



[原著]

Development of the Proactive Behavior Scale in Organizational Socialization for Mid-Career Nurses

Examination of the Content Validity of the Draft Scale Items

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Summary

Purpose: This study examines the content validity of draft items for a scale that measures proactive behavior in the organizational socialization of mid-career nurses (nurses who have worked at other hospitals than the one where they are currently employed).

Method: We administered anonymous questionnaire surveys to 14 nursing college faculty members to assess the content validity of the scale's 77 draft items. Respondents were asked to rate, on a four-point scale, the degree of association between the operational definition of "proactive behavior of mid-career nurses" and each of the draft items. Item-level content validity index (I-CVI) was calculated from the survey results (Survey 1). Items that did not meet the criterion of 0.78 were revised, and the survey was conducted again using the revised item proposals (Survey 2).

Results: In Survey 1, 48 items showed an I-CVI of 0.78 or higher. Items with an I-CVI less than 0.78 were corrected, and Survey 2 was conducted with 29 items. In Survey 2, 12 items showed an I-CVI of 0.78 or higher.

Discussion: Many of the items in Surveys 1 or 2 that showed an I-CVI index of 0.78 or higher were considered behaviors undertaken to resolve tasks in the process of mid-career nurses' organizational socialization. Therefore, items that showed an I-CVI index of 0.78 or higher in both surveys were considered to have content validity.

Keywords: mid-career nurses, organizational socialization, proactive behavior, scale development, item-level content validity index (I-CVI)

Introduction

According to Ministry of Health, Labour and Welfare, the number of nurses re-entering the nursing workforce

in 2012 was approximately 140,000, and it is estimated that many nurses re-enter the workforce each year [1].

Furthermore, in order to meet the ever-

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increasing demand from the aging population, projects to support the re-entry of nurses into the nursing profession are being actively implemented [2]. To efficiently meet the need for nursing, each nurse must quickly adapt to the reemployed organization and demonstrate their individual abilities.

The process of joining a new organization and adapting to it is known as organizational socialization. Van maanen & Schein [3] define it as “the process by which organizational members learn the social knowledge and skills necessary to fulfill their roles as organizational members.” Organizational socialization is a learning process where individuals accomplish various learning tasks to adapt to the organization. Nakahara states that organizational socialization encompasses “individual learning” and that the promotion of organizational socialization enables individuals to perform the roles, duties, and tasks expected by the organization and to adapt to the organization [4]. It is expected that successful organizational socialization will increase organizational commitment and job satisfaction while decreasing turnover intentions [5-7]. Therefore, the encouraging organizational socialization will be important for mid-career nurses to demonstrate their abilities in their reemployed organizations.

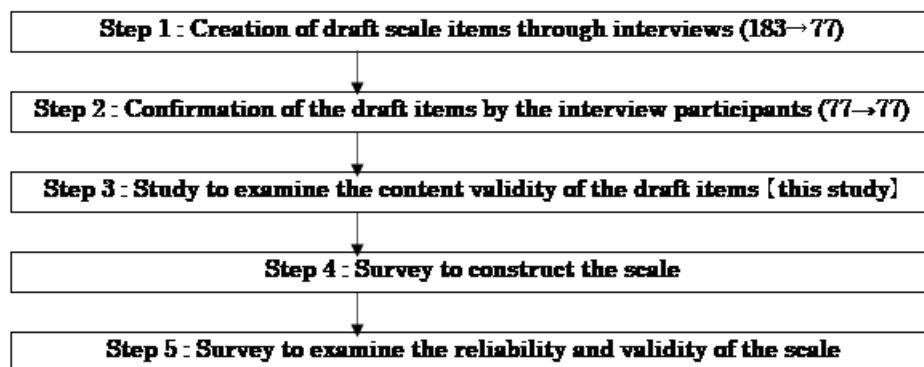
Ogata cites proactive behavior as one of the factors that promote organizational socialization of mid-career workers [8]. Proactive behavior refers to “proactive actions taken by individuals to influence themselves and their environment.” Proactive behavior has been reported to influence socialization learning and promote organizational socialization

leading to workplace adaptation [9]. Therefore, it can be inferred that mid-career nurses' active engagement in proactive behavior facilitates organizational adaptation.

