

Nurses' Job Values in the Transition from School to Work

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Nurses' Job Values in the Transition from School to Work

Traditionally, nurses' motivation for work has been characterized as altruistic, with a deep concern to help other people. Although studies show that altruistic values are still important among nurses and nursing students, other job values, like personal development, have increasingly been called to attention (see e.g. Thorpe & Loo, 2003). This study focuses on how nursing students and beginning nurses emphasize different job values. These job values are derived from altruistic and intrinsic preferences for work, like personal development, as well as more extrinsic ones, such as high income. What do nursing students in their final year of schooling regard as important when considering a job offer, and do they maintain their emphasis on these job values after some years at work? Furthermore, to what extent are their job values realized in the labor market? Have nurses three years after graduation fulfilled the job values they had as students? If not, have their job values changed as a consequence of their work experiences so far?

To what extent do nurses' job values differ from other health professionals'? Nurses' job values and any changes in these are compared to job values among doctors, physiotherapists, and prosthetists/orthotists. Do nurses emphasize altruistic values more than others, or have intrinsic and extrinsic values become more important? A comparison of nurses' job values with other health professionals' - that traditionally have been looked upon as well-paid and with good possibilities for personal development, like e.g. doctors' - makes it possible to assess the importance of these values among nurses. In addition, comparing nursing with professions that presumably are more similar in status, possibilities in the labor market, and recruitment - like physiotherapy and prosthetics/orthotics - makes probably a more supplementary comparison.

Additionally, nurses' job rewards are compared to those of doctors, physiotherapists, and prosthetists/orthotists. Have nurses been able to fulfill their initial job values to the same extent as other beginning health care professionals, or have e.g. doctors been more capable at realizing their original values?

The majority of studies addressing the relationship between job values and job rewards has had a particular focus on job satisfaction (e.g. Kalleberg, 1977), career strategies

and occupational attainment (e.g. Kalleberg & Stark, 1993), or organizational commitment (e.g. McNeese-Smith & Crook, 2003). Generally, results from this research show the importance of congruence between one's values and rewards on various vocational or educational outcomes. However, how any congruence between job values and rewards is obtained, is less examined. In this study, the impact of job rewards on job values is examined. To what extent do nurses change their job values as a result of rewards received from work? The impact of job rewards on nurses' job values is compared to doctors', physiotherapists', and prosthetists'/orthotists'.

BACKGROUND AND PREVIOUS RESEARCH

In earlier times becoming a nurse involved a certain lifestyle with few possibilities to differentiate between private life and working life. Mainly, nurses were not allowed to get married, they lived where they worked, and they worked long hours with few days off (Melby, 1990). In general, nurses had to renounce a family life and nursing was looked upon as a lifestyle characterized by altruism and even a religious calling. It is well-known that the nurses' general working conditions have gone through major changes. Nowadays, general rules and laws of employment apply to nurses on the same level as other occupations. Earlier requirements of nurses being unmarried, living in the hospital, and the prerequisite of a religious calling, would today be regarded with disbelief. Nursing has increasingly become an occupation rather than a lifestyle.

The impression of nurses being motivated mainly by altruism has gradually been challenged and other perspectives on nursing have emerged. Traditionally, concepts like closure and power relationships have been used to describe the development of professions, and studies have approached nursing in a similar way (see e.g. Davies, 1980). The training and education of nurses have in this tradition been looked upon as an exclusion of the unqualified and as trade unionism. However, the notion of nursing as a manifestation of womanhood and motherhood and as an aspect of the sub-division of medical labor has also been prominent (Maggs, 1996).

Even if nursing to a great extent involve contact with and helping other people, the nurses' working tasks have to an increasing extent required skills to manage highly technical equipments and treatments. Consequently, technical and theoretical skills have increasingly become a central part of nursing and in the training of nurses. Hence, other aspects, in addition to altruism, have gradually become more central in nursing, which is also reflected in previous studies of nurses' job values. As mentioned, Thorpe & Loo (2003) find that in addition to a wish to help other people with problems, nurses and nursing students emphasize the possibility to develop as a person.

In addition, nursing is a female-dominated profession. In Norway, where this study is conducted, about 90 percent of nurses are women. Despite gender equality and family-friendly policies, the Norwegian labor market is highly sex-segregated and characterized e.g. by a large portion of female part-time workers. This holds particularly true for nurses. This may be reflected in the nursing students' and the beginning nurses' job values. Preference for extrinsic job values and especially part-time work may be important. Summing up, altruistic, intrinsic, and extrinsic job values seem likely to expect.

