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PERCEPTIONS OF PATIENTS, NURSES, AND PHYSICIANS REGARDING NURSING AS A PROFESSION

By

Ann R. Robach

A THESIS

Submitted to
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ABSTRACT

PERCEPTIONS OF PATIENTS, NURSES, AND PHYSICIANS
REGARDING NURSING AS A PROFESSION

By

Ann R. Robach

The United States is facing a critical shortage of nurses. A prevailing societal perception of nursing having a subservient role in health care prevents many recruits from choosing this career, despite efforts by nursing leaders to change this perception (Styles, 1988). The purpose of this study was to determine the current perceptions of patients, nurses, and physicians regarding nursing as a profession.

A 20 item modified version of Valiga's View of Nursing Questionnaire was implemented for this study. The subjects included 102 patients, 126 nurses, and 68 physicians who completed the questionnaire in the fall of 1991.

Statistical analysis revealed distinct differences among the three groups. The professional attributes of nursing had positive mean scores among all three groups, as well as several traditional attributes. It was concluded that, though some progress toward professionalism had been made, much effort by nurses themselves was still needed to change the traditional perception of nursing.

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CHAPTER ONE

INTRODUCTION

The United States is facing a critical shortage of nurses. This shortage is being felt most in acute care hospitals. Recently fourteen percent of large urban hospitals and nine percent of small urban hospitals reported admission delays due to the nursing shortage (Wells, 1988). It is predicted that by the end of the century the need for nurses will double (Wells, 1988). Despite nearly two million more nurses in the work force today, the need is more critical due to the higher acuity of illness and increasing number of persons experiencing chronic diseases (Aiken & Mullinex, 1987; "Vitals Signs," 1991a; Wells, 1988).

In addition, during the 1980s many nursing schools experienced lower enrollments each year. Following the emancipation of women, careers offering more prestige, autonomy, and money were available to women. Furthermore, a prevailing public perception of nursing as traditionally female, unprofessional, or lacking in growth potential discourages potential applicants. The consequent decrease of the nurse recruits has sharpened the nursing shortage, which is expected to continue into the 1990's (Aiken & Mullinex, 1987; Styles, 1988; Wells, 1988). Despite increases in enrollments in nursing schools since 1989

("Nursing School Enrollment," 1992; "Schools Try New Ways," 1992; "Vital Signs," 1992), some hospitals still report vacancies ("Nursing Shortage Continues," 1992).

However, due to budget constraints, some hospitals are beginning to downsize their number of patient beds and their staff ("AHA Study Reports," 1990). Auxiliary staff are being reduced (Aiken, 1990) and in some metropoliton areas, the reduction in patient beds has led to nursing layoffs, as reported in daily news programs. Many rural and small community hospitals have closed, leaving their nurses to seek employment elsewhere ("AHA Study Reports," 1990). The recession has forced some nurses, who had chosen to stay home with families, to return to the workforce ("Vital Signs," 1991a). All this contributes to a reported easing of vacancies, and thus the nursing shortage, in the nation's hospitals ("Nursing Shortage Continues," 1992; "Vital Signs," 1991a).

Nursing's challenge is to attract a high caliber of personnel into its ranks. This can only be done by first defining the role of nursing, examining how that role is perceived by others, and then utilizing such information to enhance nursing's image and potential for recruitment and/or retention. Recent efforts have been conducted in hopes of promoting a more positive image. These efforts include media monitoring committees who communicate nurses' positive or negative reactions to producers of media programs (Evans, Fitzpatrick, & Howard, 1983) and seminars

and books for the public regarding nursing's image (Kalisch & Kalisch, 1987). Positive image campaigns, such as posters depicting nursing as being equal to other professions and pamphlets designed for high school students, have also been introduced in hopes of improving the public perception of nursing (Professional Update, 1988; Styles, 1988).

The public perception of the role of nursing has been found to be that of traditional nursing. In traditional nursing one is guided by the rules of the institution, nursing tradition and custom, or what the physician says one should do. The traditional nurse makes few independent decisions and adheres to the rules, even if knowledge suggests another approach (Clark & Lenburg, 1980; Davis, 1969; Grossman, Arnold, Sullivan, Cameron, & Munro, 1989).

In contrast, the American Nurses Association (1980) suggests that a major role component of nursing is the diagnosis and treatment of human responses to actual or potential health problems exhibited by patients. Nurses find themselves at the bedside controlling the environment for caring, and assisting in the day to day coping and rehabilitation of acute or chronically ill patients (Wells, 1988). Nurses utilize complex technologies in their daily practice, and dispense health information to patients and their families. The nurse, in a professional role, strives for wholistic care which includes empathy for the patient and the family (Hess, 1989; Wells, 1988).

The recent focus on wholistic care has been described as "knowledge-oriented," or professional, nursing (Blattner, 1981; Bulachek & McCloskey, 1985; Clark & Lenburg, 1980; Flynn, 1982). The professional nurse uses knowledge, scientific reasoning, the nursing process, problem solving, and experience to make independent decisions about nursing practice, even if those decisions go against the expectations of physicians, institutional tradition, or other nurses (Clark & Lenburg, 1980). Nurses in a professional role are willing to take responsibility for reasonable risks, if those risks are in the best interest of the patient.

Professional nursing is becoming the desired and accepted role by nursing leaders. However, many factors inhibit nurses from assuming this more autonomous role of nursing. Among these factors are the present shortage, institutional policies, physician and administrative expectations, and public perception of the ideal nurse (Aiken & Mullinex, 1987; Clark & Lenburg, 1980; Collins & Joel, 1971; Lee, 1979d; Wooley, 1981).

In addition, factors such as nurses' frustration of working under a cost cutting system despite a nursing shortage (Collins, 1988; Emra, 1988; Styles, 1988), and the short-lived Registered Care Technician (RCT) proposal of the American Medical Association (Dentzer, 1988; Meehan, 1990; Schull, 1988; Styles, 1988) may affect the perception of nursing as a profession. Exposure to concern for

nursing's image through a seminar and articles by Kalisch and Kalisch (1980; 1983a; 1983b; 1985; 1986; 1987) prompted this researcher to question the perception of nursing as a profession. Finally, statements encountered in personal practice such as "It's nine o'clock and I haven't had my vitals taken nor my bath" and "Where's my nurse?" intensified interest in a study of the perceptions of nursing as a profession.

Purpose of Study

Many efforts by individual nurses and nursing organizations have been focused on promoting professionalism in nursing (American Nurses Association, 1980; Evans et al., 1983; Hess, 1989; Kalisch & Kalisch, 1987; "Vital Signs," 1991b; Wells, 1988). However, following an extensive literature review by this researcher, it was discovered that few recent studies have been conducted to examine the perception of nursing as a profession by groups other than nurses and nursing students. The purpose of this study was to determine the current perceptions of professional nursing held by physicians, patients, and practicing nurses.

CHAPTER TWO

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

For many years, scholars have written that nursing professionals need to be aware of their public image. An examination of literature regarding the development of nursing, and professional and traditional nursing roles will be discussed. This chapter will also discuss the conceptual framework and related studies.

Development of Nursing

Nursing has it roots in ancient times. Care of the sick and dying has been assumed by historians to have been done by the females, or female slaves, of the tribe or family (Donahue, 1985). This condition continued well into the middle ages when religious orders began to take the sick and poor into their convents to care for them (Donahue, 1985).

In 1550, King Henry VIII of England proclaimed leadership of both the country and the church and began to confiscate charitable endowments, an idea that spread to the rest of Europe. Faced with shortages, the religious orders became unable to care for the sick and poor and closed their doors. Soon, the only attendents of the sick were illiterate, immoral and/or alcoholic women who were forced to serve the sick or go to jail. This was the

beginning of the promiscuous image and the perception that nurses needed no education (Donahue, 1985; Hughes, 1980).

Education for traditional nursing began at the Deaconess Institute at Kaiserworth, Germany. Traditional nursing is defined as nursing that is guided by rules of an institution and strict adherance to those rules. In 1836, Theodur Fleidner founded a three year training program in nursing care and theory. The traditionally educated deaconesses were taught to faithfully follow physician orders without question, with full responsibility of the care resting with the physician (Donahue, 1985).

Education for professional nursing has its origins in Florence Nightingale's model which Nightingale acknowledged was influenced by Kaiserworth (Donahue, 1985). Nightingale established the thought that physicians and nurses viewed different aspects of health service and rendered different kinds of care (Donahue, 1985). Medicine was perceived as treating the sickness and nursing as caring for the sick (Dennis & Prescott, 1985). Education was so vital to this model that one did not "graduate" but rather completed the course and continued to learn on a life long basis (Fitzpatrick, 1983).

Early schools in the United States attempted to base their curricula on Nightingales's model of independence from control of hospitals and/or physicians (Fitzpatrick, 1983). However, due to lack of funding from outside endowments, schools were forced to go to hospitals for

monetary support. Nursing soon found itself being dominated by bureaucratic rules and regulations, and nurses became assistants to the physicians rather than independent practitioners of nursing care (Fitzpatrick, 1983; Garey & Hott, 1988).

Higher education was enhanced by the establishment of the Vassar Training Camp in 1918 as a response to the need for nurses following World War I. This program welcomed college graduates who studied intense theory for three months. The two years of clinical experience was controlled by education through affiliation with a hospital in a cooperative way. With higher educated women in nursing, national recognition of nursing by the public was achieved and the need of public and private support of nursing was recognized (Donahue, 1985).

By the late 1920s, 2300 schools of nursing existed, mostly under hospital control, which produced many nurses who were loyal to their school and its way of training. Still, nursing leaders and the American Nurses Association (ANA) continued to work for the establishment of basic education at the college level. However, by this time not only physicians and hospital administrators continued to oppose this move, but nurses themselves objected to the cost of college and felt their training had been sufficient without college level academics (Fitzpatrick, 1983).

As a result of the Brown Report (1948), many Bachelor of Science in Nursing (BSN) programs emerged. In addition,

a new nursing program was conceived by Montag (1951) that was based in a community college setting that provided for education of a bedside nurse with little or no administrative duties. This was the beginning of the Associate Degree Nurse (ADN). This growth of college level education was coupled with a decrease in the number of hospital based diploma schools. This phenomenon caused a schism in nursing that remains even into the 1990s. Diploma schools have continued to decline but many diploma graduates are still employed in the nursing field and hold staunch loyalty to their program and its ideals (Fitzpatrick, 1983).

In 1965, a decision by the membership of the ANA added to the schism with the introduction of a position paper on the education of nurses. This paper called for the primary aim of nursing education to be the provision of an environment conducive to aquisition of skills and knowledge in judgement making, as well as the provision of a body of knowledge. The paper, like many before it (Goldmark, 1923; Brown, 1948), called for schools of nursing to be independent of hospital control and based within university settings for basic preparation. These recommendations were based on changes in society that dictated that nurses interact with other groups in health care, whose basic preparation were in university settings, as well as with society. Changes in science and technology were also forcing the nursing role to extend and expand its scope of

practice. The ANA contended that higher education could best facilitate that expansion (Fitzpatrick, 1983).