Suzuki [10] identified several common hurdles in the process of organizational socialization for mid-career nurses, “including confusion in performing unfamiliar tasks,” “doubts about nursing methods,” “disasters from being seen as ‘experienced’,” “difficulties in working with diverse staff,” and “awareness of inadequacies in nursing manuals.” It is inferred that these factors that inhibit organizational socialization and, ultimately, organizational adaptation. Therefore, in order for mid-career nurses to adjust to the organization, it is deemed necessary for them to exhibit proactive behavior (actions carried out to adapt to the organization), thereby addressing these challenges.

Studies in the field of nursing have explored the socialization of mid-career nurses, including the aforementioned research on the tasks faced by Suzuki's mid-career nurses and factors contributing to their professional continuity, as well as studies that have shed light on what mid-career nurses learned in the process of organizational socialization [11]. However, the proactive behavior of mid-career nurses toward organizational socialization has not been clarified. Therefore, the authors set out to develop a scale to measure proactive behavior exhibited by mid-career nurses during organizational socialization. The development of the scale will be possible to identify proactive behaviors that are effective for organizational adaptation and to discuss support for encouraging these behaviors.

Prior to the study, we interviewed mid-career nurses to develop the scale.



**Fig.1 Scale Development Process
(Number of items)**

From the interview content, we extracted the proactive behaviors that mid-career nurses engage in during the process of organizational socialization. Based on the content, a 77-item draft scale was developed (Step 1). This study quantitatively examines the content validity of the proposed 77 draft items.

Methods

Scale Development Process

The development of the "Proactive Behavior Scale for Mid-Career Nurses" is based on the development procedure for psychometric scales [12-15] and consists of the following steps: "Step 1. Creation of draft scale items through interviews," "Step 2. Confirmation of the draft items by the interview participants," "Step 3: Study to examine the content validity of the draft items (this study)," "Step 4: Survey to construct the scale," and "Step 5: Survey to examine the reliability and validity of the scale." (Fig1)

Step 1 included an interview of 11 mid-career nurses employed at their current hospitals for a period of 4 months to 2 years. The interview content was regarding their proactive behaviors. A total of 183 proactive behaviors of mid-career nurses were identified in the

interviews, which were checked for duplication and refined; thereafter, the 77 draft items were created. In Step 2, the participants were asked to review the 77 draft items prepared, and the wordings of two items were revised. In this study, the content validity of the 77 draft items was examined quantitatively using the Item-level content validity index (I-CVI) (Step 3). Particularly, this method comprises quantitatively examining the relevance of each item to the measurement concept by surveying a few experts.

Purpose

The purpose of this study is to quantitatively examine the content validity of the draft items of the scale using the I-CVI in order to create a "Proactive Behavior Scale for Mid-Career Nurses" that measures the proactive behavior of mid-career nurses in the process of organizational socialization.

Definition of Terms

Mid-career nurses: This study defined a mid-career nurse as "nurses who have worked at other hospitals than the one where they are currently employed."

Proactive behavior: This study defined proactive behavior as "proactive actions taken by mid-career nurses themselves in the process of organizational

socialization to adapt to the organization.”

Analysis Method

The content validity of the 77 draft items was analyzed quantitatively by calculating the I-CVI. The number of surveyed participants who rated the results as “4 = very relevant,” or “3 = relevant” on a 4-point scale was divided by the total number of surveyed participants. The minimum criterion was 0.78 was recommended by Polit et al. [16].