The present study focuses on eight different job statements about preference for work: A job where you can help other people and a job that is useful to society reflect altruistic job values. A job where you can work independently and an interesting job describe intrinsic job values, while good prospects for promotion, high income, security against unemployment, and possibility for part-time work represent more extrinsic job values.

In this study different health care professions are compared. These professions have been selected for two reasons. First, these professions are all characterized by working in close contact with patients. Consequently, preference for altruistic values is expected. Second, the amount of education differs. Graduating from nursing, physiotherapy and prosthetics/orthotics include three years of full-time studies at Bachelor level. Becoming a doctor, however, takes five years of education at Master level. Nurses, physiotherapists and prosthetists/orthotists are graduating from university colleges, while doctors are graduating from universities. Recent research indicates that education is an important predictor of job values and studies indicate that e.g. having influence at work is more emphasized by college graduates than by those who finished their education after high school (Johnson & Elder,

2002). A question in this study is whether this distinction is to be found between graduates from universities and university colleges as well. Do the amount of higher education influence job values? Do nursing students, compared to medical students, put less emphasis on having a job where you can work independently? If education has an effect on the preference for the opportunity to work independently, we should expect that physiotherapy & prosthetics/orthotics students put somewhat less emphasis on this job value too.

Recent research on job values has had a particular focus on differences between men's and women's values. A large body of literature shows that women put less emphasis on extrinsic values compared to men (Beutel & Marini, 1995; Marini, Fan, Finley & Beutel, 1996; Konrad, Ritchie, Lieb & Corrigan 2000). Possibility for part-time work has, however, been found to be more important among women than men (Tolbert & Moen, 1998). The share of women in various professions differs in this study, with nursing as the most female dominated profession. Consequently, altruistic and intrinsic job values and part-time work may be more prominent in nursing compared to other health care professions. If the nurses' job values can be explained by the large share of women is examined by giving an overview of job values by sex and professions.

Several studies claim that congruence between job values and rewards received from work is important for various vocational or educational outcomes. For instance, it has been argued that women's preference for work and family-life are deep-rooted and influence their occupational patterns (Hakim, 1998; 2000; 2002). If job values are important predictors of occupational attainment, it seems reasonable to assume that students in the transition from school to work try to maximize their most preferred rewards. In a previous study of male college graduates the results (to some degree) support this hypothesis. Mortimer & Lorence (1979) found that values among males in the senior year of college are predictive of work experiences ten years later. Their study shows that extrinsic, intrinsic, and people-oriented values were found to predict the attainment of corresponding rewards.

In this study, we have information about received rewards from work three years after graduation. The impact of students' job values on rewards is examined, and the assumption that values are important predictors of occupational choice, is tested. In a similar study of job values and rewards among students in teaching, social work, engineering, and

business administration, the results indicate that preference for extrinsic job values, like security against unemployment and promotion did, not effect the amount of these rewards three years later (Dæhlen, 2005). One reason for these findings may be that some rewards are more difficult to achieve relatively early after graduating. The question is, do nurses have the same experiences? In Norway, newly educated nurses are often employed on short contracts which have been explained with problems getting permanent employment. If nurses, compared to other health professionals, have had more difficulties with realizing their preference for e.g. security against unemployment will be examined.

Finally, the impact on job values of rewards received from work is examined. As mentioned, congruence between values and rewards is considered important. If this congruence seems unfeasible, an adjustment in values according to the available rewards may be the result. This mechanism is often recognized as a cognitive dissonance reduction (Festinger, 1957). Do rewards received from work have an impact on the importance attached to these rewards? In an American study of job values during the transition to adulthood, the results support this assumption (Johnson, 2001). In this study the impact on rewards on values is examined. If nurses for example experience difficulties in getting a permanent position do they reduce their emphasis on security against unemployment?

METHOD

Data

The data are drawn from a longitudinal Database for Studies of Recruitment and Qualification in the Professions (called StudData) in Norway. In this study, I use information collected when the students were in their senior year in the spring 2001 (wave 1) and three years after graduation in the spring 2004 (wave 2).

About 900 students in different university colleges and educational programs were asked to participate. In the first survey approximately 75 percent of them did. XX percent of these participated in wave 2, as well.