Academic preparation on the college level began to weaken the traditional focus of nursing, but resistance to nursing's autonomy still existed within the walls of health care institutions (Aiken & Mullinex, 1987; Collins & Joel, 1971; Torres, 1974). As nursing training became nursing education through better theory courses, establishment of university level basic sciences, promotion of post graduate programs, and federal and private funding changes were made in the curricula of programs. This trend was aided by the Nurse Training Act of 1964 in which nursing curricula and sequences were recommended. Challenge exams for nurses were established so degrees in nursing were attainable without having to repeat basic courses. Today, many universities and colleges offer special tracks for nurses to complete their degrees (Fitzpatrick, 1983). This positive trend in higher education for nurses has been dramatically demonstrated by the shift from eighty-two percent diploma schools in 1953, to eleven percent in 1991. During the same time span, Associate Degree and Baccalaureate programs began to grow in numbers. Associate Degree programs constituted eleven percent of the nursing programs in 1964 and fifty-six percent in 1991. Baccalaureate Degree programs represented sixteen percent of the nursing programs in 1964, and thirty-three percent

in 1991 (Fitzpatrick, 1983; Kelly, 1985; "Nursing Schools," 1991).

Especially damaging to professional nursing during the 1950-60s was the acknowledged "nurse-doctor" game, often taught by even the professional nursing schools (Stein, Watts, & Howell, 1990). In this "game" nurses approached physicians in non-threatening ways and worded requests in such a way as to appear as if the physician had thought of the idea. However, this damaged the nurse's professional autonomy and expression of knowledge. It promoted the handmaiden image and was damaging to the professional nurse's ego (Stein et al., 1990).

Fortunately, changes in health care have affected a decrease in the need for the game. Strong media roles for nursing in recent television shows ("St. Elsewhere," "China Beach") are helping to break the public's handmaiden image of nursing. The changes, however, are mostly due to nurses actively refusing to play the game and adapting a professional approach to problem solving and collaboration in the care of patients. Stein et al. (1990) also cited the shift in nursing education to college based programs as contributing to the changes in nurses' attitudes and behaviors with sixty-five percent of today's nurses coming from a college based program that did not condone servant training.

Due to a nursing shortage in the 1950s, auxiliary help moved to the bedside and nurses moved into a supervisory,

or coordinating, role in patient care. In the late 1970s nursing experienced a movement toward primary nursing with the nurses back at the bedside doing all the direct nursing care. This move in nursing was meant to re-establish opportunities for sound independent decisions regarding patient care. Higher education for nurses became increasingly important. Clinical Nurse Specialists began to use their expertise and increased knowledge base to help fellow nurses reach independent decisions and to keep abreast of new developments in nursing care (Fitzpatrick, 1983). Unfortunately, due to the present professional nurse shortage, auxiliary help, such as aides and licensed practical nurses, are again being sought by hospitals to fill open professional nurse positions.

Professional and Traditional Nursing Roles

Two major concepts form the basis of this study: (1) professionalism (specifically, professional nursing) and (2) perception. Professionalism has been defined in a variety of ways but always centers on specialized expertise, autonomy, and service. Professionalism has become synonymous with universities with a base of scholarly learning and research (Kelly, 1985). Kelly further describes professionalism as being rooted in societal expectations. Those expectations set a standard of social morality more exacting than that of the community in general, thus bringing status to professions and professionals.

Society, begins to expect certain behaviors from certain groups, such as professionals. Sleicher (1981) listed the characteristics of a profession to be: 1) a defined body of knowledge; 2) a constant increase in that body of knowledge through research; 3) basic education in institutions of higher learning; 4) application of the profession's knowledge in practical services; 5) autonomy in practice; 6) members' commitment to a career in the profession; and 7) compensation for individual growth and action (through programs such as bonuses, and career ladders).

Valiga (1982) reviewed several authors' characteristics of professions and professionalism and summarized them as

> a body of specialized knowledge developed by members of the profession, education for entry into the profession occurring at the university level, the knowledge and skill necessary to provide help in a specialized area with problems that have unique and unpredictable elements, a code of ethics to guide practice, control over the practice of members of the profession, the exercise of discretion, and a commitment to the field and to some kind of standard to which the pursuit of self interest is subordinated. (p. 75)

Since Florence Nightingale established a school of nursing based on education and theory, leaders of nursing

have desired to be perceived as a profession (Fitzpatrick, 1983; Kelly, 1985; Leddy & Pepper, 1985). This image has been difficult to achieve due to previous perceptions of society regarding nursing. Those perceptions ranged from an uncaring drunkard such as Dicken's "Sairy Gamp," to wayward women who "nursed" instead of going to jail, to the motherly "angel of mercy" (Donahue, 1985; Kalisch & Kalisch, 1987). Other perceptions such as sex objects and physicians' handmaidens have also plagued the nursing profession, (Hughes, 1981; Kalisch & Kalisch, 1987).

Despite efforts of the nursing leaders since the 1900's to promote nursing as a profession, the above "traditional" perceptions have prevailed (Fitzpatrick, 1983). The American Nurses Association (ANA) has been at the forefront in the promotion of professional nursing and produced a statement in 1980 promoting professional nursing (Donahue, 1985; Fitzpatrick, 1983). Professional nursing was defined by the ANA as the "diagnosis and treatment of human responses to actual or potential health problems" (ANA, 1980, p. 9). The ANA also recognized that nursing professionals must be active not only in acute care settings, but also must practice preventative nursing for all ages of patients in a variety of settings. Professional nursing also is recognized as having ethical and legal accountability for individual actions and those actions one may delegate to others in the health care setting (ANA, 1980).

Wesorick (1984) expanded on the ANA's definition of professional nursing. Among several elements of professional nursing practice described by Wesorick are dependent and independent nursing. Dependent nursing is defined as treating human responses as directed by the physician and/or the institutional policies and procedures (Wesorick, 1984). This element of nursing is important in the overall care of the patient, but Wesorick stated that, all too often, this is the only element of nursing acknowledged by society. Dependent nursing is reflective of traditional nursing.

Wesorick described the independent element of nursing as being equivalent to nursing diagnosis (Wesorick, 1984; 1990). This element provides the science and uniqueness of nursing and provides the knowledge base of the profession. This element focuses on the individual's response to treatment and provides the caring necessary to enhance a positive response to that treatment. Wesorick contends that the independent element of professional nursing helps to balance the high technology of health care with the spiritual needs of the patient. Professional nursing interfaces the ideals of theory with the clinical realities of practice. This in turn helps to achieve professionalism (Wesorick, 1984; 1990).

Professionalism and professional nursing are concepts operationalized through behaviors or characteristics exhibited by members of the profession. These behaviors

form the basis of society's view of nursing. Wesorick (1984) contrasted behaviors that portray traditional nursing with those that portray professional nursing.

Wesorick (1984) described traditional nursing characteristics as being: 1) pyramidal, 2) ordered, 3) hierarchal, 4) controlled, 5) authoritative, 6) structured, and 7) policy governed. Though these characteristics are necessary for optimal health care, they must not dictate nursing practice. Instead, they should be used as a support for the development of professional nursing (Wesorick, 1984).

Several characteristics that Wesorick (1984) used to describe professional nursing included: 1) collaborative, 2) consultative, 3) knowledge-based, 4) lateral communication, 5) capability of sound judgements, 6) interdependency, 7) developmental, and 8) standard controlled (Wesorick, 1984). These characteristics or behaviors must be expressed by individuals in the nursing field in order for the profession of nursing to be viewed as professional.

Studies Related to Professional Nursing

The first major study of professional nursing was "Nursing and Nursing Education in the United States," better known as the Goldmark Report (1923), which influenced major changes in nursing education. This report was two-fold in focus: 1) defining nursing functions in Public Health, private duty, and institutions, and 2)

defining the scope of training in hospital schools, universities, and post graduate programs. Several university level colleges of nursing were established as a direct result of this study including Yale, Vanderbilt, Toronto, and Western Reserve (cited in Donahue, 1985; Fitzpatrick, 1983).

Goldmark's (1923) study drew ten conclusions regarding nursing education and nursing's scope of practice. Of those ten, four stood out as most significant. Goldmark's conclusions recommended that: 1) post graduate preparation be a requisite for public health nursing; 2) legislation be made for the definition and licensure of assistant health care workers to aid the professional nurse in the hospital setting and in home health care; 3) post graduate education be requisite for all supervisors, superintendents, and instructors; and 4) public support and funding be made available for schools of nursing to provide for independent functioning (cited in Donahue, 1985; Fitzpatrick, 1983). The report, though very significant to nursing, remained virtually unknown to the general public due to lack of media promotion. Thus, professional nursing grew but the public maintained a traditional view of nursing (Donahue, 1985; Fitzpatrick, 1983).

Four studies during the 1920's and 1930's were identified by Donahue (1985) and Fitzpatrick (1983) as having influenced changes in professional nursing and nursing education. The Darrach and Burgess (1928) study

"Nurses, Patients, and Pocketbooks" stressed the need for sound nursing education based on strong financial support for the schools (cited in Donahue, 1985). The Johns and Pfefferkorn (1934) study, "Active Analysis of Nursing," sought to determine the actual role of nurses in order to correlate nursing theory with practice (cited in Donahue, 1985). Darrach and Burgess's 1934 study, "Nursing Schools Today and Tomorrow," reiterated the problem of oversupply and unemployment of nurses, the exploitation of students, the inadequate conditions of many schools, and emphasized the essential basis for professional education (cited in Donahue, 1985). Stewart's 1937 study, "Curriculum Guide for Schools of Nursing," emphasized the types of individuals needed for nursing, analyzed the goals and values important in nursing education, and examined the services for which nurses needed preparation and how that preparation affected the students (cited in Donahue, 1985). Unfortunately, as with the Goldmark Report (1923), little information from these reports was published for the general public and therefore they had little influence on nursing's public image (Donahue, 1985; Fitzpatrick, 1983).

Another significant study was Brown's 1948 "Nursing for the Future" study. Widely known as the "Brown Report" (1948) this study reiterated that nursing, as a whole, must be brought into the mainstream of college education and be comparable to medical education. It deplored the apprenticeship-type of nursing education and encouraged the

reorganization of nursing education and service, stressed a need to clearly define the professional areas of responsibility for nursing, and called for stringent examinations of schools for accredidation on a continuing basis. Many baccalaureate degree programs owe their establishment to this report (cited in Donahue, 1985; Fitzpatrick, 1983).

Bernays (1946) studied nurses, patients, hospital administrators and government legislators regarding their perception of professional nursing. The study's summary emphasized that the key to greater prestige for nurses and the recognition of nursing as a profession relied on nurses demonstrating competency, greater independence in caring for the sick, higher salaries, and an increase of interests in public affairs by nurses. Many respondents, especially ex-servicemen, desired a change in rules and regulations so nurses could become more sympathetic and less indifferent allowing for a more "human" and caring nurse (Bernays, 1946).

