

# FACTORS ASSOCIATED WITH CAREER CHOICE OF UNIVERSITY WOMEN IN MEDICINE AND NURSING

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In the past two decades as women began to enter the labor force in increasing numbers and for longer periods of time, interest began to develop in their career aspirations and vocational development. It became increasingly apparent that existing theories of career development and career choice were relevant for men but not for women (Bardwick, 1971; Farmer, 1978; Horner, 1968, Osipow, 1973). Researchers were encouraged by these authors, and others, to explore those factors which influence career and achievement motivation in women, in order that a theoretical model for career development in women might be formulated.

The career goals of college women have been categorized as traditional and nontraditional. Traditional careers for women are those that are dominated primarily by women. They tend to allow one to have an intermittent involvement in that career and represent an extension of women's domestic role. Such occupations include nursing, teaching (elementary education), home economics, and library science. Nontraditional careers for women are those that are dominated primarily by men and, by their nature, are more demanding of time and energy, thus requiring greater career commitment. Such careers include science, law, dentistry, medicine, engineering, architecture, and the clergy (Almquist, 1974).

Comparisons of traditional and nontraditional oriented career women have become popular research in recent years and certain factors in family background and personality characteristics have emerged that distinguish between them. Early studies suggested that factors such as high parental education, foreign ancestry, first-born status, and working mothers were significant predictors of nontraditional career choice in women. Recent studies indicate that these background factors are less important than they once were thought to be. Personality data show the nontraditional career oriented woman to be high on "competency" traits related to the masculine stereotype and

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ideal, and also high on "warmth and expressiveness" traits of the feminine stereotype and ideal. The traditional woman, on the other hand, is seen to be higher on the "warmth and expressiveness" traits than she is on the "competency" traits (Almquist, 1974; Lemkau, 1979; Tangri, 1972).

The study of masculine and feminine sex role orientation has enjoyed an enthusiastic rebirth of interest in the last decade, beginning with the study of sex role stereotypes and self-concepts in college students by Rosenkrantz, Vogel, Bee, Broverman and Broverman (1968). Broverman, Vogel, Broverman, Clarkson and Rosenkrantz (1972) first described stereotypic male characteristics as "competency" oriented and stereotypic female characteristics as "warmth and expressiveness" oriented. Bem (1974) suggested that a person might incorporate both masculine and feminine characteristics into one's personality and thus be "androgynous". She has designed an instrument for the purpose of measuring sex role orientation in which four categories are defined. Depending on one's self-endorsement of masculine and feminine traits, an individual is described as masculine, feminine, androgynous or undifferentiated. An androgynous person is one who scores above the median on both the masculine and feminine items and an undifferentiated person is one who scores below the median on both of these items. Women who chose nontraditional careers were seen to be androgynous, while women who chose traditional careers were seen to be feminine in their sex role orientation (Lemkau, 1979).

Women's role perceptions and life goals have altered significantly in the last decade. Not only has it become acceptable for women to pursue nontraditional roles, but barriers to women's achievement are gradually being broken down. As women overcome the societal pressures to adhere to feminine roles and increasingly choose previously male dominated, highly committed careers, it would appear that the nature of this choice does become more subtle and more complex.

It was the purpose of this study to investigate personality and demographic factors in college women who had selected traditional and nontraditional careers, specifically nursing and medicine. A further focus of this study was to examine personality and demographic data of women with different sex role orientations. It was intended that the findings of this study would contribute to the increasing body of research, designed to establish information that will lead to a theoretical model of career choice in women.

## METHODOLOGY

### *Sample*

Female students from the Faculties of Medicine and Nursing at the University of Calgary were informed about the study and asked to participate for the purpose of examining career choice in women. They were given a questionnaire package and asked to return it upon completion. Forty-five (54%) nursing students and 38 (50%) medical students completed the questionnaire providing a total sample of 83.

Women were chosen from the Faculty of Medicine rather than premedicine because of the fact that many women appear to change direction of their career pattern in the early years at university (Alper, 1974; Harmon, 1972). Cartwright (1972) noted that only fifty percent of the women who had serious intentions of pursuing a medical career in college actualized their plans. As two years at university is the minimum requirement for entry into the medical school at the University of Calgary, women who had completed two years of the four-year baccalaureate nursing program were chosen. This factor represented a relatively high degree of commitment to career choice in both groups. It was also an attempt to control for possible differences in age between the two groups.