Measures

In both waves, the respondents were asked to grade different conditions when considering a job offer. The question was phrased: How important is ... (1 = not important at all, 5 = very important). For each statement they were asked to indicate how much they agree or disagree that different job values are obtainable in their present job (1 = strongly disagree, 5 = strongly agree). Eight statements are included in this study (see the list in table 1.)

Nurses are compared to doctors, and physiotherapists & prosthetists/orthotists (due to size of school class and similarities in values, physiotherapists & prosthetists/orthotists are treated together). The share of females is 91, 61, and 79 percent for nursing, medicine, and physiotherapy & prosthetics/orthotics respectively.

Methods of analysis

I assess the influence of initial job values (wave 1) on professionals' job rewards using ordinary least square methods (OLS). OLS is also used in the analyses of the influence of rewards on job values. The analyses start out, however, by describing the variable means of values and rewards in simple tabular analysis. The means are shown separately for men and women.

RESULTS

Job values – mean scores

Table 1 shows the mean emphasis on the eight different job values the respondents had as students and then as workers three years after graduation. Additionally, the mean scores on the reward response are shown.

Table 1 about here

Having an interesting job is the most desirable job value even if the nursing students' emphasis is somewhat lower compared to medical and physiotherapy &

prosthetics/orthotics students' emphasis. The importance of this job value seems to prevail in the transition from school to work as well, even if the female doctors reduce their emphasis somewhat. Their reduction is significantly different from zero at the .05 level. Additionally, the students value highly a job where you can help others and a job that is useful to society, and, as assumed, nursing students put somewhat more emphasis on these two job values than other students. In the transition from school to work male nurses, however, seem to reduce their emphasis on these two job values.

The results support previous findings that altruistic and intrinsic (here especially having an interesting job) are the most important values for nursing students (Thorpe & Loo, 2003). However, the results indicate that these values are important among other health care professionals as well. Female nursing students emphasize possibilities for part-time work more than other female students. This appears to be the case for male nursing students compared to other male students too. However, in the transition to work, the reduction in male nurses' emphasis on this job values is relatively strong. Consequently, three years after graduation the male nurses' emphasis on possibility to work part-time is quite similar to the emphasis among male doctors and physiotherapists & prosthetists/orthotists.

In addition to differences in male and female nurses' preference for part-time work, the results reveal differences in how male and female nursing students emphasize security against unemployment. However, this difference is not statistically significant three years after graduation. Male nurses compared to the female nurses have, however, reduced their emphasis on the ability to help other people more. Also, three years after graduation their mean ratings are somewhat lower and statistically significant different from women's mean ratings. Summing up, even though the differences are rather small, the results may indicate that female nurses put more emphasis on altruistic and intrinsic job values compared to male nurses. This pattern may also, to some extent, apply to other health care professionals. However, the differences between these men and women are, with the exception of part-time work, concerning other statements.

The assumption that amount of education influences the preference for work independently is not supported. Medical students' emphasis is more or less on the same level

as nursing students'. Physiotherapy & prosthetics/orthotics students put, however, more emphasis on this job value.

Furthermore, the results indicate that extrinsic values like security against unemployment become more important during the transition to work. The assumption that nurses' emphasis on this job value is reduced in the transition from school to work is not supported. Compared to other health care professionals, this job reward is more prominent among nurses. However, nurses find that high income is relatively difficult to achieve. Still, their emphasis on this job value is maintained. The same pattern seems to be valid for physiotherapists & prosthetists/orthotists. Doctors find this reward more achievable. In addition, male doctors put more emphasis on high income than female doctors.

Possibilities for part-time work seem to be less important, but this job value seems to be more important for female nurses than for male nurses and other health care professionals. The emphasis on good prospects for promotion declines somewhat among female nurses compared to others. The changes in the remaining job values are small and not significantly different from zero at the .05 level.

The mean responses on the rewards received from work differ between the professional groups, although altruistic rewards seem to be rather available for all the groups. The professionals' mean ratings on the agreement of having an interesting job are rather similar for the three health care groups, and somewhat lower than their job values. Nurses, and particularly physiotherapists & prosthetists/orthotists, report less possibility for prospects for promotion and high income than their values indicated as students. Even so, the nurses increase their emphasis on high income during their transition to work. Part-time work seems to be less obtainable than preferred as students, which may explain the decline in this value among, in particular, nurses and physiotherapists & prosthetists/orthotists. Differences in how men and women assess job rewards are rather small and not statistically different from zero.