Ethical Considerations

The participants received written explanations outlining the purpose and methods of the study as well as the protection of their personal information. Participation in the study was voluntary and the participants were informed that there would be no disadvantages due to non-participation. They confirmed their willingness to cooperate by replying to the questionnaire survey. This study had no conflicts of interest and was conducted with the approval of the Medical Research Ethics Review Committee of Fujita Health University (Reception No.: HM20-609).

Survey 1

Research Design

This study comprised a cross-sectional observational study.

Purpose

The purpose of this study is to quantitatively examine the content validity of the 77 draft items in the "Proactive Behavior Scale for Mid-Career Nurses" using the I-CVI.

Participants

This study used a convenience sampling technique to select 14 participants who comprised faculty members. Kawaguchi [17] states: “In nursing, it is rare for nurses to have experience in scale development, and it is

extremely difficult to gain an understanding of concepts and conceptual definitions, as they are not familiar with these terms themselves.” Accordingly, we selected university faculty members in nursing who had experience with hospital turnover and hospital reemployment as nurses, who understood the scale and the I-CVI, and who were considered to have the ability to look over the meaning of the items, rather than providing their own. Lynn [18] recommends 5–10 raters for the I-CVI, stating that the maximum number of raters has not been established. In this study, 14 persons who were able to cooperate were selected as the participants because we gathered that having more experts review the I-CVI would help ensure its validity.

Data Collection Methods and Survey Content

In January 2022, an anonymous questionnaire survey was conducted via mail. The survey consisted of 77 draft items for the Proactive Behavior Scale for Mid-Career Nurses. An operative definition of "proactive behaviors of mid-career nurses" was provided, and participants were asked to rate the relevance of each of the 77 draft items. The ratings were “4 = very relevant,” “3 = relevant,” “2 = slightly relevant,” and “1 = not relevant at all.”

Survey 2

Research Design

This study comprised a cross-sectional observational study.

Purpose

The purpose of this study is to quantitatively examine the content validity of the 29 draft items, which were modified based on the results of Survey 1, using the I-CVI.

Participants

This study included the same 14

participants used in Survey 1.

Data Collection Methods and Survey Content

In April 2022, as in Survey 1, an anonymous questionnaire survey was conducted via mail. An evaluation of the relevance of the revised 29 draft items and the operative definition of "proactive behavior of mid-career nurses" was sought. The intent to conduct the survey again was explained to the participants, and they were asked to rate the draft items on a four-point scale with respect to their relevance to the definitions, and to comment on the revised item content.

Results and Discussion

Survey 1

This study had a 100% valid response rate as responses were obtained from all 14 participants. The participants comprised 11 women and 3 men. The age of the participants varied, with three in their 30s, six in their 40s, four in their 50s, and one participant above the age of 60. The number of years of nursing experience ranged from 5 to 26, while the number of times the nurses reentered the workforce ranged from 1 to 3.

The mean I-CVI was 0.76 (range: 0.14–1.00). This study found that 48 items had an I-CVI index above the standard of 0.78 (Table 1), including "Consult with your current workplace methods before putting them into practice," "Accept the current workplace practices even if they vary from previous workplace practices," and "Find a staff member who is easy to rely on," while 29 items had an I-CVI less than 0.78 (Table 2).

Suzuki [10] interviewed mid-career nurses to identify tasks involved in the process of their organizational socialization. These tasks encompassed several challenges, including "confusion in performing unfamiliar tasks," "doubts

about nursing methods," "disasters from being seen as 'experienced'," and "difficulties in working with diverse staff." Many of the items in Survey 1 that showed an I-CVI of 0.78 or higher can be viewed as concrete actions aimed at resolving the tasks described by Suzuki. For example, "Consult with your current workplace methods before putting them into practice," and "Ask about and confirm even minor details about how things are done at your current workplace" were considered specific actions to address "confusion in performing unfamiliar tasks," as pointed out by Suzuki. Moreover, "Try to perceive things from multiple perspectives based on experience," and "Accept the current workplace practices even if they vary from previous workplace practices" were considered actions to address "doubts about nursing methods." Actions such as "Inform the staff member that you would like them to teach you how to do things at your current workplace despite your experience," and "Notify staff that you require support even if you have experience" were considered actions toward resolving "disasters from being seen as 'experienced'." "Treat all staff the same, regardless of their years of experience" was considered to be an action to address "difficulties in working with diverse staff." Thus, many of the items meeting the I-CVI criteria were considered effective proactive behaviors for organizational adaptation, as they aligned with the tasks encountered in the process of mid-career nurses' organizational socialization.