Studies Related to Traditional Nursing

Despite some progress, several studies revealed that the traditional perception of nursing still prevailed among the general population (Lippman & Ponton, 1989; Kalisch & Kalisch, 1987; Lee, 1979a; 1979b; 1979c; 1979d; Wooley, 1981). White (1972) conducted a study in which subjects ranked the importance of 50 nursing activities. Patients tended to rank personal comfort activities high and

psychosocial and discharge activities low, indicating that they did not consider discharge planning to be an important nursing function. Nurses ranked psychosocial activities as more important than physical needs and discharge activities. White suggested that this could have been due to the fact that nursing was just beginning to adopt a wholistic approach to patient care.

In White's (1972) study two thirds of the nurses had less than three years experience, and sixty percent had diploma educational backgrounds. However, White did not feel that educational background and experience of the nurses were significant factors influencing the nurses' rating of the importance of the nursing activities. This was in direct conflict with other studies regarding educational background (Corwin, 1965; Kramer, 1968; 1970; Meleis, 1985; Meleis & Dagenais, 1981). White suggested a change in nursing curriculum for inclusion of comprehensive care and called for more studies to be done.

In a replication of White's (1972) study, Yang (1974) found similar results in regards to the perceptions of physical activities and psychosocial activities. Discharge activities, however, were rated at least as of "medium importance" by both patients and nurses. Yang attributed this to the geographical setting for the study being primarily rural with decreased availability of public health workers, and a greater public awareness of the need for that service. Yang noted similar demographic data as

in White's study but attributed educational background and experience of the nurses as possible influencing factors.

<u>Studies Comparing Professional and Traditional Nursing</u>

Corwin (1965) conducted a study to compare and contrast the two conceptions of nursing: traditional, or bureaucracy (as a hospital employee), and professional (as a responsible, independent practitioner). Corwin suggested that the traditional nurse was seen stressing the routine tasks and physical needs of the patient while the professional nurse focused on the patient's unique problems. In accordance, the traditional nurse's authority came from seeing that rules were followed, while the professional nurse's authority came from one's problem solving capabilities. Finally, when defining goals, the traditional nurse focused on procedures and performance, while the professional nurse focused on individual goals and their maintenance.

Corwin reported that this conflict in the nurses' performance was also noted in the educational background of the nurses. Diploma nurses remained traditionally inclined, while moving away from the professional continuum over time. Degree nurses appeared to maintain professional ideals while adapting to the traditional rules and regulation. Subsequent studies have continued to support the conclusion that one's type of education influences which role one assumes (Chaska, 1978; Kramer, 1968; 1970; Meissner, 1981; Pinch 1985).

Elms and Moorehead (1977) lamented that though nursing had increased its knowledge base and relaxed many controls over students, the public image presented in television and films still portrayed the nurses as inferior to physicians and often mentally unstable. The authors cited the diversity in nursing roles as causing confusion for the public which then continues to hold on to the stereotypes in defense. Elms and Moorhead recommended more concentrated efforts by nurses to portray the professional characteristics, and to clarify their role to the public whenever possible and appropriate.

Collins and Joel (1971) warned that nursing needed to change the lay image or "we may well be out of business in ten years" (p. 459). Though that prediction fell short, other authors continued to question how far nursing has progressed in portraying a professional image.

Sleicher (1981) listed several professional attributes as lacking in nursing, i.e., lack of commitment, no distinct body of knowledge, limited autonomy, presence of varying educational programs for entry level, and poor recognition of the benefits of nursing's service to the public. Sleicher implicated the acute care environment and the passive characteristics of many nursing personnel as contributory factors for lack of progression to professional levels. Stuart (1981) echoed Sleicher's (1981) concerns in the areas of education and autonomy but

conceded that nursing _had_ reached a level of semi-professionalism.

Keller (1973) questioned if nursing could realistically reach the ideals of professionalism. Factors inhibiting the realization of professionalism were cited by Keller as: 1) having the nursing role splintered with technicians doing many of the tasks under nurses' direction; 2) having individual nurses still reacting as opposed to proacting; and 3) having the ideal of individualized care being too complex, because of bureaucratic and technical restraints placed on the nurses. Keller further suggested that nursing is only a semiprofession citing employment by organizations, multiple commitments in life beyond one's career, and the predominance of females in the disciple as factors inhibiting the growth to a full profession.

Dochelet (1978) presented both inhibitors and enhancers for the increase in nursing's image. Inhibitors were presented as: 1) the stifling of initiative, creativity, and academic potential of students by schools of nursing; 2) task-oriented education models: 3) the continuing schism between various levels of nurses; 4) the erroneous public image that anyone can do nursing, and 5) the predominance of females in the discipline. Enhancers were presented as: 1) the increased quality of education; 2) the trend for more research; 3) a growing appreciation for nursing skills by the public; 4) revision of nurse

practice acts to include autonomous behaviors; 5) the increased number of males entering the field; and 6) the positive effects of feminism on predominantly female careers. Dochelet suggested nursing continue its present trend and re-evaluate its image in later years.

Studies Related to Perceptions of Nursing's Image

Tagliacozzo (1965) surveyed patients in a large urban hospital in 1962 to elicit their expectations of nurses. Personalized care and positive personality attributes were expected by eighty-one percent of the respondents, supporting the traditional role of nursing. In addition, only twenty-nine percent saw knowledge and technical skills as a high priority, supporting the traditional idea of nurses being "born into nursing" with academic education being of little importance. Although many respondents stated they were aware of nursing's developing professional role, most saw this as an inhibitor to the nurse's ability to perform in the "ideal way" (Tagliacozzo, 1965).

In 1979, RN magazine published the results of its nation wide survey of consumers and physicians on the role of nursing in health care (Lee, 1979a; 1979b; 1979c; 1979d). Though professionalism was recognized by some members of both groups the traditional role was still preferred. Fifty-nine percent of the younger physicians (age 35 or less) did favor higher education for nurses and accepted the professional role of nursing as opposed to thirty-one percent of the physicians over age 50

(Lee, 1979c). Sixty-one percent of the public wanted more bedside care with thirty-one percent saying they felt nurses were overworked (especially with paperwork) and that was why nurses were not at the bedside more (Lee, 1979a).

In this same survey, sixty-six percent of the general public and seventy-five percent of the physicians still perceived the role of nursing to be subservient to that of the physician and thereby, nurses were incapable of making independent decisions. The majority of the general public easily recognized the functions of the traditional role but were less able to identify the psychosocial skills of professional nursing such as counseling and teaching (Lee, 1979a).

Wooley (1981) conducted indepth interviews of various faculty members in a mid-west college to probe their attitudes and perceptions on several aspects of professional nursing. The college faculty members rated nursing students high for their participation in classroom discussions and completion of assignments, but did not value university level preparation for nurses because many nurses did the job without degrees. Many subjects based their perceptions on contact with the "nurses" in their own physicians' offices, unaware that most office workers were not licensed registered nurses with a degree. Hourly wages and decreased ability to set their own terms of employment were seen as detrimental to professional status for nurses by the respondents. This study suggested that, in contrast

to Lee's (1979) findings, some professionals' perceptions still had not changed from the traditional role of nursing.

Lippman and Ponton (1989) suggested that, among university faculty interviewed in their study, nursing was perceived in a more positive manner. The authors found that increased education for nurses was valued by sixty-five percent of the respondents. These findings were in contrast to the findings of Wooley (1981). The authors suggested that the increased personal contact and the portrayal of individual nurses as caring, competent professionals had influenced the perception of the respondents and urged the continued portrayal of the positive image and continued personal contact of nurses with the public outside of the hospital. Kelly (1989) echoed Lippman and Ponton's suggestion of promoting nursing's importance through research, diversity, and risk taking.

Valiga (1982) suggested that education influenced the perceptions of students by including the concept of cognitive development as contributing to the growth of one's professional conceptualization. In a longitudinal study of baccalaureate nursing students at all levels in three different Northeastern universities, Valiga concluded that both cognitive development and professional attitudes were significantly more advanced at the senior level than at the freshmen level. Valiga attributed these differences to faculty attitudes, peer attitudes, curriculum

components, and maturity. The nursing faculty attitude component supports conclusions of other studies as cited above. Valiga proposed role modeling, use of faculty clinical experiences for learning certain concepts, and faculty encouragement of individual problem solving and concept molding, through discussion, as being significant factors in the cognitive and professional development of nursing students. Valiga also called for continued efforts of nursing faculty to instill professional attitudes and desires in their students, and to provide continuing education and challenges for professional nurses. Valiga also suggested further research on both student attitudes and behaviors and their interaction to determine if "beliefs are practiced" by nurses.

Risser questioned the perception of the physician as the sole authority when examining nursing's image in 1975. The role of nursing was described by Risser as being one of responsibility for delivering primary health care through coordination of services, initiation and participation in diagnostic screening, and making referrals when warranted. A major portion of this role was described as examining and planning care from the patient's perception of his/her condition, and therefore, evaluating the effects in layman's terms. This perception strongly reflected professional nursing characteristics (Wesorick, 1990).

Persistent images can lead to the establishment of stereotypes. Kalisch and Kalisch (1987) described the

image of nursing as being "the sum of beliefs, ideas, and impressions that people have of nurses and nursing" (p. 2). Our culture has acknowledged nursing's contribution to society, but continues to place the undereducated nurse at the bedside to nurture the patient and obey orders. This "angel of mercy" stereotype has proven to be very difficult to change, and true, false, or both, provides a basis for role expectation. Kalisch and Kalisch urged progressive campaigning to expose the public to nursing's professional role by means of books, articles, and personal speaking engagements.

In a study conducted by Austin, Champion, and Tzeng (1985), 1200 teenage males of 30 different cultures were asked to rate 620 concepts related to feminine and nurse on a likert-type scale. Perceptions across the thirty cultures found nurses and feminine as equal concepts, giving a picture of the nurse as good and active, but not powerful, again promoting the traditional role of nursing. This finding, consistent with other studies suggested that, because nurse is so closely related to feminine, the image of nursing remained weak and, therefore, lacked the power to bring about the acceptance of the professional role by the public (Davis, 1969; Davis & Oleson, 1964; Fernandes, 1980; Holliday, 1961; Hughes, 1980; Lee, 1979; Oleson & Davis, 1966; Till, 1980)

Evans et al. (1983) presented a synopsis of stereotypical and desired attributes of nursing. Developed

as a basis for promoting nursing as it is today, their synopsis nicely summed up nursing's challenge for improving its image. This documentation of the actualities of nursing positively identified roles that counteracted stereotypes such as: 1) nursing can take place in areas in addition to the bedside; 2) nurses are colleagues and not assistants to physicians; and 3) nursing and nurses are active in health education and health maintenance, not just in health healing. The authors also provided suggestions for providing direct input to media portrayal of nurses.

Fagin and Diers (1983) suggested that some aspects of nursing were metaphors that influenced the social perception of nursing. Some of the metaphors connected to nursing were identified as: 1) equality, both in the work situation (unequal to the physician), and among its own ranks (little distinction between levels of basic education); 2) conscience, in as much as nursing can serve as a reminder of physicians' fallibility; and 3) intimacy and sex, since nursing care involves personal and private areas of one's being. The authors strongly urged nurses to use these metaphors in a positive way to promote nursing's professionalism. Hess (1989) echoed these same sentiments by urging that each nurse articulate what one does, and why, while providing care to clients.