### *Instrumentation*

The questionnaire package included a demographic data inventory developed by the researchers, Jackson's (1974) Personality Research Form (Form A), and the Bem Sex Role Inventory (Bem, 1974).

The demographic data inventory was used for the purpose of asking subjects to provide information about their present age, marital status, previous job experience and academic achievement at the time of their entry into the faculty in which they are presently enrolled.

The Personality Research Form (PRF) is designed to measure 14 personality traits relevant to normally functioning individuals, in a wide variety of situations. It is based on theoretical conceptions of personality described by Murray (1938). Form A consists of a total of three hundred true and false items, which are divided into fifteen 20-item scales. These 15 scales measure such specific need characteristics as Achievement, Affiliation, Aggression, Autonomy, Dominance, Endurance, Exhibition, Harmavoidance, Impulsivity, Nurturance, Order, Play, Social Recognition, Understanding and Infrequency. The Infrequency scale is designed to measure pseudo-random response patterns and is not relevant to this study.

The norms for the PRF are based on a student population of over one thousand males and one thousand females. There are separate norms for males and females. Three measures of reliability have been

completed. A median K-R coefficient for the 14 variables (infrequency excluded) assessed on Form A is .76; median odd-even reliability is .78; median test-retest reliability is .81. Construct validity was assessed by correlating PRF scores with self and peer rating. In one study, combined scores from Forms A and B yielded a median correlation of .52 with peer ratings and .56 with self ratings. When a single form was used, correlations were lower. Additional convergent and validity studies render values that are considered above those usually reported for personality inventories.

The Bem Sex Role Inventory (BSRI) is designed to measure one's sex role orientation, assuming that masculinity and femininity are two independent dimensions. It has three scales: masculine, feminine, and neutral, each containing 20 personality characteristics. Each subject is asked to indicate on a seven point scale how well each of these personality characteristics describes her. Upon completing the Inventory an individual can be classified as Masculine, Feminine, Androgynous, or Undifferentiated, depending on her endorsement of masculine or feminine characteristics for herself.

The norms for this instrument were originally established by Bem (1974) on a total of 917 students. Test-retest reliability, after a four week period, showed coefficients of .90, .93, and .89 for the masculinity, femininity and androgyny scores respectively. Validation studies have been reported by Gaudreau (1977).

Methods of scoring the BSRI have been the topic of discussion and assessment for the past six or seven years. The method chosen for this study is the one recommended by Orlofsky, Aslin and Ginsburg (1977) and Sedney (1981). It is one which combines the t-ratio procedure, originally recommended by Bem (1974) and the median-split procedure, recommended by Spence, Helmreich and Stapp (1975) and subsequently adopted by Bem (1977).

## RESULTS

The mean age for medical students was 26.37 and for nursing students 21.84. A t ratio indicated a significant difference ( $p < .001$ ). There were 18 married and 20 single students in medicine whereas in nursing 9 were married and 36 were single. Chi square analysis showed these to be significantly different ( $p < .05$ ). Further results showed that 21 of 38 medical students had previous professional job experience while none of the 45 nursing students had professional job experience. These differences were highly significant ( $p < .001$ ). Similar significant differences were evident in that 34 women in medicine had one or more degrees while only one woman in nursing had a degree.

Univariate F ratios were obtained to test the significance of difference between women in medicine and nursing on each of the 14 personality variables of the PRF. Table 1 presents a summary of the means, standard deviations and F ratios.

Table 1  
Mean, Standard Deviation, and F Ratio of Personality Variables  
Measured by the PRF for Women in Medicine and Nursing