The survey showed high I-CVI index for items related to identifying new workplace methods, such as item 14 and item 32, and taking positive action, such as item 20 and item 22. This can be considered to indicate that because mid-

Table1. The 48 draft items with a minimum I-CVI of 0.78

No.	Draft item	I-CVI
1	Show humility.	1.00
2	Prioritize learning by identifying the requirements of the current workplace.	1.00
3	Try to perceive things from multiple perspectives based on experience.	1.00
4	Learn the current workplace methods by helping staff implement them.	1.00
5	Adjust your mindset so that you have a fresh outlook on re-entering the workforce.	1.00
6	Consult with your current workplace methods before putting them into practice.	1.00
7	For content you lack experience with, check with your current workplace operational processes to ensure you know what to do.	1.00
8	Adjust your mindset so that you have a fresh outlook on re-entering the workforce.	1.00
9	If the implementation method is different from the previous one, confirm it before implementing it.	1.00
10	When asking the staff questions, analyze their situation before speaking to them.	1.00
11	Formulate an idea of a staff member's personality and characteristics from conversations with other staff members.	1.00
12	Self-learn topics you have questions about.	1.00
13	Set your own goals.	1.00
14	Write down what you do not understand to research at a later stage.	1.00
15	Select the department in which you wish to change jobs.	0.93
16	Greet proactively.	0.93
17	Ask about and confirm even minor details about how things are done at your current workplace.	0.93
18	Determine what is not explicitly stated through conversations with staff.	0.93
19	When asking questions, choose staff members you can rely on to respond appropriately.	0.93
20	Find a staff member who is easy to rely on.	0.93
21	Accept the attitude of the staff members, even if it is questionable.	0.93
22	Observe staff behavior and incorporate positive aspects.	0.93
23	Note to apply a long-term perspective when you cannot accomplish something initially.	0.93
24	Remind yourself not to rush.	0.93
25	Confirm with staff whether what was done was appropriate.	0.93
26	When asked, explain how your previous workplace implemented what you learned.	0.93
27	Record and organize what you learn in your own way.	0.93
28	Consider your personality and behave in a way that is acceptable in the workplace.	0.86
29	Treat all staff the same, regardless of their years of experience.	0.86
30	Inform the staff member that you would like them to teach you how to do things at your current workplace despite your experience.	0.86
31	Explain the methods used at your previous workplace and confirm whether they are appropriate.	0.86
32	Try to understand what is not explicitly stated through conversations with staff.	0.86
33	Interact with staff in similar contexts, such as mid-career employees or transfers within the hospital.	0.86
34	Inform staff members about your capabilities and limitations.	0.86
35	Arrive early to start work.	0.79
36	Take the initiative to work on your own.	0.79
37	Report, communicate, and discuss work-related matters based on your own initiative.	0.79
38	Proactively and independently talk to staff members.	0.79
39	Show a positive attitude toward staff.	0.79
40	Demonstrate a willingness to learn from younger staff members.	0.79
41	Pay attention to your personal appearance and reference the staff's appearance, including hair color.	0.79
42	Notify staff that you want to practice what you lack experience with.	0.79
43	Notify staff that you require support even if you have experience.	0.79
44	Ask staff to clarify anything you find unclear, such as workplace culture.	0.79
45	Accept the current workplace practices even if they vary from previous workplace practices.	0.79
46	Act in alignment with the staff.	0.79
47	Use your experience to find and implement possible contributions to your current workplace.	0.79
48	Explain your situation to other professionals when working collaboratively.	0.79