Diers (1982) challenged nursing to be more aggressive in putting forth a positive image. This author suggested that while technology had advanced in the last few years,

nursing had remained constant, thereby allowing other health care services and professionals to assume some of it´s role. In adopting a coordinating role in health care, nurses became invisible. Diers concluded that the importance of the coordinating role must be proclaimed by nursing as a stepping stone to regaining respect.

Summary

Studies cited in this review have a common theme in each of their conclusions. Nursing has progressed from a traditional and handmaiden role to a professional and collaborative one. Yet, the published studies suggest that the public perception of nursing remains the traditional stereotype of a servant to the physician and a loving, caring mother to the patient. Many of the studies suggested strong campaigns by nurses to publicize the professional role presently assumed by nurses in society.

The above cited studies all had merit in their reported findings, but also fell short in many areas. Most studies cited are not generalizable to the population at large because of several common factors. Sample size was small in several studies (Lippman & Ponton, 1989; White, 1972; Wooley, 1981; Yang, 1976), and often the sample was self selected (Austin et al., 1985; Lee, 1979; Valiga, 1985; White, 1972; Yang, 1976). Narrow geographic focus also hindered generalizability in some studies (Lippman & Ponton, 1989; Valiga, 1985; White, 1972; Wooley, 1981; Yang, 1976). Also, the narrow scope of samples hindered

generalization in some studies such as Valiga (1985) (nursing students), and Austin et al. (1985) (teenage males). Most damaging to all studies cited is that few have been replicated despite authors' conclusions that replication was important to their particular study as well as nursing in general.

Conceptual Framework

Society, and individual members of society, observe behaviors of persons within a profession. Perceptions of the profession are formed from those observations. For example, how nurses behave, and how nurses are portrayed in media influence the perceptions of individuals and society.

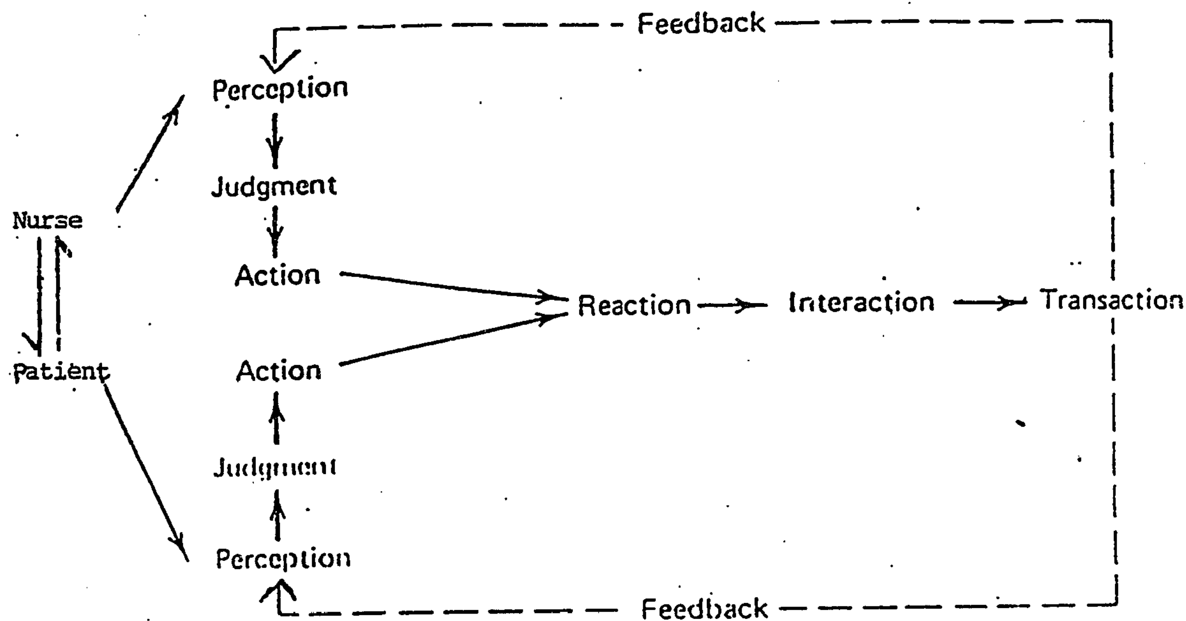
King proposed a theory that encompasses the influence of perception on behavior and on the role of nursing (King, 1981). This theory describes individuals as being part of three major systems (personal, interpersonal, and social) that interrelate at any given time. Perception, a major concept of this theory, influences a person's behavior in all three systems.

King (1981) defined perception as each person's representation of reality. It is accepted in this theory that different people can perceive the same situation differently and form different images of that situation. Perception gives meaning to one's experiences, represents one's image of reality, and influences one's behavior on that formed image. King states it is through perception that one comes to know self, others, and the environment.

Perception, according to King (1981), influences one's interpersonal system through interaction. Interaction involves one or more individuals and can reveal (1) how an individual thinks and feels about another, (2) how each perceives the other, (3) what each expects of the other, and (4) how each reacts to the other. It is those expectations and reactions that provide interaction with others.

For the purposes of this study, it is assumed that the patients, nurses, and physicians bring a set perception of nurses and nursing to each interaction with a nurse. Perceptions of the patients, nurses, and physicians are based on information obtained from previous exposure to media about nurses and nursing, and previous interactions with nurses (Coombe, 1982; Fernandes, 1980; Kalisch & Kalisch, 1980; 1983a; 1983b; 1985; 1986; 1987; Kalisch, Kalisch, & Scobey, 1981; Schorr, 1963). Some of these perceptions of nurses for the patients may be based on inaccurate assumptions that assistants in the physician's office are nurses (Wooley, 1981).

Figure 1 illustrates how that perception is influential in one's image of a concept, such as nurse or nursing. As two persons enter into a situation, each comes with a perception formed by previous interactions. Based on that perception, each makes judgements concerning how that concept should be materialized and acts on that perception. As both parties act, each reacts to the other



Adapted from I. M. King. A Theory for Nursing; Stystems, Concepts, Process. New York, John Wiley & Sons, 1981, p. 61.

Figure 1. The role of perception in concept formation

during their interaction. After the interaction, each valuates the interaction (transaction) and forms an evaluation of the situation (feedback), which in turn, affects the individual's perception of the concept by changing or strengthening it. This cycle is repeated each time individuals meet in a similar situation.

For the purposes of this study, Figure 1 illustrates that two persons, such as a nurse and a patient, meet in a situation. Each comes with a formed perception, based on previous experiences with the cycle. Each has a perception of what a nurse, or nursing, represents to them. Each makes a judgement concerning how the nurse is expected to behave and then acts upon that expectation. The perception and judgement phases are intangible and not observable. The action phase is the nurses's or patient's exhibited behavior based on those perceptions and expectations.

The reaction phase is based on the physical or mental result of the executed action of both the nurse and the patient. This can be a positive reaction if both the nurse and patient have similar expectations, such as each expecting, and exhibiting, traditional (or professional) behaviors. However, if the expectations are opposite, such as one expecting traditional behavior, and the other exhibiting professional behaviors, then a conflict can result as a reaction.

How the reaction is viewed by both the nurse and the patient affects the interaction phase during which

communication, verbal and non-verbal, takes place. If the reaction was similar, then the interaction is highly valued (transaction) and the feedback (evaluation of the interaction) to the nurse or patient strengthens the perception previously formed. If the interaction resulted in conflict, the communication (interaction) between the nurse and patient will affect how the interaction is valued (transaction). Whether the evaluation of the interaction (feedback) is positive or negative, it will affect a change in the nurse's or patient's perception about nursing as a profession, which in turn, will affect the nurse's or patient's expectations in their next encounter with professional nursing (or individual nurses). In this study, it is understood that the terms nurse and physician could be substituted for patient in Figure 1.

It is also through this process of expectation, actions, and evaluation which leads to a formation of perceived images that the definition of role is created (Tilley, Gregor, & Theesian, 1987). King (1981) described role as having three elements: 1) a set of behaviors expected when occupying a position in a social system; 2) the social position of the role defines the rights and obligations of the individual; and 3) all roles involve relationships with one or more individual interactions with a specific purpose. "Each person's orientation to the system involves professional roles, social roles, organizational roles, and the expectation and perceptions

of each person in the situation. In a nursing situation, one person (patient) comes for some kind of assistance, and the other person (nurse) is functioning in a professional role with expert knowledge and skills to provide that assistance. Value orientation patterns of the nurse and the patient are critical elements" in the interaction (King, 1981, p. 83).

Summary

In summary, past studies consistently show that the perception of the traditional role of nursing is still very prevalent in society, despite professional nursing being practiced today by nurses with more responsibility and autonomy. Many studies concluded that a major factor in the survival of the traditional role is the media's depiction of nursing. In recent years, nursing has attempted to promote its new role in order to lessen its critical shortage (Professional Update, 1988). It is felt by this researcher that, due to these recent efforts to change professional nursing's image, and the need for an increase in nurse recruits created by the present shortage of nurses, the proposed study of perceptions regarding professional nursing is required.

Research Questions

The purpose of this study is to identify perceptions of patients, physicians, and nurses regarding professional nursing through the use of a modified version of Valiga's (1982) Views of Nursing Instrument. The questions for this

study are: What are the current perceptions of patients, nurses, and physicians regarding professional nursing?; and Is there a difference among patients, nurses, and physicians regarding the perception of professional nursing? The dependent variable for the second question is the perception about professional nursing. The independent variable for the second question is the grouping variable consisting of patients, physicians, and nurses.

Definition of Terms

Perception: The process of organizing, interpreting, and transforming information from sensory data and memory and giving meaning to one's image of reality, and influencing one's behavior (King, 1981).

Perception about nursing as a profession: "That view of nursing and the role of the nurse, as measured by the Views about Nursing instrument developed by [Valiga] and based on the established characteristics of a profession." (Valiga, 1982, p. 5).

Professional Nursing: The use of knowledge, scientific reasoning, the nursing process, problem solving, and experience to make independent decisions about nursing practice, even if those decisions go against the expectations of physicians, institutional tradition, or other nurses (Clark & Lenburg, 1980).

Traditional nursing: The type of nursing that is guided by the rules of the institution, nursing tradition or custom, or what the physician says one should do. The

traditional nurse makes few independent decisions and adheres to the rules, even if knowledge or intelligence suggests another approach (Clark & Lenburg, 1980; Davis, 1969; Grossman et al. 1989).

Patient: A patient is identified as an individual with need, an impaired health status, or a health concern (Griffith-Kenny & Christensen, 1986). For the purpose of this study, a patient will be further identified as one classified as an inpatient of the hospital.

Physician: To be classified as a physician for this study, one must be a graduate of an accredited college of either Human Medicine or Osteopathic Medicine and be licensed by the state of Michigan.

Nurse: For this study a nurse must have passed an examination for licensure to practice as a registered nurse that is approved by the state of Michigan.

CHAPTER THREE

METHODS

Research Design

A descriptive design was used for this study. Subjects were asked to complete a modified version of Valiga's (1982) Views of Nursing Questionnaire. This type of design enabled the researcher to determine the perception of professional nursing held by each group.

