

THE WOMEN'S VALUE ORIENTATION QUESTIONNAIRE: AN INSTRUMENT REVISION STUDY

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The combined influences of transcultural nursing (Leininger, 1978) and feminism have motivated nurses to consider carefully both their own and their clients' cultural behaviours, beliefs, and values. Of these, values are the least apparent and the most difficult feature to assess.

An individual's cultural values are at least in part the basis for health beliefs, attitudes, and behaviours. The importance of such data for nurses is evident in nursing theories such as that of B. Neuman (1982) which stress the importance of socio-cultural factors. For example, many middle class North Americans have a future time value orientation which, according to nurse anthropologist Tripp-Reimer (1984), is compatible with health promotion and illness prevention behaviours; however, persons with a present or past time value orientation will not be as motivated by such concerns.

This paper will describe the theoretical basis of and problems inherent in the assessment of cultural value orientations, using the approach developed by Kluckhohn and Strodtbeck (1961). Further, the development of an updated women's version of the questionnaire is described. Finally, our uses of the questionnaire in current research and in clinical settings are discussed.

The Kluckhohn and Strodtbeck Value Orientation Questionnaire (VOQ)

The VOQ was developed in the 1950s by Florence Kluckhohn (Kluckhohn & Strodtbeck, 1961). The classic study compared Navaho, Zuni, Spanish-American, and what she called "Yankee-American" value orientations. The VOQ has since been used with diverse groups (see Brink, 1984 for an overview), and is often discussed in texts for health professionals (Orque, 1983; Tripp-Reimer, 1984).

Kluckhohn saw the number of types of problems encountered by any cultural group as being finite, and each type of problem had a finite number of types of solutions. Central to these constructs is the postulate that, in any culture, there is a preferential ordering of solutions, and that this creates the distinctive profile of a culture (Brink, 1984).

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It can be argued that these concepts are too narrow and rigid. However, the internal consistency of study results, as well as 25 years of use of the VOQ by many diverse scholars and clinicians, argues for some validity of the concepts and of their measurement.

Kluckhohn isolated five common human problems, although we would argue that there are others. The four that she was able to measure validly are:

1. The relationship of the **person to nature**;
2. The temporal (**time**) focus of human life;
3. The modality of human **activity**; and
4. The modality of a person's **relationship** to other people.

Each problem is seen to have three classes of solutions. Briefly, these are stated in Table 1. Further discussion of the philosophical bases for these classes of solutions may be found in Brink (1984) and in Papajohn and Spiegel (1975).

Table 1

Value Orientation

Problem Modalities		Classes of Solutions (1)	
PERSON-NATURE (2)	Mastery over nature	Subjugation to nature	Harmony with nature
TIME	Past	Present	Future
ACTIVITY	Doing	--	Being
RELATIONAL	Lineal	Collateral	Individual

(1) No preferential order is implied here.

(2) All previous work refers to this modality as man-nature.

The VOQ is a 22-item interview schedule. Each item contains a situation embodying one of the value problem modalities. A person rank-orders the solutions that embody the classes of value orientations for each modality. An example of an item for time orientation is as follows:

Example 1

Child Training (Time Orientation Item)*

Some people were talking about the way in which children should be brought up. Here are three different ideas.

1
(Past) Some people say that children should always be taught the traditions of the past (the ways of the old people). They believe the old ways are best, and that it is when children do not follow them too much that things go wrong.

2
(Present) Some people say that children should be taught some of the old traditions (ways of the old people) but that it is wrong to insist that they stick to these ways. These people believe that it is necessary for children always to learn about and take on whatever of the new ways will best help them to get along in the world of today.

3
(Future) Some people do not believe that children should be taught much about past traditions (the ways of the old people) at all, except as an interesting story of what has gone before. These people believe that the world goes along best when children are taught the things that will make them want to find out for themselves new ways of doing things to replace the old.

*The value orientation and solutions in brackets do not appear on the questionnaire. This unrevised VOQ item is No.3 in the WVOQ.

The dominant North American middle-class value orientation profile is displayed in Table 2. This is based on Kluckhohn and Strodtbeck's (1961) study of Texans and Mormons, on Brink's (1984) report of DeMay's 1982 study of American nurses in the Philippines, and on Burke's study (1985) of student nurses. The similarity in these results supports the validity of the theoretical constructs and their measurement in the VOQ. The similarity of results is remarkable in that the studies span 25 years, each study used slightly different versions of the VOQ, and the subjects were in very different settings.