Note. Abbreviations: I-CVI = item-level content validity index

Table 2. corrected 29-item I-CVI index

No.	Draft item (before correction)	I-CVI Survey1	Draft item (after modification)	I-CVI Survey2
1	Make a daily action plan and work according to it.	0.71	Perform the work that needs to be done without dropping it.	1.00
2	Never turn down any job if it is something you can do.	0.71	Take on any job if it is something you can do.	0.70
3	Compliment the staff on their good qualities.	0.71	Self-disclose and allow staff members to know more about you.	0.70
4	First learn the location of supplies and the names of staff and patients.	0.71	First become familiar with the new environment.	0.90
			Learn the location of items and the names of medicines swiftly to promptly integrate your past experience into your current practice.	1.00
			First learn the names of people such as staff and patients.	1.00
5	Before starting a job, learn what you think you will need in your new workplace.	0.71	Before starting a job, learn what you think you will need in your new workplace.	1.00
6	Talk about your work history when asked.	0.71	Do not actively talk about your work history.	0.30
7	If the method of implementation is different from the previous one, think of your own method while coming to terms with your feelings.	0.71	Accepting that the way of doing things is different from the way they were done before, and then coming up with your own way of doing things while coming to terms with your feelings.	1.00
8	When you make a mistake, adapt your thinking and resolve it at the time.	0.71	Change your mind immediately after a failure.	0.60
9	Eliminate stereotypes and be open to different ideas.	0.64	Broaden your thinking instead of sticking to a previous method.	0.70
10	When staff members give you a hard time, only accept it in moderation.	0.64	Do not take things too seriously even if staff members give you a hard time.	0.30
11	Avoid mentioning things related to your former workplace.	0.57	Avoid comparing your current workplace to your previous workplace.	0.80
12	Learn with the help of people outside your current workplace, such as staff and friends from your previous workplace.	0.57	Learn with the help of a variety of people, for example, not only staff from the current workplace, but also staff from previous workplaces, or friends.	0.60
13	Reacting to staff in an easy-to-understand manner.	0.57	Join the conversation and interact with staff during breaks.	0.60
			Show staff that you are listening to what they have to say in a way that is easy to understand.	1.00
14	If you do not have experience in implementing a program, have a staff member follow you until you get used to it.	0.57	If you do not have experience implementing a program, have a staff member follow you until you get used to it.	0.90
15	Engage staff from your previous workplaces in conversation.	0.57	Express your feelings, even painful ones, to friends and other people.	0.90
16	Even if you receive a low evaluation, take it as an opportunity to grow and show your true self.	0.57	Express yourself honestly without getting caught up in evaluations.	0.60
17	Memorize what you are taught in one session.	0.57	Memorize what you are taught in one session.	0.40
18	Talk to your supervisor about how to work to maintain work-life balance.	0.57	Talk to your supervisor about how to work to maintain work-life balance.	0.60
19	Refrain from expressing your opinions about your current workplace.	0.43	Refrain from expressing opinions about your current workplace for a while after starting work.	0.60
20	Express your feelings to acquaintances and family members.	0.43	Express your feelings about not being able to reach your full potential due to unfamiliarity with your current workplace to family, close friends, or acquaintances.	0.50
21	Ask questions to staff members to obtain information about them.	0.43	Familiarize yourself with the personalities of the staff by conversing with them.	0.90
22	Be willing to speak your mind at conferences.	0.43	Be willing to speak your mind at conferences.	0.40
23	Self-disclose and allow staff to know who you are.	0.36	Consolidate to 3	
24	When you have a question, find a convincing reason and try not to overthink it.	0.36	Don't overthink things if your pride or self-esteem as an experienced person is hurt because you don't meet expectations.	0.70
25	Express your feelings through actions, such as giving small gifts to staff.	0.29	Delete	
26	Don't use honorifics outside of work and speak frankly with staff.	0.29	Talk frankly with staff during breaks.	0.60
27	Interact with staff outside the workplace.	0.29	Interact with staff outside of the workplace when opportunities arise.	0.20
28	Use the staff's movements to determine where they can economize.	0.21	Learn the tricks of the trade by referring to the staff's movements.	1.00
29	Considering the supervisor's workload, ensure that the time of entry does not overlap with that of the new nurse.	0.14	Delete	