This study followed a simple sequence. Recruitment of subjects and collection of data was conducted over a six week period in the fall of 1991. The participants consisted of 102 patients, 126 nurses, and 68 physicians. The method of contact will be addressed in a later section.

Setting and Sample

Setting

The study was conducted in a 200 bed hospital supported by a large religious corporation whose focus is family centered care with a liberal visitation policy. The hospital serves a city with a population of 130,000, but is also popular with residents of several outlying agricultural communities.

Sample

A convenience sampling method was used for each of three groups (patients, nurses, physicians). Sample selection criteria for the patient group were: (a) the

subject could read and understand English; (b) the subject was not critically ill by hospital acuity standards; (c) the subject was alert and oriented (as determined by the researcher); (d) the subject was at least eighteen years of age; and (e) the subject was classified as an inpatient of the hospital.

The specific criteria for participating nurses were that they be licensed as a registered nurse in the state of Michigan and be employed by the institution from which the data was collected. The specific criteria for physicians were that they be licensed to practice as an M.D. or a D.O. by the state of Michigan and that they have admitting privileges at the hospital from which the data was collected. It was assumed that all nurses and physicians could read English, were over 18 years of age, and were alert and oriented.

Patients. There were 102 patients participating in the study, 25 males, 71 females, and 6 who did not indicate their gender (Table 1). Their ages ranged from 17 to 91. Caucasians represented the majority of the patients. There had been Asians who were inpatients but they did not meet the criteria of being able to understand English and were not approached by the researcher. Many of the patients reported incomes of less than $10,000 and had a high school education.

Nurses. Nurses numbered 126 as a group, three of whom were males. Their ages ranged from 21 to 65. They were

Table 1

General Demographics

	Patients n=102	Nurses n=126	Physicians n=68
Age			
Range	17-91	21-65	27-67
Mean	47.66	39.74	43.03
SD	18.88	8.88	9.72
Gender			
Male	25 (24.5%)	3 (2.4%)	54 (79.4%)
Female	71 (69.6%)	122 (96.8%)	13 (19.1%)
No Response	6 (5.9%)	1 (.8%)	1 (1.5%)
Ethnic Origin			
African-American	9 (8.8%)	0	1 (1.5%)
Hispanic	2 (2.0%)	3 (2.4%)	2 (2.9%)
Caucasian	82 (80.4%)	188 (93.7%)	57 (83.8%)
Asian	0	2 (1.6%)	7 (10.3%)
Native-American	3 (3.0%)	5 (1.6%)	0
No Response	6 (5.9%)	1 (.8%)	1 (1.5%)
Income			
<$10,000	21 (20.8%)	1 (.8%)	0
$10-19,999	11 (10.8%)	5 (4.0%)	0
$20-29,999	10 (9.8%)	20 (15.9%)	4 (5.9%)
$30-39,999	11 (10.8%)	22 (17.5%)	3 (4.4%)
$40-49,999	7 (6.9%)	26 (20.6%)	1 (1.5%)
$50-59,999	8 (7.8%)	14 (11.1%)	4 (5.9%)
>$60,000	9 (8.8%)	27 (21.4%)[a]	47 (60.3%)
No Response	25 (24.5%)	11 (8.7%)	15 (22.1%)
Education			
Some grade school	3 (2.9%)	0	0
Grade school	5 (4.9%)	0	0
Some high school	13 (12.7%)	0	0
High school	28 (27.5%)	0	0
Some college	25 (24.5%)	23 (18.2%)	0
Baccalaureate	15 (14.7%)	76 (60.3%)[b]	0
Some graduate	4 (3.9%)	11 (8.7%)	0
Graduate	5 (4.9%)	5 (4.0%)	68 (100.0%)
No Response	6 (5.9%)	5 (4.0%)	0

Note. % = percentage within that group
[a]Household income. [b]All Baccalaureate degrees, not just nursing

mostly Caucasian with a reported income greater than $60,000, but many had indicated their income to be a two person income (Table 1). Baccalaureate degrees (both nursing and non-nursing) were the most represented among the nurses, with the ADN being the most representative of both the initial level of nursing education (n = 53) and the highest level of nursing education (n = 48). The majority of nurses had less than 21 years experience (65.9%). All specialties available in the setting were represented (Table 2).

It was assumed by the researcher that the item "completed college" indicated completion of four years of college with a resultant Bachelor degree. However, 43 nurses chose that category and did not indicate educational degrees beyond their two year associate degree. This could have affected further analysis of educational effects on one's perception of nursing as a profession.

In examining individual responses to the two nursing education level questions, a shift to higher nursing education was noticed. Six LPN's indicated an increase in their education to ADN (5) and BSN (1) levels. Five ADN graduates completed their BSN, as did three diploma graduates. Eleven participants did not respond to this demographic item inhibiting speculation on their highest level of nursing education.

Twelve nurses with an ADN did indicate that they had Bachelor degrees in other fields with one ADN indicating

Table 2

Nurses Demographics

Initial Nursing Education			Highest Nursing Education		
LPN	9	7.3%	Diploma	33	26.2%
Diploma	39	31.0%	ADN	48	38.1%
ADN	53	42.0%	BSN	33	26.2%
BSN	24	19.0%	MSN	1	.8%
No Response	1	.8%	No Response	11	8.7%
Specialty in Nursing			**Years in Nursing**		
Medical	7	5.6%	1-10 years	46	36.5%
Surgical	18	14.3%	11-20 years	37	29.4%
Critical Care	19	15.1%	21-30 years	25	19.8%
Perioperative	13	10.3%	31-40 years	8	6.3%
Perinatal	19	15.1%	No Response	10	7.9%
Pediatric	2	1.6%	Sample Mean		14.93
Oncology	8	6.3%	Sample SD		9.49
Emergency	10	7.9%			
Other areas	21	16.7%			
No Response	9	7.1%			

Note. n = 126

a J.D. degree. Two Diploma graduates listed Bachelor degrees in other fields also. Three BSN nurses indicated Bachelor degrees in Chemistry, Psychology, and Botony, in addition to their nursing degree, while two BSN's listed Masters degrees in different disciplines. Years in practice and nursing specialties are summarized in Table 2.

Physicians. Physicians numbered 68 (69 percent of those approached) as a group, 13 of whom were female. Their ages ranged from 27 to 67 with the majority between the ages of 30 and 50. Ethnic origin was again dominated by Caucasians with income reported to be greater than $60,000. Six physicians indicated an advanced degree (Masters) in addition to their medical degrees (3 in Public Health, 1 in Microbiology, 1 in Philosophy, and 1 did not indicate the field of study) (Table 1). Years of practice ranged from 1-40 years (Table 3) reflecting that of the nurses' years of practice. Specialties in medicine were determined by hospital differentiation for staff meetings and are summarized in Table 3 along with medical degrees and hospital affiliation.

Instrument

A modified version of Valiga's (1982) Views of Nursing Questionnaire was used for this study. Valiga developed two parallel forms containing 25 items each. This study utilized some items from both forms to obtain a broader range of perception of nursing as a profession. For better clarity, Valiga's questionaire is discussed first and then

Table 3

Physicians Demographics

Medical Degree			Hospital Affilliation		
M.D.	48	70.6%	Resident	11	16.1%
D.O.	18	26.8%	Staff	28	41.2%
No Response	2	2.9%	Pvt. Practice	28	41.2%
			No Response	1	1.5%
Specialty in Medicine			**Years in Practice**		
Psychiatry	4	5.9%	1-10 years	32	47.0%
Internal Med.	8	11.8%	11-20 years	21	30.9%
Radiology	2	2.9%	21-30 years	4	5.9%
Family Med.	22	32.4%	31-40 years	6	8.8%
Surgery	9	13.2%	No Response	5	7.4%
Anesthesia	4	5.9%	Sample Mean	12.46	
Obstetrics	3	4.4%	Sample SD	9.99	
Emergency	4	5.9%			
Other areas	9	13.2%			
No Response	3	4.4%			

Note. n = 68.

the development of the modified questionnaire will be discussed.

Valiga's Questionnaire

The Views of Nursing Questionnaire was developed by Valiga (1982) to measure nursing students' perceptions about nursing as a profession. The questionnaire was based on "(1) characteristics of a profession and professionals, (2) various nursing theories and concepts, (3) National League of Nursing's characteristics of baccalaureate graduates in nursing, and (4) other studies related to perceptions about or attitudes toward nursing as a profession" (Valiga, 1982, p. 126). The items related to a nurse's role and responsibilities and the relationship of the nurse to patients, physicians, and other health team members. The original 91 items were analyzed by eight experts for content validity. The final version of Valiga's questionnaire consisted of two parallel forms, each containing twenty-five items.

Each twenty-five item form included items reflecting ten concepts identified by Valiga as being characteristic of a profession or of professionals. They included:

> "Boundaries of the Discipline: The definition of the scope of the discipline is clear.
>
> Recipient of the Discipline's Service: The object of attention of the discipline is unambiguous.
>
> Goals of the Discipline: The reasons why members of the discipline do what they do are unambiguous.
>
> Relationship of the Discipline to Others: Relations among real-world elements are explicit.

Independence of the Discipline's Practitioners: Members of the discipline function independently.

Responsibility of the Discipline's Practitioners: The discipline has well-defined standards and ethical codes, and members of the discipline are responsible and accountable for their actions.

Scholarly Component of the Discipline: The discipline has a unique body of knowledge and a scholarly component.

Autonomy of the Discipline's Practitioners: Members of the discipline are autonomous.

Commitment of the Discipline's Practitioners: Members of the discipline have a lifetime commitment to it.

Activities of the Discipline's Practitioners: the discipline offers a unique service to society, and the characteristics of what members of the discipline do are unambiguous." (Valiga, 1982, p. 126-127)

Valiga's instrument was pretested with students from a baccalaureate program in the northwest using 85 items. The reliability coefficient for the pretest was reported at .77 with a Guttman split-half coefficient of .74. Valiga computed the Cronbach's Alpha for the 85 item pilot study questionnaire and reported it to be .86. There was no information available, however, on the final 25 item parallel forms used for the study.

The Modified Questionnaire

For this study a modified version of Valiga's questionnaire was used. The modified questionnaire utilized 20 items taken from both forms of Valiga's questionnaire to elicit broader descriptions of perceptions from the subjects. Some wording was changed to make the items more readable for the patients. A Reliability

Coefficient for internal consistency of .60 was calculated on the modified version, based on data obtained from a pilot study.

The following procedure was used to modify Valiga's questionnaire. First, thirty-three items from both forms of the original tool were extracted. These items were chosen for their intended clarity in depicting traditional or professional nursing items as determined by the researcher. The thirty-three statement questionnaire was then submitted to eight nursing educators as experts, including Valiga, so that each could label individual items as traditional or professional. Each was also asked to comment on the appropriateness of the wording for an eighth grade reading level. The same questionnaire was also given to several eighth grade students for their comments on the readability of the items.

From those thirty-three items, twenty were chosen by the researcher, using ten that reflected traditional attributes and ten that reflected professional attributes. The items chosen were based in part on the experts' consensus of the statement's category. Only those items on which at least seven experts agreed were used. Also, the ten characteristics of a profession used by Valiga (1985) were represented by at least one statement in the final twenty items (Appendix A). The final tool included an equal number of items from each of the two forms of Valiga's (1985) tool.