Trait	Medical Students		Nursing Students		F Ratio
	Mean	S.D.	Mean	S.D.	
Achievement	14.84	2.38	14.02	2.66	2.16
Affiliation	15.63	2.34	16.31	2.17	1.88
Aggression	4.79	2.12	5.47	3.39	1.14
Autonomy	8.18	3.25	6.96	3.15	3.04
Dominance	9.45	4.26	10.60	4.05	1.59
Endurance	13.71	2.67	11.56	3.33	10.32**
Exhibition	9.53	4.09	9.80	3.95	.96
Harmavoidance	9.87	5.00	10.73	4.36	.71
Impulsivity	9.32	3.43	9.82	4.07	.37
Nurturance	15.40	2.15	15.56	2.44	1.00
Order	11.32	3.43	10.96	3.28	.24
Play	9.61	2.69	12.27	2.31	23.55***
Social					
Recognition	8.16	3.59	10.33	3.75	7.20**
Understanding	15.76	2.03	13.73	2.73	14.33***

n = 83  
df = 1,81  
p = .05  
critical F = 3.96

\*\* p < .01  
\*\*\* p < .001

Nursing students were significantly higher than medical students on Play and Social Recognition. Medical students were significantly higher than nursing students on Endurance and Understanding.

A chi square analysis was used to differentiate between medical and nursing students on sex role orientation as measured by the BSRI. Table 2 summarizes these findings.

Table 2  
Sex Role Orientation of the Women in Medicine and Nursing  
According to the Combined T-Ratio, Median-Split Scoring  
Procedure of the BSRI

	Number of women in medicine and nursing in each classification			
	Masculine	Andro- gynous	Undifferen- tiated	Feminine
Medical Student	12	10	6	10
Nursing Students	7	14	2	22

n=83  
df = 3  
p = .05  
critical  $X^2=7.82$

$X^2=7.95$   
p < .05

More women in nursing were labelled feminine and more women in medicine were labelled masculine. There were similar numbers of androgynous women in the two professions.

Univariate F tests were obtained to test the significance of difference among masculine, androgynous, undifferentiated, and feminine women on each of the 14 PRF variables. Table 3 shows these findings.

A priori analyses were performed on the variables for which directional differences were predicted and which yielded a significant F ratio. These analyses showed masculine women were significantly higher than feminine women on Aggression, Autonomy, Dominance, Endurance Exhibition, and Understanding. Feminine women were significantly higher than masculine women on Harmavoidance and Social Recognition. Androgynous women were significantly higher than feminine women on Aggression, Autonomy, Dominance, and Exhibition.

An F test showed no significant differences among masculine, androgynous, undifferentiated, and feminine women on age. Chi square analyses for the four groups of women showed significant differences (p < .05) on marital status where more feminine women tended to be single, and on job experience where more feminine women



Table 3

Mean, Standard Deviation and F Ratio of Personality Variables Measured by the PRF for Masculine, Androgynous, Undifferentiated and Feminine Women

	Masculine		Androgynous		Undifferentiated		Feminine		F Ratio
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	
Achievement	14.63	2.48	14.83	2.71	14.38	2.83	13.94	2.45	.63
Affiliation	14.89	2.31	16.29	2.27	15.75	1.75	16.50	2.20	2.30
Aggression	7.16	4.09	5.50	2.28	4.75	1.98	3.81	1.75	6.70***
Autonomy	9.63	3.55	7.92	2.63	8.13	3.44	5.81	2.57	7.22***
Dominance	12.68	4.14	11.63	3.33	9.88	3.94	7.41	3.27	10.89***
Endurance	14.32	3.07	12.46	2.95	11.88	2.53	11.72	3.34	2.95*
Exhibition	10.95	4.31	11.13	3.49	9.13	3.18	7.97	3.78	4.12**
Harmavoidance	6.79	4.06	10.21	4.26	10.00	3.02	12.63	4.36	7.85***
Impulsivity	11.11	3.46	10.08	3.84	10.13	3.94	8.19	3.54	2.87*
Nurturance	14.79	1.84	15.92	2.50	15.25	1.49	15.63	2.52	.93
Order	10.26	3.60	10.92	3.27	10.38	3.29	11.97	3.18	1.29
Play	10.47	2.70	11.71	3.10	9.63	2.72	11.25	2.60	1.47
Social Recognition	7.95	4.33	9.21	3.32	7.50	1.77	10.72	3.84	3.08*
Understanding	15.95	2.42	14.42	2.78	16.13	1.64	13.72	2.44	4.25**

n=83  
df=3,79

p=.05  
critical F=2.72

\*p < .05  
\*\*p < .01  
\*\*\*p < .001

tended to have non-professional job experience than other women. There was no significant difference in the academic achievement of these four groups of women.