Note. Abbreviations: I-CVI = item-level content validity index

career nurses already have practical experience, they place more emphasis on taking actions that make use of their already existing abilities than on learning new skills, and these actions are characteristic of mid-career nurses.

However, the I-CVI for 29 items was less than 0.78. Examples of such items include "First learn the location of supplies and the names of staff and patients," and "Reacting to staff in an easy-to-understand manner." These were considered to be below the standard value because they encompassed multiple contents within one item, making the intent unclear. Furthermore, "Self-disclose and allow staff to know who you are," and "Express your feelings to acquaintances and family members" were abstract expressions. Therefore, the intent of the items was not conveyed, which may have contributed to the I-CVI falling below the standard. Thus, it was inferred that unclear or abstract wording of the items played a role in lowering the I-CVI values below the standard.

According to Lynn, if the initial I-CVI indicates a need for modification or if an item is found to inadequately cover the concept, a second review by an expert may be necessary. Additionally, multiple evaluations of several items, or the entire instrument, may be required to ensure sufficient content validity. A time interval of 10 to 14 days or more is recommended if the same rater is asked to evaluate the instrument [18]. Furthermore, there were concerns that latent factors could not be extracted and construct validity could not be ensured if a factor analysis—the next step in scale development—was conducted using fewer items. For these reasons, we decided to revise the 29 items with an I-CVI of less than 0.78 and resurvey the same participants after a sufficient time

interval was secured. Since the same participants were asked to complete the evaluation in the resurvey, it was thought that similar results would be obtained for the 48 draft items for which the I-CVI was 0.78 or higher. Therefore, only the revised 29 draft items were used in the resurvey.

Correction of Items With a CVI Less Than 0.78

For the 29 items with an I-CVI of less than 0.78, we went back to the verbatim record transcripts created in Step 1 to confirm the clarity of meaning and expressions. As a result, 2 items were deleted, 3 items were added, and 1 item was consolidated (Table 2). The details are as follows. 2 items were deleted based on their extremely low I-CVI indices, which were not generalizable, namely, "Express your feelings through actions, such as giving small gifts to staff (I-CVI = 0.14)," and "Considering the supervisor's workload, ensure that the time of entry does not overlap with that of the new nurse (I-CVI = 0.14)."

The item "First learn the location of supplies and the names of staff and patients (I-CVI = 0.71)" contained multiple semantic contents; thus, the items were divided into "First become familiar with the new environment," "Learn the location of items and the names of medicines swiftly to promptly integrate your past experience into your current practice," and "First learn the names of people such as staff and patients." Similarly, "Reacting to staff in an easy-to-understand manner (I-CVI = 0.57)" implied multiple meanings. Therefore, the items were divided into "Join the conversation and interact with staff during breaks," and "Show staff that you are listening to what they have to say in a way that is easy to understand." The item "Self-disclose and

allow staff to know who you are (I-CVI = 0.36) " was integrated into "Self-disclose and allow staff members to know more about you" based on their similar meanings. For the other 20 items, necessary modifications were made to ensure that the verbatim content was appropriately expressed.

Survey 2

In total, responses were received from 10 out of 14 participants (71.4% response rate, 100% valid response rate). The participants comprised nine women and one man. The age of the participants varied, with two in their 30s, four in their 40s, and four in their 50s. The number of years of nursing experience ranged from 5 to 20 years, while the number of times the nurses reentered the workforce ranged from 1 to 3.