The modified questionnaire consisted of 20 items about nursing as a profession, ten of which were designed to reflect traditional attributes. "The inclusion of such statements was intended to reduce the acquiescence of subjects to all the statements, to reduce their merely agreeing with the printed word" (Valiga, 1982, p. 132). Scoring was reversed for those items which reflected traditional attributes as was done in Valiga's study, enabling a positive score to indicate a professional perception of nursing and a negative score to indicate a traditional perception of nursing. Subjects were asked to agree or disagree with the items using a Likert-type scale of Strongly Agree (+2), Agree (+1), Undecided or Do Not Know (0), Disagree (-1), Strongly Disagree (-2).

Since this tool was written for nursing students with some college background, modifications in wording were made following content validity testing that was completed through the submission of the tool to nursing educators. The readability of the items was pilot tested on 18 people without medical backgrounds. Total scores for the 20 item questionaire could range from -40 to +40. The positive score was perceived as having a more professional perception of nursing and the negative as having a more traditional perception of nursing. The modified questionnaire was developed to shorten the length of time expected for completion of the questionnaire, therefore enhancing potential for an increased response rate.

Reliability testing for internal consistency conducted on the results of the study produced a coefficient alpha of .83. A copy of the modified form used in this study is included in Appendix B.

Demographic Information Sheet

The demographic data that was examined for all subjects were: (1) age, (2) sex, (3) ethnic background, (4) educational background, and (5) income level. In addition, the nurses were asked the following: (6) initial nursing education, (7) highest level of nursing education, (8) years in nursing, and (9) area of specialty. The physicians were asked: (6) years in medical practice, (7) area of specialty, (8) affiliation with the hospital (resident, staff, private practice), and (9) type of medical school education (M.D. or D.O.). Demographic background was asked to obtain data that would help to better describe each group.

Although there was no supporting evidence found in literature regarding nursing specialties, Makadon (1985) highly recommended that the effects of age, gender, experience, specialty and practice settings be included in studies. A study by the Medical Economics Company (1985) suggested that surgeons perceived the role of nursing as being more traditional while psychiatrists perceived it as being more professional. Further studies of physicians' specialties were suggested. An example of the demographics sheet for each group is included in Appendices C, D, and E.

Permission of Subjects for the Study

Permission to conduct this study was obtained from Grand Valley State University Human Subjects Research Review Board and the hospital's Human Subjects Research Committee. Each questionnaire was prefaced with a verbal or written explanation of the purpose of the study. This explanation also assured the participant that no physical or mental risk was likely, that completion of the questionnaire was voluntary and assured anonymity. It also insured that participants understood they were giving their informed consent. Copies of the verbal and written explanations can be found in Appendix F, G, and H.

Procedure

Recruitment of all subjects was done during a six week period in the fall of 1991. Each group was given the same twenty statement questionnaire, with color coding of the questionnaires by group being done to facilitate analysis. Patients were approached on only one occasion, at which time the appropriate materials were delivered, namely, a verbal explanation, questionnaire, and envelope for assuring confidentiality. The sealed envelope was collected by the researcher 30-60 minutes later. Some needed more time and were asked to return the envelope to their nurses, who then gave the envelopes to the researcher. A total of 102 patients (90% of those approached) completed the questionnaire.

Many nurses and physicians were approached by the researcher during a regularly scheduled staff meeting as part of that meeting's agenda. The purpose of the study was explained and questions were answered. Subsequently, the questionnaire, and an envelope for the questionnaire were distributed to each nurse or physician. The researcher waited outside the room and after 15 minutes collected the sealed envelopes containing the questionnaires. All placed the questionnaire in the envelope, completed or not, so as to assure anonymity of participation. Two physician groups and five nursing staffs were approached through questionnaires placed in their mailboxes. Each contained a cover letter explaining the purpose of the study (Appendices G and H), the questionnaire, and an envelope in which to place their questionnaire. Nurses then placed the sealed envelope in a large envelope provided by the researcher. Envelopes were collected on a regular basis to assure anonymity to the participants. The physicians approached through their mailbox were provided envelopes addressed to the researcher and were placed in inhouse hospital mail. The mailbox method was used to facilitate participation of as many as possible. Agendas for the staff meetings for those groups had been too full to accommodate for the time needed to complete the questionnaire. Of the nurses approached during the collection of data, 126 participated (72% of

those approached), and 68 physicians (69% of those approached) completed the questionnaire.

CHAPTER FOUR

RESULTS

Although the concept of perception is abstract, the operational measurement of perception in the study was a 5-point Likert scale which is an ordinal level of measurement. However, a summated score can be treated as an interval measure in data analysis (Polit & Hungler, 1987), and was utilized as such for this study.

Current Perceptions

Question one, What are the current perceptions of patients, nurses, and physicians regarding nursing as a profession, was analyzed in descriptive statistics. The ranges, means and standard deviations of each group are summarized in Table 4.

Table 4

Perceptions of Professional Nursing by Patients, Nurses, and Physicians

Group	n	Range	Means	SD
Patients	102	-9 to 23	5.62	7.61
Nurses	126	3 to 38	20.41	6.90
Physicians	68	-5 to 36	14.03	8.15

The means and SDs of the individual items on the questionnaire were also calculated for each individual group. This was done so that comparison of the groups could be done on the individual items for discussion purposes. These are summarized in Table 5.

In general, the professional items tended to have higher positive scores. In addition, some traditional items also had positive scores indicating a professional perception of the items. However, many traditional items had negative scores. This may indicate that though many subjects had a professional perception of nursing, the patients had a more traditional perception of nursing than other groups.

The individual items were also ranked by intensity of perception for the same three groupings as above. Table 6 shows how the individual items were ranked by perception by each of the three groups (patients, nurses, and physicians). The closer the score gets to +2, the greater the intensity is toward a professional perception. The closer the score gets to -2, the greater the intensity is toward a traditional perception.

The highest seven items of all three groups were viewed professionally. The nurses' group had only one item that scored toward the traditional end of the scale (#4), and the physicians' group had only two items that scored toward the traditional end of the scale (#2 & 4) indicating a professional perception of nursing by both groups.

TABLE 5

Individual Item Means and Standard Deviations by Groups

Item	Patients Mean (SD)	Nurses Mean (SD)	Physicians Mean (SD)
1. Physician approval needed (T)	-.24 (1.31)	1.33 (.78)	.43 (1.33)
2. Rule followers(T)	-.90 (1.06)	.14 (1.16)[a]	-.34 (1.23)
3. One definition for nursing(T)	-.28 (1.19)	.48 (1.26)	.56 (1.24)
4. Medications primary duty(T)	-.86 (1.03)	-.22 (1.21)	-.34 (1.15)
5. Right and wrong ways(T)	-.84 (1.05)	.31 (1.32)	.21 (1.18)
6. Nursing largely routine(T)	-.02 (1.07)[a]	.93 (.95)	.43 (1.04)
7. Nursing assists individuals(P)	1.28 (.65)	1.60 (.51)	1.44 (.63)
8. Provides leadership(P)	1.22 (.59)	1.60 (.61)	1.35 (.66)
9. Father, mother, child syndrome(T)	.41 (1.33)	1.55 (.71)	1.27 (.99)
10. Scholarly dimension(P)	.91 (.75)	1.02 (.80)	1.19 (.70)
11. Vital signs primary role(T)	-.30 (1.24)	.89 (.99)	.53 (1.10)
12. Prevention/conservation role(P)	1.14 (.66)	1.54 (.50)	1.25 (.68)
13. Involved in professional organizations(P)	.41 (.92)	.50 (.95)	.63 (.93)
14. Contacts others(P)	.90 (.86)	1.06 (.83)	1.04 (.76)
15. Care only as directed by physician(T)	-.72 (1.04)	.74 (.91)	.03 (1.18)[a]
16. Follows orders without question(T)	.17 (1.20)	1.63 (.49)[b]	1.04 (.92)
17. Autonomy of practice(P)	.47 (.91)	1.02 (.88)	.54 (.94)
18. Continued education(P)	1.32 (.65)[b]	1.52 (.58)	1.59 (.50)[b]
19. Control of own practice(P)	.50 (.87)	1.32 (.69)	.40 (.95)
20. Role of leader for patient's need(P)	1.06 (.73)	1.41 (.65)	.78 (.86)

Note. T indicates a traditional item. P indicates a professional item.

[a]Low score for the group. [b]High score for the group.

Table 6

Ranking of Individual Items by Intensity of Perception

Items

1. (T) Nurses need physician approval before doing anything.
2. (T) Nurses function best as rule followers.
3. (T) There should be only one definition of nursing.
4. (T) Medications should be the primary duty of the nurse.
5. (T) There is a right way and a wrong way to do things.
6. (T) Nursing is most effective when repetitive and routine.
7. (P) Nurses assist others to attain/maintain/restore health.
8. (P) Nurses must provide leadership to peers.
9. (T) Father, Mother, Child Syndrome
10. (P) There is a scholarly dimension to nursing.
11. (T) A primary duty of nurses is to take vital signs.
12. (P) Role of prevention of disease/conservation of health
13. (P) Nurses must be active in professional organizations.
14. (P) Nurses make contacts with appropriate others for patient.
15. (T) Nurses give care only as directed by physician.
16. (T) Nurses must follows orders without question.
17. (P) Nurses must have autonomy of practice.
18. (P) Nurses must continue to update knowledge.
19. (P) Nurses must have control of their own practice.
20. (P) Nurse must assume role of leader when best for patient.

Ranking by Group Intensity of Perception

Rank	Patients Item (Mean)	Nurses Item (Mean)	Physicians Item (Mean)
1	P 18 (1.32)	T 16 (1.63)	P 18 (1.59)
2	P 7 (1.28)	P 7 (1.60)	P 7 (1.44)
3	P 8 (1.22)	P 8 (1.60)	P 8 (1.35)
4	P 12 (1.14)	T 9 (1.55)	T 9 (1.27)
5	P 20 (1.06)	P 12 (1.54)	P 12 (1.25)
6	P 10 (.91)	P 18 (1.52)	P 10 (1.19)
7	P 14 (.90)	P 20 (1.41)	P 14 (1.04)
8	T 2 (-.90)	T 1 (1.33)	T 16 (1.04)
9	T 4 (-.88)	P 19 (1.32)	P 20 (.78)
10	T 5 (-.84)	P 14 (1.06)	P 13 (.63)
11	T 15 (-.72)	P 10 (1.02)	T 3 (.56)
12	P 19 (.50)	P 17 (1.02)	P 17 (.54)
13	P 17 (.47)	T 6 (.93)	T 11 (.53)
14	P 13 (.41)	T 11 (.89)	T 1 (.43)
15	T 9 (.41)	T 15 (.74)	T 6 (.43)
16	T 11 (-.30)	P 13 (.50)	P 19 (.40)
17	T 3 (-.28)	T 3 (.48)	T 2 (-.34)
18	T 1 (-.24)	T 5 (.31)	T 4 (-.34)
19	T 16 (.17)	T 4 (-.22)	T 5 (.21)
20	T 6 (-.02)	T 2 (.14)	T 15 (.03)

Note. T indicates a traditional item. P indicates a professional item.