Summing up, compared to other health care professionals nurses do not differ substantially in their job values. Mainly, altruistic job values and having an interesting job are highly emphasized in the transition from school to work. Female nurses do, however, emphasize part-time work somewhat more than their male peers and other professionals.

However, some changes in job values appear. In addition to a reduction in the emphasis on part-time work among male and female nurses, all the professionals increase their emphasis on security against unemployment. Consequently, early work socialization seems to have an effect on extrinsic job values. Altruistic job values seem, however, to a lesser degree to change in the transition from school to work, indicating that these kinds of values are highly developed already as students and, consequently, less influenced by the labor market. Still, male nurses appear to reduce their preferences for altruistic job values somewhat more than others.

Altruistic job rewards seem highly achievable for health professionals, and even more than they originally preferred. Still, health care professionals do not increase their emphasis on these job values.

Job values and rewards

Table 2 tests the assumption that students' job values predict job rewards received from work.

Table 2 about here

As shown in Table 2 there is a positive correlation (the β coefficients) between the nurses' job values and the corresponding job rewards except in the case of high income and security against unemployment. The correlation between job values and job rewards is strongest in the case of useful to society and work independently. Due to the statistically significant regression estimates these results can also be generalized. For the remaining values the relationship between job values and rewards is not significantly different from zero at .05 level. The relationship between job values and rewards are illustrated in figure 1.

Figure 1 about here

Altruistic and intrinsic job rewards seem partly to rely on the initial job values. However, in the case of nurses, a positive relationship between values and rewards seems to

be strongest in the case of the altruistic value useful to society and the intrinsic value work independently. The results indicate a negative relationship between the value and the reward security against unemployment. This result, however, is not statistically significant. Furthermore, independent of the initial emphasis on high income the nurses find it less likely to obtain high income.

Compared to nurses, the doctors' job values seem to influence the intrinsic job values work independently and interesting job. The physiotherapists' & prosthetists'/orthotists' job values seem to influence the rewards useful to society, possibilities for promotion, and part-time work.

Generally, nurses' job values and rewards are relatively comparable to those of other health care professionals. Altruistic job values and rewards are important. However, the possibility to realize original job values differs between rewards and professions. Some job rewards are obtained independently of the initial preference, while the attainment of rewards, like useful to society and work independently, depends on initial emphasis. For doctors, however, the values interesting job and work independently seem to have an influence on the realization of these rewards. Physiotherapists' & prosthetists'/orthotists' job values useful to society, prospects for promotion, and part-time work influence the corresponding rewards.

The assumption that nurses have more difficulties in realizing their preference for security against unemployment is not supported. On the contrary, the nurses, compared to other health care professionals, find this reward rather achievable.

Job rewards and the influence of change in job preference

The results in table I indicate rather few changes in the mean ratings from school to work. However, some changes in job values do occur. The next question is, to what extent are job values susceptible to the rewards they have received from work? Mainly, the results so far indicate that the mean emphasis on preference for part-time work has declined while the mean emphasis on security against unemployment has increased. In addition, there seems to be a tendency that male nurses reduce their emphasis on altruistic values and female nurses

on prospects for promotion in the transition from school to work. In table 3 I assess the impact on job rewards on change in job values.

Table 3 about here

The results in table 3 show that even when controlling for the initial emphasis on altruistic job values, altruistic rewards seem to have a positive impact on the nurses' emphasis on altruistic job values. In addition, the possibility for part-time work increases the nurses' emphasis on this job value. This is illustrated in figure 2.

Figure 2 about here

Experiences of rewards seem to increase the nurses' emphasis on help other people, useful to society, and part-time work. In other words, received altruistic and part-time rewards influence the nurses to put more emphasis on these job values. The impact of security against unemployment seems to have a negative effect on the nurses' emphasis on this job characteristic. However, the relationship is not significantly different from zero at the .05 level.

Being useful to society and possibilities for part-time work seem to influence the doctors' preferences for these job values as well. In addition, work independently has a positive effect on the doctors' emphasis on this job value.

Prospects for promotion seem to influence the physiotherapists' & prosthetists'/orthotists' emphasis on this job value.