## DISCUSSION

Although personality variables did discriminate between traditional and nontraditional women, with four variables showing a significant difference between them, it was also learned that these two groups did not significantly differ on some of the competency related traits. Women in medicine were significantly higher than women in nursing on Endurance and Understanding. It is interesting to note that women in nursing were higher than the normative sample of college women on both Endurance and Understanding (Jackson, 1974) and yet, in this sample, were significantly below women in medicine on these traits. Although Endurance is required in nursing, and has been identified as a characteristic of nurses (Bailey & Claus, 1969; Webb & Herman, 1978), it appears that women in medicine are particularly persistent and determined. This result lends support to Rossi's (1965) contention that successful achievement, particularly in the sciences, requires persistence and apartness from others. It concurs with Cartwright's (1972) findings that women in medicine are particularly persevering.

The description of the high scorer on Understanding (Jackson, 1974) is "wants to understand many areas of knowledge; values synthesis of ideas, verifiable generalization, logical thought, particularly when directed at satisfying intellectual curiosity." Although scientific knowledge is required in both professions, it appears that women in medicine are particularly enquiring, investigative and intellectual. This is consistent with the findings of Tangri (1972) and Lemkau (1979) that women in nontraditional careers have a high degree of intellectual capacity. One might question whether individuals who chose to enter medicine originally had higher levels of Endurance and Understanding, or whether these traits have been developed to a higher level in the educational process of medical school.

Women in nursing were significantly higher than women in medicine on Play and Social Recognition. Although women in nursing were not high on these traits, medical students were low relative to female norms (Jackson, 1974). As the scales on the PRF are bipolar, a low score on Play is consistent with a high score on Endurance and Understanding. Perhaps limited time for recreation in medical school contributes to a lower Play score for these women.



Social Recognition may be considered a stereotypic feminine trait. A low score on this trait reflects an autonomous, independent personality. This coincides with the literature pertaining to women in nontraditional careers and, in particular, women in medicine. Tangri (1972) and Lemkau (1979) reported that women in nontraditional careers were unconventional, independent, and autonomous. Women in medicine were found to report both more and less support from society for their decision to enter medicine (Cartwright, 1972; Kutner & Brogan, 1980; McCormick, 1979). In dealing with the non-supportive elements, it appears that women who choose nontraditional careers must be able to accept criticism and remain strong and independent in their decision.

The personality profile of the women in nursing in this study supports the belief that the personality characteristics of women entering nursing today are different from those of 10 and 20 years ago. Relative to the women in the normative female college sample (Jackson, 1974), women in nursing were higher on the competency traits of Achievement, Dominance, Endurance and Understanding and lower on Social Recognition. In spite of the fact that women in nursing are becoming more competency oriented, the results of this study indicate that women in medicine are still significantly more persistent, work oriented, independent and intellectual than women in nursing. These are the traits identified by Atkinson and Raynor (1974) and McClelland (1971) as typifying the high achiever.

Although there were higher numbers of masculine women in medicine and higher numbers of feminine women in nursing, there were similar numbers of androgynous women in the two professions. This supports the suggestion of Yanico, Hardin, and McLaughlin (1978) that women with an androgynous self-concept are as likely to choose a traditional as a nontraditional field, and that sex typed individuals are likely to choose a career that is compatible with their sex role self-concept.

The results of this study suggest that androgynous women do have more flexibility in choosing a career. Optimum freedom to develop one's potential through work would likely be enhanced if individuals were helped to develop androgynous self-concepts. This lends support to authors who suggest that women must be encouraged to expand their self-concepts to include masculine qualities, along with their feminine qualities, if they are to be helped to make and implement career-related decisions (Birk & Tanney, 1977; Hawley, 1978; Moreland, 1979).

The result of the age variable in this study supports the findings of Cartwright (1972) and Kutner and Brogan (1980) that women who

decide to enter medicine are older and have more life experience than do women who choose more traditional careers.

The marital status variable showed that more medical students than nursing students are married. This occurs with several authors who reported that support from a spouse or boyfriend is a significant factor in nontraditional career choice or achievement motivation among women (Alper, 1974; Kutner & Brogan, 1980; Tangri, 1972). It suggests that once the conflict surrounding the role of wife, and perhaps mother, has been resolved, women are freer to make a commitment to a nontraditional career.