However, there were eight items that were scored toward the traditional end of the scale for the patients' group indicating a mixed perception of nursing as a profession with the other twelve items scored toward the professional end of the scale.

There is little difference in the top five ranks (Table 6). The items concerning "Nursing's assistance of the individual" (#7), "Nursing's leadership role of a profession" (#8), and "Nursing's preventive role in health care" (#12) all ranked in the top five of all the groups, indicating that all the groups recognized and valued nursing's role in these areas. "Continued education" (#18) ranked at the top in the patient and physician groups, but ranked only sixth in the nurse group.

Items #16 and #9 were traditional statements but received positive scores by the nurses and were ranked in the top five indicating a professional perception of nursing for those two items. Item #9 also received a positive score by the physicians and also ranked in the top five indicating a professional perception of nursing for that item by the physicians.

The bottom five ranks of each group were traditional items, except for one in each of the nurses' and physicians' groups. Item 13 (involvement in professional organizations) ranked sixteenth with the nurses, and item 19 (control of own practice) also ranked sixteenth among the physicians. All the tradition items in the five bottom

ranks had SDs greater than 1.00 (Table 5), indicating a high variability in the answers given. Thus, it may be concluded that, though some individuals had professional perceptions of these items, many others did not have a professional perception of nursing for those items.

More than half of the subjects in each group agreed that the professional items characterized nursing except for the item regarding "Professional organization membership" (#13), which ranked fourteenth, sixteenth, and tenth, respectively for the patients, nurses, and physicians. Interestingly, the physicians' mean for the item pertaining to a "Scholarly dimension to nursing" (#10) was 1.19, while the nurses' mean was 1.02, suggesting that physicians may have perceived nursing to be based on academics and learning more than the nurses did. This could be due to the large number of diploma and ADN graduates who participated in the study.

Over all, the professional items ranked higher than the traditional items which could indicate a trend to perceive nursing as a profession. However, the patients had negative scores for eight of the traditional items, indicating a strong identification with the traditional perception of nursing. This does not reflect the professionalism of nursing's role as would be hoped. The physicians' and nurses' scores of all items indicated a trend toward the professional perception of nursing. This could be due to the exposure of both the physicians and

nurses to the Professional Practice Model of the last five years at the hospital where the study was conducted, or that, indeed, the two professions are becoming more professional.

The subjects had been given the option of choosing the category "undecided" when completing the questionnaire. Several professional items were identified that seemed to elicit a high number of "undecided" answers. "Being active in professional organizations" (#13) elicited the most undecided responses with 36 patients (35.3%), 29 nurses (23%) and 16 physicians (23.5%) choosing this option. "Control of its own practice" (#19) elicited undecided responses for 37 patients (36.3%) and 21 physicians (30.9%). In contrast, only seven nurses (5.6%) had been undecided on this item. "Autonomy of practice" (#17) also elicited a high number of undecided responses from 32 patients (31.4%) and 16 physicians (23.5%), while only 11 nurses (8.7%) were undecided on this item. These elicited uncertainties support the conclusion that the nurses did have a more professional perception of nursing than the other two groups. Traditional items did not appear to cause as much uncertainty in any of the groups as did the previously mentioned professional items. This could be due to a greater familiarity with the traditional perceptions of nursing.

Group Differences

For question two, Is there a difference among the groups regarding the perception of professional nursing, a one way ANOVA comparing the groups' mean scores was performed. The resulting F-ratio was 111.20 at $p<.001$ (Table 7). Post hoc analysis (Scheffe Procedure) indicated that nurses (mean = 20.41) were significantly different from the patients (mean = 5.62) and from the physicians (mean = 14.03). In addition, the patients were also indicated to be significantly different from the physicians ($p<.05$) (Table 8). This indicates that the nurses perceived nursing to be more professional than either the patients or the physicians, and that the physicians perceived nursing to be more professional than the patients.

Other Findings of Interest

Some demographic data collected were also analyzed to determine if any could be related to the subjects' perceptions of nursing as a profession. These are summarized in Tables 9 and 10.

One way ANOVA was performed on the mean scores of the nurses' levels of education with F-ratios as noted in Table 9. Though both initial nursing education and highest level of nursing education indicated a significant difference at $p<.05$ only initial nursing education indicated a significant difference following the Scheffe Procedure as indicated in Table 10.

Table 7

Analysis of Variance: Group Comparison

Variable	SS	df	MS	F
Three groups				
between groups	12341.59	2	6170.79	111.20*
within groups	16260.57	293	55.49	

*p<.001.

Table 8

Scheffe Procedure: Group Comparison

Group	n	Mean	1	2	3
1. patients	102	5.62		*	*
2. nurses	126	20.41			*
3. physicians	68	14.03			

* denotes pairs significantly different at p<.05.

Table 9

Analysis of Variance: Levels of Nursing Education

Variable	SS	df	MS	F
Initial nursing education				
between groups	454.43	3	151.48	3.69**
within groups	4959.23	121	40.99	
Highest nursing education				
between groups	388.41	3	129.47	3.32*
within groups	4329.55	111	39.01	

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

Table 10

Scheffe Procedure: Levels of Nursing Education

Initial nursing education

Group	n	Mean	1	2	3	4
1. LPN	9	16.56				
2. Diploma	39	17.46				
3. ADN	53	19.17				
4. BSN	24	22.58		*		

Highest nursing education[a]

* denotes pairs significantly different at p<.05.

[a]No two pairs were significantly different at p<.05.

Nurses with an initial education level of diploma education (mean = 17.46) were significantly different from those with a BSN (mean = 22.58), indicating that the initial education levels of these two groups greatly influenced their perception of nursing as a profession. The Scheffe Procedure did not indicate a significant difference between LPNs and the BSNs, even though the LPN group's mean was 16.56. It could be that the LPN group was too small to be significant and, therefore, was not noted in the results. The Scheffe Procedure did not indicate significant differences among the mean scores for the highest levels of nursing education. This could indicate that the initial level of education had more influence over the nurses' perception of nursing as a profession than did their subsequent higher nursing education as was the findings in Corwin's (1965) study.

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

The purpose of this study was to determine the present perception of nursing as a profession by three groups: patients, nurses, and physicians. The data were also examined to determine if there was a difference among those three groups in their perceptions of nursing as a profession. Perceptions are influenced by contact with the concept "nursing as a profession" either personally or by remote means such as word of mouth or various types of media. King's (1981) definition and development of perception allows for individual factors that influence one's perception. King's conceptual model also allows for changes in one's perception due to other influencing factors.

Discussion

Current Perceptions

The nurses in the setting for this study had been practicing under the Professional Practice Model for five years when the study was conducted. Nurses' and physicians' scores indicated a perception of the professional role of nursing rather than the traditional, subservient role, including those items depicting the physician having control of how the nurse interacts with the patient (items 1, 2, 9, 15, & 16). The patients, on

the other hand, tended to acknowledge that some traditional attributes were equally as important as the professional attributes. Thus, as patients recognized the professional role of nursing, they still valued the traditional role of nursing.

These results are in contrast with earlier studies cited. Tagliacozzo (1965) had noted that the traditional role was so strongly valued by the patients she studied that the nurses' collaborative role was perceived as interfering with the nurse's ability to give good nursing care. Lee (1979d) suggested that both physicians (75%) and the general public (66%) valued the traditional role over the professional role with nurses being subservient to physicians and not able to make independent decisions. Lippman and Ponton (1989) reported a more professional perception of nursing among their subjects. This could suggest that over the last 27 years nursing has begun to be perceived in a more professional role.

<u>Group Difference</u>

The Scheffe Procedure results performed on the individual group mean scores indicated that the nurses' perceptions of nursing as a profession were significantly different from both the patients and the physicians. It was also indication the the physicians' scores were significantly different from the patients' scores. The nurses had the highest mean (20.41) with the physicians next (14.03) and then the patients (5.62). It could be

suggested that the nurses and physicians scored higher than the patients due to their exposure to the Professional Practice Model. The nurses had had extensive orientation to the model, including a change in documentation practices to reflect the model. Posters promoting collaboration, nursing diagnosis, and independent decision making were prominent on all nursing units. Nurses were encouraged to think, act, and talk professional nursing and to articulate what it was each one did in the course of a day.

Physicians were exposed indirectly to the Professional Practice Model through the posters on the units and through the nurses themselves. The nurses approached the physicians in a collaborative manner, reporting effects of treatments in a more informed manner, and suggesting alternate methods that were appropriate. In contrast, the patients were exposed to the Professional Practice Model for only the short time they had been in the hospital and only through contact with the nurses. The posters and documentation forms were not readily available to them. This could account for their lower scores and their higher agreement with the traditional, dependent role, items.

Summary

In summary, the results obtained suggested that, in the study's setting, nursing was valued as a profession with all groups valuing professional attributes. Traditional attributes, however, were still perceived as important to some subjects, especially the patients. It

appears that, in this setting, the perception of nursing as a profession has changed from the subservient role to one of collaborative practice, especially with physicians and nurses themselves. The influence of the Professional Practice Model can not be ruled out, however, and therefore, one can not generalize this study beyond the setting, as no other hospital in the geographic area is presently participating in the model.

Other Findings of Interest

Nurses

Two aspects of nursing education were examined in this study, initial nursing education and highest level of nursing education. Though both aspects indicated significant differences at $p<.05$ (Table 9), only initial nursing education indicated a significant difference following the Scheffe procedure. In this study, nurses with diploma education background scored significantly different from nurses with a baccalaureate education (Table 10). These results correlate with other studies of the influence of nursing education (Chaska, 1978; Kramer, 1970; Marshall, 1988; Meissner, 1981; Meleis & Dagenais, 1981; Pinch, 1985; Yang, 1974). Corwin (1965) suggested that the initial nursing education had more influence than later learning experiences. This appears to also be suggested by this study in that significant differences were not evident with highest level of education of the nurses. White's (1972) conclusions of education not being a significant

factor in nurses' perception of nursing were in contrast to the results of this study.

The Modified Views of Nursing Questionnaire

The questionnaire used in this study was a modified version of Valiga's (1982) Views of Nursing Questionnaire. The modified questionnaire was able to be completed quickly (about ten minutes), even though one 72 year old female wrote "you ask too many questions." The questionnaire also stimulated a lot of conversation within the setting, especially among the nurses. Many nurses commented to the researcher that the questionnaire had stimulated them to think about their role and to recommit themselves to professional practice. The items chosen for the questionnaire appeared to elicit distinctions between traditional and professional attributes. In fact, one physician returned the questionnaire without completing it stating the "statements were too loaded" to answer them.

There were some problems, however, especially in the wording of several items. During data collection, several patients asked that the researcher read the items to them due to various reasons. Several items needed to be reworded for many of the elderly patients so that they could understand the item. Efforts had been made to change items to an eighth grade reading level, but some concepts may have been too difficult for some subjects to comprehend. Among those concepts were "scope of professional autonomy" (#17), "largely routine and

repetitive" (#6), and "contacts with all appropriate persons" (#14). There did not appear to be these problems with the nurses and physicians. Therefore, wording for the nurses and physicians could remain as is, but perhaps the wording could be simplified even more for patients' comprehension.