Table 2**Dominant North American Value Orientations in Three Studies**

Problem Modalities	Solutions Preference Profile
TIME	Future > Present > Past (1) or Present > Future > Past (2,3)
PERSON-NATURE	Over > Harmony > Under (1,2) Over = Harmony = Under (3)
RELATIONAL	Individual > Collateral > Lineal (1,2,3)
ACTIVITY	Doing > Being (1,2,3)

(1) Kluckhohn & Strodtbeck, 1961
(2) DeMay, 1982
(3) Burke, 1985

The Women's Value Orientation Questionnaire (WVOQ)

To gain insight into the similarities and differences in aspects of cultural values, the Kluckhohn and Strodtbeck (1961) Value Orientation Questionnaire seems to have potential as an assessment tool. Indeed, Brink's (1984) recent research review and Burke's clinical (Ogden, 1971) and teaching uses of the VOQ demonstrate its utility and validity. Nevertheless, for use with women today the original and other versions (Egeland, 1978) have two problems. First, the wording of many items has a strong gender bias and secondly, some of the content is well outside the experience of most people today. The benefits of using the VOQ, however, outweigh these limitations. Thus, we decided to modify the tool for our cross-cultural research, which compares health beliefs and values among Euro-Canadian, rural Cree, and urban Indian women and nurses.

Egeland's (1978) findings, as she attempted to develop a health value orientation schedule with several ethnic groups in Florida, were incorporated into our modifications. Her results suggest that VOQ stories or situations can be changed while retaining essentially the same value orientation responses or solutions. This revised tool we call the Women's Value Orientation Questionnaire or WVOQ.

Procedures

The revision process moved almost simultaneously and iteratively through four separate processes. These were: experts' assessment of the face validity; a criterion validity study comparing the WVOQ with the VOQ; a content analysis; and conceptual and editorial work. The cumulative results are summarized in Table 3.

Table 3

WVOQ Changes from the Original VOQ

Original Story	Revised Situation	Edited to Remove Sexism or Updated	Orientation (1)
1. Job Choice	--	X	A
2. Well Arrangements	Prenatal & Well Baby Clinic	X	R
3. Child Training	--	--	T
4. Livestock dying	Miscarriages	--	N
5. Expectations about Change	--	--	T
6. Facing Conditions	--	X	N
7. Help in Misfortune, Accident	Help in Misfortune, difficult birth	X	R
8. Choice of Delegate	--	X	R
9. Use of Fields	Child Health Care	X	N
10. Philosophy of Life	--	--	T
11. Wage Work	--	X	R
12. Belief in Control	--	X	N
13. Ceremonial Innovations	Health Care Services Innovation	--	T
14. Ways of Living	--	--	A
15. Land Inheritance	--	--	R
16. Care of Fields	Care of Children	--	A
17. Length of Life	--	X	N
18. Housework	--	X	A
19. Nonworking Time	--	X	A

(1) A = Activity; R = Relational; T = Time; N = Person-Nature.

Face validity

The face validity of the WVOQ was assessed for appropriateness and sensitivity to the value orientation constructs by three nationally recognized experts in maternal and child health or Canadian Native health, and by four Canadian Indian women. Minor wording and format changes were made, as suggested by

these experts, to increase the face validity. For example, Story 6 used the term "God" and was changed to read "God, god, gods, or the Creator".

In addition, Burke (1985) administered an abbreviated version of the VOQ to 41 Third Year female nursing students. Each student interpreted her responses; the consensus that emerged in class discussion was that the VOQ assessed their personal values accurately. The group's results (as displayed in Table 2) were shared with faculty, and again the consensus was that this was a valid representation of the Third Year female students' value orientations.

Criterion validity

A criterion validity study was conducted with a group of 10 middle class women of childbearing and childrearing age. In varying order, both the WVOQ and the VOQ were given to each subject.

According to Brink (1984), this purposive, non-probability sample is of adequate size for the VOQ, with only one sex strata. Given the small sample size and study design, percentages were used in the analysis. More elaborate statistical procedures would be appropriate for larger samples and cross-cultural studies (Kluckhohn & Strodtbeck, 1961; Brink, 1984).

When the ranking of responses was compared, item by item, there was 65% absolute agreement between versions. This is well above that which could be accounted for by chance with the six possible combinations. The agreement for the most preferred value orientation options was 84%. High agreements would be expected because of the test-retest effect. However, that the women were attending to the differences between the versions is clear because agreements were higher for the items that were only edited than for the items with new situations. Person-nature items had the highest agreements.