Consequently, the mean I-CVI index was 0.71 (range: 0.20–1.00). Moreover, 12 items had an I-CVI above the standard of 0.78 including "Accepting that the way of doing things is different from the way they were done before, and then coming up with your own way of doing things while coming to terms with your feelings," and "Express your feelings, even painful ones, to friends and other people (Table 2)."

Similar to Survey 1, many of the items with an I-CVI index of 0.78 or higher were considered effective proactive behaviors for organizational adaptation, as they were aimed at resolving tasks identified by Suzuki [10] in the process of mid-career nurses' organizational socialization.

Specifically, "If you do not have experience implementing a program, have a staff member follow you until you get used to it" was considered a specific action to address "confusion in performing unfamiliar tasks." Furthermore, "Accepting that the way of

doing things is different from the way they were done before, and then coming up with your own way of doing things while coming to terms with your feelings," and "Avoid comparing your current workplace to your previous workplace " were considered concrete actions to overcome "doubts about nursing methods."

In contrast, the statement "Take on any job if it is something you can do" received an I-CVI index less than 0.78; this may be attributed to the fact that the mid-career nurses do not readily accept all tasks but rather consider factors such as time constraints, priorities, and personnel selection from the perspective of an experienced person. Similarly, "Do not take things too seriously even if staff members give you a hard time," and "Change your mind immediately after a failure" were deemed below the standard values because they failed to view suggestions and failures as an opportunities for growth rather than threats.

Limitations and Future Implications

The 60 items with an I-CVI index of 0.78 or higher in the two surveys can be judged to have content validity as draft items for the Proactive Behavior Scale for Mid-Career Nurses. However, the extent to which the proactive behaviors that are indicated in the draft items contribute to the retention of mid-career nurses in the workplace remains unclear, and further clarification is needed in future research.

In addition, this study only examines whether the content of each proposed item is related to "proactive behavior of mid-career nurses" and does not examine its sub-concepts. We plan to conduct a factor analysis in "Step 4: Investigation to construct the scale" to clarify the sub-

concepts.

Conclusion

Two surveys were conducted to examine the content validity of the 77 draft items related to proactive behaviors of mid-career nurses using the I-CVI. The results indicated that 48 items in Survey 1 and 12 items in Survey 2 revealed an I-CVI of 0.78 or higher. These 60 items were deemed to possess content validity.

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中途採用看護師の組織社会化における プロアクティブ行動尺度の開発 —尺度項目案の内容妥当性の検討—

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要旨

【目的】現在就業中の病院以外で、看護師として就業していた経験を有する看護師（以降は中途採用看護師とする）が、組織社会化の過程で行っているプロアクティブ行動を測定する尺度の項目案の内容妥当性を検討する。

【方法】看護系大学の教員 14 名を対象に、尺度の 77 項目案の内容妥当性に関する無記名自記式質問紙調査を実施した。「中途採用看護師のプロアクティブ行動」の操作的定義と各項目案の関連の程度について 4 段階で評価を求めた。調査結果から内容妥当性指数 (item-level content validity index ; I-CVI) を算出した (調査 1)。基準の 0.78 を満たさなかった項目を修正し、修正した項目案を用いて再調査を実施した (調査 2)。

【結果】調査 1 で I-CVI が 0.78 以上を示したのは 48 項目だった。0.78 未満であった項目を修正し、29 項目で調査 2 を実施した。調査 2 で I-CVI が 0.78 以上を示したのは 12 項目であった。

【考察】調査 1 と調査 2 において I-CVI が 0.78 以上を示した項目の多くは、中途採用看護師の組織社会化の過程にある課題の解決に向けた行動を示す内容であると推察された。2 つの調査で I-CVI が 0.78 以上を示した項目は内容妥当性を確保していると考えられた。

キーワード：中途採用看護師、組織社会化、プロアクティブ行動、I-CVI