its policies fairly.

17. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

My co-workers would be easy to make friends with.

My pay would compare well with that of other workers.

18. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could try out some of my own ideas.

I could work alone on the job.

19. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could get recognition for the work I do.

I could do the work without feeling that it is morally wrong.

20. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job would provide for steady employment.

I could make decisions on my own.

21. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do things for other people.

I could be "somebody" in the community.

22. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

My boss would back up the workers (with top management).

My boss would train the workers well.

23. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job would have good working conditions.

I could do something different every day.

24. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do something that makes use of my abilities.

I could be busy all the time.

25. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job could give me a feeling of accomplishment.

I could tell people what to do.

26. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The company would administer its policies fairly.

The job would provide an opportunity for advancement.

27. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do something that makes use of my abilities.

My co-workers would be easy to make friends with.

28. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could be busy all the time.

Select this answer before continuing.

29. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could try out some of my own ideas.

The job could give me a feeling of accomplishment.

30. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could be busy all the time.

I could work alone on the job.

31. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job would provide an opportunity for advancement.

I could do the work without feeling that it is morally wrong.

32. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could tell people what to do.

I could get recognition for the work I do.

33. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The company would administer its policies fairly.

I could make decisions on my own.

34. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The job would provide for steady employment.

My pay would compare well with that of other workers.

35. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do things for other people.

My co-workers would be easy to make friends with.

36. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

My boss would back up the workers (with top management).

I could work alone on the job.

37. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do the work without feeling that it is morally wrong.

My boss would train the workers well.

38. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do something different every day.

I could get recognition for the work I do.

39. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could make decisions on my own.

The job would have good working conditions.

40. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do something that makes use of my abilities.

I could tell people what to do.

41. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The company would administer its policies fairly.

The job could give me a feeling of accomplishment.

42. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could be busy all the time.

My pay would compare well with that of other workers.

43. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could try out some of my own ideas.

I could tell people what to do.

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I could get recognition for the work I do.

My co-workers would be easy to make friends with.

45. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

The company would administer its policies fairly.

I could work alone on the job.

46. Ask yourself: Which is more important to me in my ideal job?

Choose one of the following answers

I could do the work without feeling that it is morally wrong.

My pay would compare well with that of other workers.

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Choose one of the following answers

I could make decisions on my own.

I could try out some of my own ideas.

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The job would provide for steady employment.

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My boss would train the workers well.

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Choose one of the following answers

I could do something different every day.

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55. Ask yourself: Which is more important to me in my ideal job?

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Final 20 Directions

You are almost done! Just 20 more items.

On the following page, consider each statement and decide whether or not it is important to have in your ideal job.

-If you think that the statement is important for your ideal job, select “Yes.”

-If you think that the statement is not important for your ideal job, select “No.”

Consider each statement and decide whether or not it is important to have in your ideal job.

-If you think that the statement is important for your ideal job, select “Yes.”

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I could do something that makes use of my abilities.

Choose one of the following answers

Yes

No

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Choose one of the following answers

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No

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Choose one of the following answers

Yes

No

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No

I could do the work without feeling that it is morally wrong.

Choose one of the following answers

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I could get recognition for the work I do.

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No

I could do things for other people.

Choose one of the following answers

Yes

No

I could be "somebody" in the community.

Choose one of the following answers

Yes

No

My boss would back up the workers (with top management).

Choose one of the following answers

Yes

No

The job would have good working conditions.

Choose one of the following answers

Yes

No

I could do something different every day.

Choose one of the following answers

Yes

No

My boss would train the workers well.

Choose one of the following answers

Yes

No

Appendix III: IRB Approval

**Institutional Review Board**

328 Wells Hall
Murray, KY 42071-3318
270-809-2916 • msu.irb@murraystate.edu

TO: Michael Bordieri
Psychology

FROM: Institutional Review Board
Jonathan Baskin, IRB Coordinator 

DATE: 3/27/2020

RE: Amendment to Human Subjects Protocol I.D. – IRB # 20-158

The IRB has completed its review of the amendment submitted for your student's Level 1 protocol entitled *Work Values and Healthcare Career Decisions*. After review and consideration, the IRB has determined that the changes, as described in the amendment application, will be conducted in compliance with Murray State University guidelines for the protection of human participants.

The updated forms and materials that have been approved for use in this research study are attached to the email containing this letter. These are the forms and materials that must be presented to the subjects. It is your responsibility to ensure that only the updated materials are used from this point forward. Use of any process or forms other than those approved by the IRB will be considered misconduct in research as stated in the MSU IRB Procedures and Guidelines section 20.3.

This amended Level 1 protocol is valid until 3/3/2021.

If data collection and analysis extends beyond this time period, the research project must be reviewed as a continuation project by the IRB prior to the end of the approval period, 3/3/2021. You must reapply for IRB approval by submitting a Project Update and Closure form (available at murraystate.edu/irb). You must allow ample time for IRB processing and decision prior to your expiration date, or your research must stop until such time that IRB approval is received. If the research project is completed by the end of the approval period, then a Project Update and Closure form must be submitted for IRB review so that your protocol may be closed. It is your responsibility to submit the appropriate paperwork in a timely manner.

You may begin data collection using the approved changes.

**Opportunity
afforded**

murraystate.edu

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