CONCLUSION

Altruistic motives are important among nurses and nursing students. Even though nurses emphasize intrinsic values, like an interesting job, and extrinsic values, like part-time work, their emphasis on altruistic job values is slightly stronger than that of other health care

professionals. Security against unemployment seems to become more important during the transition from school to work among all the health care professionals.

The results indicate that nursing students' job values are predictors of rewards received from work three years later. However, high income and security against unemployment do not seem to correlate with earlier preferences. The correlation is strongest for useful to society and work independently.

Mainly, the results suggest that nurses' job values are developed before entering the labor market. However, rewards like help other people, useful to society, and part-time work increase the nurses' emphasis on these job values.

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Table I
Variable means

	Nursing		Medicine		Physiotherapy & Prosthetics/Orthotics	
	Women	Men	Women	Men	Women	Men
<i>Wave 1</i>						
A job were you can help other people	4.30	4.18	4.17	4.08	4.21	3.88
A job that is useful to society	4.11	4.12	3.98	3.81	4.05	3.65
A job where you can work independently	3.97	4.06	3.97	3.89	4.22	4.24
An interesting job	4.67	4.41	4.91	4.78	4.78	4.71
Good prospects for promotion	4.01	3.88	3.52	3.73	3.71	3.59
High income	3.74	3.53	3.62	3.89	3.72	3.94
Security against unemployment	4.13	3.29	3.81	3.76	4.02	4.00
Possibility for part-time work	4.05	3.65	3.62	2.78	3.67	2.76
<i>Wave 2</i>						
A job were you can help other people	-0.05	-0.41	-0.16	0.05	-0.10	0.06
A job that is useful to society	-0.07	-0.41*	0.00	0.11	-0.03	0.12
A job where you can work independently	-0.07	-0.24	-0.12	0.11	-0.16	-0.29
An interesting job	0.09	0.12	-0.14*	-0.05	-0.02	-0.06
Good prospects for promotion	-0.19*	-0.12	0.07	-0.08	-0.12	-0.18
High income	0.11	0.29	-0.03	0.11	-0.03	-0.06
Security against unemployment	0.24*	0.53	0.28*	0.30	0.41*	0.12
Possibility for part-time work	-0.36*	-1.00*	-0.24	0.03	-0.40*	-0.35
N	152	17	58	37	58	17
<i>Rewards (at wave 2)</i>						
A job were you can help other people	4.58	4.53	4.46	4.39	4.58	4.56
A job that is useful to society	4.68	4.53	4.50	4.53	4.55	4.56
A job where you can work independently	4.09	3.73	4.26	4.22	4.42	4.50
An interesting job	4.04	3.80	4.07	4.08	3.92	4.13
Good prospects for promotion	3.17	3.00	3.41	3.72	2.53	2.50
High income	2.31	2.13	3.72	3.56	2.02	2.69
Security against unemployment	4.20	4.20	3.87	4.00	2.92	3.50
Possibility for part-time work	3.76	3.27	2.52	2.58	2.97	3.19
N	157	15	46	36	62	16

Note: print in bold type: the difference in women's and men's job values is significant at the 0,05 level (independent samples test)

* :the change in job values is significant at the 0.05 level (paired samples test)

Table 2
Regression estimates (OLS) predicting received rewards by job value at wave 1.
Separate analyses for nurses, doctors, and physiotherapists & prosthetists/orthotists

	Help other people		Useful to society		Work independently		Interesting job		Prospects for promotion		High income		Security against unemployment		Part-time work	
	B	β	B	β	B	β	B	β	B	β	B	β	B	β	B	β
<i>Nursing</i>																
Intercept	4.04 **		4.02 **		2.93 **		3.02 **		2.88 **		2.28 **		4.67 **		2.96 **	
Job value at wave 1	0.12	0.13	0.16 **	0.20	0.29 **	0.23	0.21	0.13	0.06	0.05	0.01	0.00	-0.11	-0.12	0.18	0.13
R2	0.02		0.04		0.05		0.02		0.00		0.00		0.01		0.02	
N	173		176		172		174		172		173		175		173	
<i>Medicine</i>																
Intercept	3.88 **		4.67 **		3.14 **		1.76		2.85 **		4.00 **		3.88 **		2.19 **	
Job value at wave 1	0.13	0.15	-0.04	-0.04	0.28 *	0.22	0.48 *	0.22	0.19	0.13	-0.10	-0.06	-0.01	-0.01	0.10	0.10
R2	0.02		0.00		0.05		0.05		0.02		0.00		0.00		0.01	
N	88		88		89		88		87		87		88		88	
<i>Physiotherapy & Prosthetics/orthotics</i>																
Intercept	3.96 **		3.44 **		3.58 **		3.32 **		0.36		1.55		3.83 **		1.90 **	
Job value at wave 1	0.15	0.15	0.28 **	0.29	0.20	0.19	0.14	0.08	0.59 **	0.39	0.16	0.09	-0.19	-0.10	0.33 *	0.28
R2	0.02		0.08		0.04		0.00		0.15		0.00		0.01		0.08	
N	79		78		78		79		77		77		77		79	