Based on this analysis, the two items with the lowest agreements were omitted. One other item was retained, but we reverted to the original wording. Several minor wording changes were made that were based on subjects' comments.

Content analysis

In view of the issues we wished to examine in our study, an analysis was done of the subject content of each item beyond the value orientation. As can be seen in Table 4, we arranged for a range of subjects which covered our interests, notably: general health care, maternal and child health, work, lifestyle, childrearing, and family life issues.

Table 4

Content Analysis

No. Story	Health					Childrearing-	
	General	Mother	Child	Work	Lifestyle	Family Life	Community
1. Job Choice				X			
2. Prenatal & Well Baby Clinic		X	X				
3. Child Training						X	
4. Miscarriages		X				X	
5. Expectations About Change					X	X	
6. Facing Conditions					X		
7. Help in Misfortune, Difficult Birth		X				X	
8. Choice of Delegate							X
9. Child Health Care			X		X		
10. Philosophy of Life				X	X		
11. Wage Work				X			
12. Belief in Control					X		
13. Health Care Innovations	X						
14. Ways of Living					X		
15. Land Inheritance						X	
16. Care of Children			X		X		
17. Length of Life	X						
18. Housework						X	
19. Non-working Time				X	X	X	

Story Development, Editorial and Format Changes

The suggestions of the researchers, experts, and subjects all contributed to the stories and format of the final WVOQ. Each VOQ item was reviewed for relevance to women of childbearing and childrearing age, gender appropriateness, and currency.

An example of a story change for relevance can be seen in Story 2 which follows.

VOQ

When a community has to make arrangements for **water, such as drilling a well**, there are three different ways they can decide to arrange things like location, and who is going to do the work.

WVOQ

When a community has to make arrangements for **a prenatal and well baby clinic**, there are three different ways they can decide to arrange things like location, and who is going to do the work.

An example of the types of **editorial** work done to remove gender specificity is seen in Story 1.

VOQ

One boss was a fair enough **man**, and **he** gave somewhat higher pay than most **men**, but **he** was the kind of a boss who insisted that **men** work hard, stick on the job.

WVOQ

One boss was a fair **person**, and give a little higher pay than most **employers**, but was the kind of boss who insisted that **people** work hard and stick on the job.

An example of rewording for ease of understanding and **currency** is seen in Story 11.

VOQ

There are three ways in which men **who do not themselves hire others may work**.

WVOQ

There are three ways in which women **may work for money**.

Note that we used the term women whenever appropriate throughout the WVOQ as it is a sex-specific questionnaire for females. However, whenever referring to classes that could be either male or female, as in Story 1, non-sexist terms or generic terms were used (Eichler & Lapointe, 1985).

The WVOQ

The final version of the WVOQ contains five of the original VOQ items, eight items that were edited, and six stories that were revised. These revisions are summarized in Table 3. One item was omitted as redundant, based on Egeland's (1978) findings, and two more were dropped after the criterion validity study.

An example of a full revised item from the WVOQ is Number 13.

Example 2

Health Care Services Innovations (Time Orientation Item)*

Some people in a community like yours think that health care services are changing from what they used to be.

- | | |
|----------------|--|
| A
(Future) | Some people are really pleased because of the changes in health care services. They feel that new ways are usually better than old ones, and they like to keep everything - even health care - moving ahead. |
| B
(Past) | Some people are unhappy because of the change. They feel that health care services should be kept as they were in the past. |
| C
(Present) | Some people feel that the old ways for health care services are best, but you just can't hang on to them. It makes life easier just to accept some changes as they come along. |

Which of the three said most nearly what you believe is best?

Which of the other two do you believe is next best?

Your ideas: (optional) _____

*Note that the orientation and solutions in brackets do not appear on the questionnaire.

A Study in Progress

Indian women and their nurses

The need for culturally sensitive care is particularly acute in work with such indigenous peoples as the Cree women and children who have been one focus in our work over the last few years. These women and their children are known to be at a very high risk of accidents and handicapping conditions (Government of Canada, 1980). Assessment of cultural values is a first step in the provision of culturally sensitive care.

Thus, we are currently using the WVOQ to describe the value orientations of a group of maternal and child nurses, Euro-Canadian women, rural Cree Indian women, and urban Indian women. The purpose is to describe, compare, and identify areas of disagreement and agreement in value orientations among these four groups. The function of such information will be to improve our understanding of current areas of conflict and to identify areas of potential conflict. Areas of agreement will be useful in planning more effective health care interventions. Areas of slight divergence will be useful in alerting nurses and clients to issues that must be more carefully thought out and planned, in order to move toward acceptable health care practices and outcomes for all parties involved. Early results show the WVOQ's effectiveness toward this goal (Burke, Maloney & Baumgart, 1986).

