

Table 1. Hypothesis Testing 1989 (N = 72)

Hypothesis	Conditions	Aggressiveness Mean Rank	Significance
I. DNR orders reduce aggressiveness of nursing behavioral intentions.	DNR	25.49	.0000
	NO DNR	46.92	
II. Increased age reduces aggressiveness of nursing behavioral intentions.	OLDER PT.	31.59	.0353
	YOUNG PT.	41.99	
III. The subjective norms on the nursing unit affect the aggressiveness of nursing behavioral intentions.	NON-ICU	30.37	.0355
	ICU	40.88	

Table 2. Hypothesis Testing 2014 (N = 70)

Hypothesis	Conditions	Aggressiveness Mean Rank	Significance
I. DNR orders reduce aggressiveness of nursing behavioral intentions.	DNR	44.75	.025
	NO DNR	50.95	
II. Increased age reduces aggressiveness of nursing behavioral intentions.	OLDER PT.	47.55	.728
	YOUNG PT.	48.53	
III. The subjective norms on the nursing unit affect the aggressiveness of nursing behavioral intentions.	NON-ICU	46.04	.532
	ICU	49.00	

Table 3. Items on the Aggressiveness of Care Scale

1. Francis has a peripheral IV for hydration support. You discover that for the second time this shift Francis has pulled out the IV. You would restart a new IV as soon as possible.
2. There is an order for blood cultures to be drawn if Francis' temperature goes above 104. You find that Francis' temperature is 104 F. Blood cultures should not be drawn. – *This item removed from 2014 instrument.*
3. You find that Francis' level of consciousness has decreased. You would initiate neuro checks every 2 hours *
4. Francis has requested not to be up in a chair this morning. You would allow the patient to remain in bed. *
5. Francis should be in an intensive care unit where close monitoring and one-to-one nursing care is available. *
6. Francis should not have aggressive care given.
7. Francis prefers the supine position only. You would turn this patient every 2 hours regardless.*
8. Vital signs should be taken at least every 2 hours.*
9. The need for comfort and rest is the primary concern.
10. A complete nursing assessment should be performed each shift. *
11. If Francis' respiratory status declines, chest physiotherapy and suctioning should be provided every 2 hours.*
12. Francis has continued to deteriorate and now needs supplemental nutritional support. The patient has needed the nasogastric tube replaced two times on your shift, and has just managed to pull out the third NG tube. You would leave the NG tube out.*
13. Francis is not tolerating the tube feedings. The physician obtained a nutrition consultation and wants to begin TPN. TPN should not be started.

**Sig difference between 1989 and 2014 at the $P < .05$ level*