The job experience variable in this study showed that women in medicine had more professional job experience than did women in nursing. This finding is in agreement with authors who reported that women in medicine have frequently left other jobs with which they were dissatisfied (Cartwright, 1972; Kutner & Brogan, 1980). They suggest that improved career counselling for women might help to prevent them from making career choices that are not in keeping with their interests and abilities.

Although a degree was not required for entry into medical school at the University of Calgary, it is acknowledged that a degree would enhance one's acceptability into this faculty. Information from the medical school reveals that 58 (76%) of the 76 female medical students have degrees. This information suggests that academic self-esteem is a factor which influences career motivation and the selection of a non-traditional career.

Personality variables measured by the PRF discriminated among masculine, androgynous, undifferentiated, and feminine women. The a priori analyses supported the hypothesis of masculine women being significantly higher than feminine women on all of the competency related traits but Achievement. Androgynous women were found to be significantly higher than feminine women on Aggression, Autonomy, Dominance, and Exhibition. This result suggests that Endurance and Understanding are the significant components in the masculine orientation that draw women into medicine, and perhaps other nontraditional careers. Androgynous women, who were higher than feminine women on the competency traits of Aggression, Autonomy, Dominance and Exhibition, are seen to choose either medicine or nursing as a career. It is concluded from this study that androgynous women are not the same as masculine women on all of the competency related traits.

This study does not reveal any significant information about the undifferentiated female. From the mean scores (Table 3), it is seen that

undifferentiated women tended to be more like feminine women on Aggression and Endurance and more like masculine women on Autonomy, Social Recognition and Understanding. However, post hoc Scheffé analyses did not yield any significant differences between the groups on these variables. If Dominance and Exhibition are a reflection of self-esteem, then this study does not support the authors who suggest that undifferentiated individuals have lower self-esteem than androgynous and masculine individuals (Bem, 1977; Harris & Schwab, 1979; Pyke, 1980).

The results of this research tend to support the conclusions of Pyke (1980) that androgyny does not bear any statistically significant relationship to demographic variables. However, the proportionately higher numbers of feminine women in the unmarried and non-professional job status suggest that a closer examination of these variables and their relationship to androgyny might be worthwhile.

It is interesting to note that the demographic variables did not discriminate among women with a different sex role orientation, yet did discriminate between women in medicine and nursing. This suggests that role concept, which influences career choice in women, is in itself dependent on factors other than those which influence women in their career related decisions. It appears that much more information is required about the developmental influences of a sex role self-concept. It is clear that career choice in women is a much more complex process than the implementation of a self or role concept. Instead, it appears to be an interaction of personal and situational determinants at different developmental stages.

In summary, this study revealed that women who chose medicine as a career were older and had had more experience in the realm of work, marriage and education than women who chose nursing. Women in medicine tended to have a more masculine sex role orientation and were significantly higher on the personality traits of Endurance and Understanding, and significantly lower on Play and Social Recognition, than women in nursing. Sex role orientation was not significantly influenced by the composite of the demographic variables used in this study, but a negative relationship was found between feminine sex typing, and married and professional job status. Masculine and androgynous women were differentiated from feminine women on the competency related variables of Aggression, Autonomy, Dominance and Exhibition. Masculine women were also differentiated from feminine women on Endurance, Understanding, Harmavoidance and Social Recognition. It is concluded that androgyny is related to both stereotypic masculine and feminine personality traits, and possibly to marital status and job experience. It is not related to age or academic

achievement. It is also concluded that nontraditional career choice, in particular medicine, is the result of a complex interaction of demographic factors related to life situation, and personality traits related to perseverance, work orientation, independence and intellectual curiosity.

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## RÉSUMÉ

### Facteurs liés au choix professionnel des étudiantes en médecine et en sciences infirmières

Nous avons examiné les facteurs caractériels et démographiques chez les étudiantes qui avaient choisi une carrière traditionnelle (sciences infirmières) et une carrière non-traditionnelle (médecine). Notre échantillon comportait 45 étudiantes en sciences infirmières et 38 étudiantes en médecine. Nous avons relevé des différences marquées entre les deux groupes au niveau des facteurs caractériels et démographiques. Nous avons également constaté des différences en nous fondant sur des stéréotypes masculins et féminins.