To give an example, time orientation is likely to be quite different with nurses operating primarily within the present and future orientation whereas Native Indian clients may place greater emphasis on the present and the past. The enthusiastic novice nurse who is committed to preventive health teaching may become exasperated when such health teaching is disregarded, because her client is present oriented rather than future oriented. Similarly, older studies suggest a "doing", as opposed to a "being" orientation in both the Indian and the dominant North American value orientations. However, in our experience the areas of one's life in which this "doing" is focused seem quite different: one culture stresses "doing for oneself", the other "doing for others".

Within the context of the total study, however, this somewhat narrow and rigid WVOQ data is only used as one part of a group of data that was collected using several strategies. For example, a partially open-ended questionnaire is used to elicit a history of the recent illnesses of each mother and one of her children, using Chrisman's health-seeking process (1977) as the conceptual framework. Also, child bearing and rearing practices data are gathered using a modification of Yoshida's (1984) interview guide.

We have now used the WVOQ with over 100 women and find it an excellent introduction to cultural differences between these women. Most of the women were able to rank-order the options. Only three were unable to do so, and they used the space provided

to give their own alternate solutions extensively.

Usefulness of the WVOQ

The WVOQ could be used in nursing practice with individuals or families, nursing education (Triandis, 1983) and nursing research (Brink, 1984). To study and nurse women, the cultural underpinnings of their lives have to be understood (Tripp-Reimer, 1984; Neuman, 1983).

A quantitative tool such as the WVOQ can sample some of the underlying values. However, since culture consists of such a rich fabric of traditions and ways of interacting with the world, neither Kluckhohn nor the authors would argue that the WVOQ defines the content - it simply abstracts some of it. Those who respond to the instrument not only draw from their own cultural experience, but also from their individual family's experience as well. It is therefore important to augment the quantitative WVOQ data with qualitative data collection. We would argue that qualitative methods, when used alone, would sacrifice generalizability, but in combination with the WVOQ will improve contextual meaning.

It is with some caution that one must interpret the responses. While it can be said that people within a particular group have tended to give similar responses, the notion that there is a single set of value orientations for all members of an ethnic group is too rigid for the cultural mix and rapid change in Canadian culture today.

With these reservations and cautions then, we believe that this version of the Kluckhohn and Strodtbeck Value Orientation Questionnaire can be used with women more effectively than the original version. The WVOQ seems to be an appropriate, pertinent, and useful tool when studying some of the cultural values governing women's lives.

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The full interview and interpretation forms of the Women's Value Orientation Questionnaire can be obtained by writing the authors.

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RÉSUMÉ

Le questionnaire d'orientation des valeurs des femmes: Étude sur la révision de l'instrument

Le questionnaire d'orientation des valeurs de Kluckhohn et Strodtbeck (QOV) (1961) suscite un regain d'intérêt chez les anthropologues spécialisés en sciences infirmières (Brink, 1984; Tripp-Reimer, 1984). Toutefois, son utilisation auprès d'une population féminine aujourd'hui pose deux problèmes: sa formulation axée spécifiquement sur le genre masculin et le fait que le questionnaire s'appuie sur des histoires qui ne s'inscrivent pas dans les expériences courantes de la plupart des gens. Nous avons donc révisé le QOV.

Les critères qui nous ont permis d'examiner chaque élément original ont été les suivants: a) la pertinence pour les femmes en âge d'avoir des enfants et de les élever, b) la formulation adéquate sur le plan du genre et c) la modernité. Quatre des éléments originaux ont été retenus. Sept autres ont fait l'objet d'une révision visant à retirer les allusions sexistes et à mettre à jour les histoires. Étant donné que les travaux d'Egeland (1978) semblent indiquer que les histoires du QOV peuvent être modifiées tout en évoquant des réponses axées sur l'orientation des valeurs, nous avons révisé les histoires dans sept cas.

Les résultats d'une étude de validité des critères réalisée chez dix femmes euro-canadiennes ont démontré qu'il y avait une bonne correspondance entre les versions sur le plan des orientations de valeur. La validité à prime abord de la nouvelle version du point de vue des femmes nées au Canada et des spécialistes qui se penchent sur le cas des mères et des enfants était également acceptable. La discussion est axée sur son utilisation en recherche trans-culturelle de même que sur ses applications cliniques et pédagogiques.