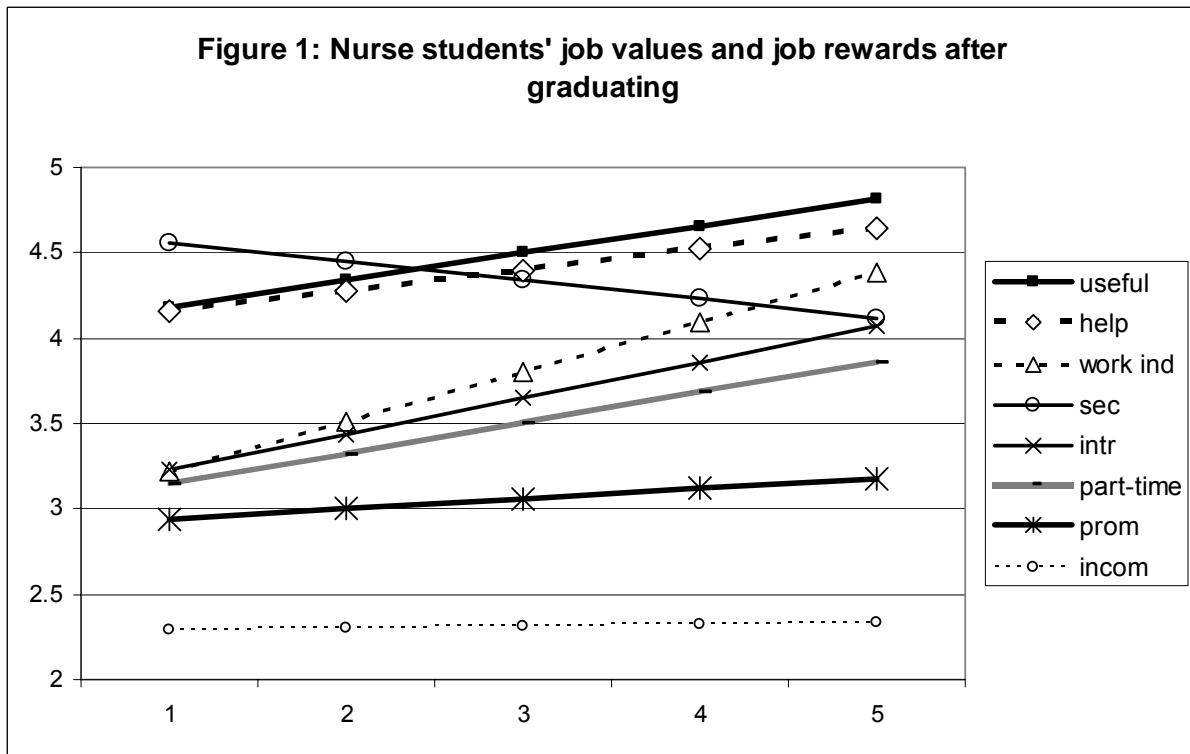
Note: B=unstandardized coefficients. β= standardized coefficients/correlation.

**p<.01, *p<.05

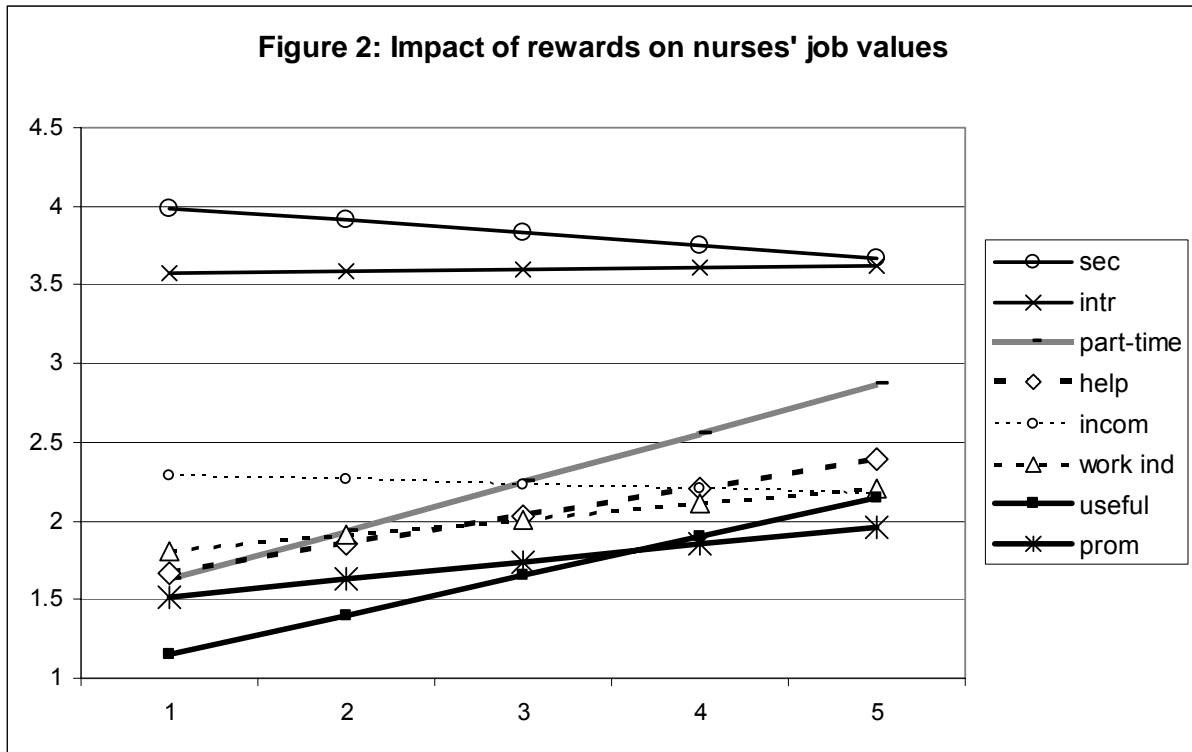
Table 3
Regression estimates (OLS) predicting job value at wave 2 by job value at wave 1 and received rewards.
Separate analyses for nurses, doctors, and physiotherapists & prosthetists/orthotists

	Help other people	Useful to society	Work independently	Interesting job	Prospects for promotion	High income	Security against unemployment	Part-time work
	B	B	B	B	B	B	B	B
Nursing								
Intercept	1.49 **	0.90	1.71 **	3.57 **	1.41 **	2.32 **	4.07 **	1.32 **
Value at wave 1	0.44 **	0.46 **	0.45 **	0.24 **	0.52 **	0.44 **	0.15 **	0.27 **
Reward at wave 2	0.18 *	0.25 **	0.10	0.01	0.11	-0.03	-0.08	0.31 **
Adjusted	0.18	0.26	0.20	0.06	0.24	0.20	0.04	0.21
N	167	171	166	166	167	167	170	166
Medicine								
Intercept	1.83 **	1.13	1.66 **	4.03 **	1.27 **	1.50 **	3.03 **	1.06 **
Value at wave 1	0.36 **	0.32 **	0.28 *	0.06	0.53 **	0.50 **	0.24 **	0.49 **
Reward at wave 2	0.17	0.35 **	0.28 **	0.11	0.12	0.10	0.03	0.19 *
Adjusted	0.20	0.21	0.16	0.02	0.24	0.20	0.09	0.30
N	86	86	87	86	85	85	86	85
Physiotherapy & Prosthetics/Orthotics								
Intercept	2.20 **	2.88 **	1.78 **	2.84 **	1.99 **	2.23 **	3.47 **	1.14 **
Value at wave 1	0.43 **	0.27 *	0.40 **	0.31 **	0.31 **	0.41 **	0.16	0.44 **
Reward at wave 2	0.03	0.01	0.13	0.11	0.17 **	0.01	0.10	0.13
Adjusted	0.15	0.05	0.18	0.13	0.25	0.14	0.04	0.22
N	78	76	77	77	76	76	74	74

Note: B=unstandardized coefficients.
**p<.01, *p<.05



Note: From table 2



Note: From table 3