Several subjects complained of confusion over the use of "primary" (#4, 11) and "primarily" (#15). These words were used in traditional items for the purpose of presenting those items (medication administration, vital signs, physician-directed care) as being most important in the nurse's duties or role. Rewording to make this intention more clear may be warranted.

In addition, physician and doctor were used interchangeably and need to be made consistent with the use of physician only, even though some patients appeared to relate more to the term doctor over physician. The one professional item that got the lowest scores was item 13, which stated "Nurses must be actively involved in professional nursing organizations." Many comments indicated that the word "must" was the objection to the statement. Several subjects suggested that if the word "should" were used that it would be more realistic to them. This item also had the highest number of undecided answers in the study, yet, as the active membership in professional organizations is a characteristic of professionalism (Valiga, 1982), the wording should remain the same.

Limitations of the Study

Threats to internal validity to this study might have existed. A factor that could bias this study was that the hospital had been practicing and publicizing Wesorick's (1990) Professional Practice Model for five years and it was anticipated that this could influence perceptions of the nurses and physicians. Professional nursing organizations and hospitals had also been attempting to alleviate the nursing shortage and were conducting campaigns to present nursing as an exciting and professional career (Professional Update, 1988; Styles, 1988; "Vital Signs", 1991b). Another possible bias was that the hospital in which the study was conducted had experienced recent budget cuts resulting in increased nursing assignments and duties.

Implications for Nursing

The trend for all three groups in this study to value the professional attributes of nursing may indicate a beginning perception of nursing being a profession. Although the patients, as a group, scored significantly lower than the other two groups, professional items were ranked above the traditional items for this group. Eight traditional items had scores on the traditional end of the scale (Table 5) which lowered the overall mean for this group. Results of the study and comments on various traditional items on the questionnaire indicated that all three groups perceived nurses to be knowledgeable in what

they do and to question orders when needed. This suggested that the subjects of this study do not perceive nurses as being subservient and just "trained" to do a good job.

Leddy and Pepper (1985) called for nursing to differentiate today's professionals from previous generations, and from those aspects of nursing's history that interfere with nursing independence and professional autonomy. Nursing is more economically set now than in those early days and should no longer allow for domination and manipulation by others. Leddy and Pepper further contended that all this starts with nurses educating their peers. Only after nurses perceive themselves as professionals can they influence other health professionals, and finally society itself, to change the present image of nursing.

Implications for Nurses

Making nursing visible is a means of changing perceptions that has been touted by nursing leaders for the last decade (Curtain, 1987; Diers, 1982; Evans et al., 1983; Fernandes, 1980; Kalisch & Kalisch, 1987; Professional Update, 1988; "Vital Signs", 1991b). Fonseca (1980) urged nurses to band together to bring a change in the perception of nursing as a profession, contending that "nurses must begin to dispel their own stereotyped thinking at the same time they are trying to change the public's [perception] of nursing, a task that demands maturity and willingness" (p. 539). Nursing must also remain visible to

all in order to effectively change society's perception of nursing. Promotion of the profession must be at the forefront of these efforts (Lippman & Ponton, 1989; Fagin & Diers, 1983). Nurses need to use these opportunities to further their professional growth by presenting themselves as confident, knowledgeable caregivers who can suggest alternative means to a desireable outcome for the patient.

Nurses's Effects on Media Portrayals of Nursing

Lastly, nurses must continue to counteract professional nursing's biggest obstacle, the media portrayal of nursing. Media must be continually monitored with letters to producers, commenting on both professional and traditional aspects portrayed. Nurses can be effective in determining what is portrayed. In recent years the show "The Nightingales" was removed from the network's lineup due to protests from nurses regarding its portrayal of nursing ("Can Nurses Control," 1991). Nurses can make a difference, and need to continue their presents efforts.

Implications for Nursing Administrators

Nursing administrators must be proactive in their efforts to provide the best care possible in these days of cost containment or nursing will continue to be manipulated and dominated by others (Leddy & Pepper, 1989). Lancaster (1986) urged that efforts be made to promote the advantages of having professionally educated nurses caring for the patients, promoting public accountably by nurses and

inducing nurses to be creators of change rather than reactors to change.

Implications for Nursing Educators

Nursing educators must realize their importance as image makers and role models when interacting with students. Betz (1985) stated that professional formation must begin in fundamentals, increasing the expectation of one's role as the student progresses through the program. Nurse educators are also challenged to be proactivists in furthering the collaborative role between nurses and physicians by encouraging interaction between medical and nursing students throughout their educations. With an enhanced collaborative practice at such early stages of professional development, nursing's image could be improved among physicians in the end. Nursing educators also need to instill a desire for research in the undergraduate student with examples of possible clinically-oriented research problems.

Implications for Researchers

The perception of nursing as a profession will not improve without research based theory and practice. It is important that nurses can articulate that their practice is based on research and not because it has always been done that way (Leddy & Pepper, 1985). Valiga (1982) feared that without a desire for research, one may agree with statements concerning the importance of research, yet never

read another research article, question one's practice methods, or base ones's practice on research.

Recommendations

Several suggestions have already been made to promote a professional perception of nursing. Topmost would be the continued efforts of nurses to promote a professional image, continued promotion of nursing research by clinically-based nurses as well as nurse educators, and increased collaborative efforts with other health professionals (including basic education courses). In relation to this study, several recommendations can be made. As the nurses in this study were practicing under the Professional Practice Model, it would be helpful to determine if the professional perception obtained was present in other hospitals in the city. Surveys of other nurses, physicians, and patients would help to determine if the results obtained were unique to the setting or if they could be generalized to the geographic area.

Surveys of both nursing and medical students would also be of value. Valiga (1982) suggested further testing of the Views of Nursing Questionnaire with longitudinal studies being a preferred method. This could be done with both nursing and medical students to determine what factors may contribute to the perception one has of nursing. A one time survey of the general public in the geographic area could help to validate the data obtained in this study. By surveying people outside of the hospital setting, one might

eliminate any attempts to "please the nurse" when giving answers.

Replication of a study can serve to strengthen the results of a study or to further validate the tool used (Polit & Hungler, 1987). Both the Views of Nursing Questionnaire and the modified tool used in this study are easy to use and can be completed in a short period of time. Repeating this study in five years in the same setting may also help to determine if the use of the Professional Practice Model is indeed an influencing factor in the results obtained. A more valid testing of the Professional Practice Model's influence on perception would be to use one of the above tools in a practice setting both before implementing the model, and then after it had been in use for a period of time.

Summary

In summary, the perception of nursing as a profession is an area of interest to nursing that must be studied on a continual basis. As King (1981) stated, perceptions change through interactions with the subject, or concept. As nursing continues to promote itself as a vibrant, challenging profession, its efforts must be evaluated. Continued studies are a must, and should be conducted on a regular basis.

APPENDICES

APPENDIX A

APPENDIX A

REPRESENTATION OF PROFESSIONAL CHARACTERISTICS IN THE MODIFIED VIEWS OF NURSING QUESTIONNAIRE

PROFESSIONAL CHARACTERISTIC	PROFESSIONAL ITEM	TRADITIONAL ITEM
Boundaries of the Discipline		5, 6, 16
Recipient of the Discipline's Service	7, 20	
Goals of the Discipline	12	
Relationship of the Discipline to Others	14	9
Independence of the Discipline's Practitioners	19	1
Scholarly Component of the Discipline	10, 18	3
Autonomy of the Discipline's Practitioners	17	2
Commitment of the Discipline's Practitioners	13	
Activities of the Discipline's Practitioners		4, 15
Responsibility of the Discipline's Practitioners	8	11

APPENDIX B

APPENDIX B

Views about Nursing Questionnaire

Directions to participant. I would like to determine what your ideas of Professional Nursing are. For each statement please indicate whether you Strongly Agree (SA), Agree (A), are Undecided or Do Not Know (U), Disagree (D), or Strongly Disagree (SD) with the statement. Circle the one answer that best expresses your opinion, and please be certain your response to each statement is clearly marked. There are no right or wrong answers, so please answer openly and honestly.

Thank you.

	Statement	SA	A	U	D	SD
1.	Nurses should get approval from the doctor before giving patients any information or doing anything for them other than what is ordered.	-2	-1	0	1	2
2.	Nurses must be faithful followers of specific rules imposed by the physician and/or the agency administration.	-2	-1	0	1	2
3.	There should be one specific definition of nursing that all nurses can follow.	-2	-1	0	1	2
4.	The administration of medications is of such a serious nature that it should be a primary activity of nurses.	-2	-1	0	1	2
5.	There is definitely a right and a wrong way to do things and to approach nursing situations.	-2	-1	0	1	2
6.	Nursing is practiced most effectively in situations which are largely repetitive and routine.	-2	-1	0	1	2

	Item	SA	A	U	D	SD
7.	Nurses, in the performance of their roles and responsibilities, assist individuals and groups in society to attain, maintain, and restore health.	2	1	0	-1	-2
8.	Nurses must be able to provide leadership to their peers and to the profession itself.	2	1	0	-1	-2
9.	It is useful for patients to think of the physician as the "father," the nurse as the "mother," and themselves as the "children" in a relationship.	-2	-1	0	1	2
10.	There is a scholarly dimension to the practice of nursing.	2	1	0	-1	-2
11.	A primary responsibility of nurses should be taking the patient's vital signs.	-2	-1	0	1	2
12.	Nursing must be concerned equally with the prevention of disease and the conservation of health.	2	1	0	-1	-2
13.	Nurses must be involved actively in professional nursing organizations.	2	1	0	-1	-2
14.	Nurses should make written or verbal contacts with all appropriate persons to assure continuity of nursing care for patients.	2	1	0	-1	-2

		SA	A	U	D	SD
15.	Nurses should be concerned primarily with giving physical care to patients as directed by the physicians.	-2	-1	0	1	2
16.	Nurses must follow physicians' orders without question.	-2	-1	0	1	2
17.	Nurses should be free to practice nursing as they define it within the scope of professional autonomy.	2	1	0	-1	-2
18.	Nurses should update their knowledge through lifelong continuing education.	2	1	0	-1	-2
19.	Nurses must control and direct their own practice.	2	1	0	-1	-2
20.	Nurses must not hesitate to assume the role of leader of the health care team when the patient's problems are best met by nurses.	2	1	0	-1	-2

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Adapted from Valiga, p. 276-283.

Before placing in the envelope, please check that all items have been answered. Thank you.

COMMENTS:

APPENDIX C

APPENDIX C

PATIENTS' DEMOGRAPHIC INFORMATION SHEET

The following questions will not be used to identify any participant as they are for statistical purposes only.

Please circle the number in front of the answer that best describes you.

1. Your sex:
   1. Male
   2. Female

2. What is your age:____

3. Which of the following best describes your racial or ethnic background:
   1. Black (Negro)
   2. Hispanic (Mexican-American)
   3. White (Caucasian)
   4. Pacific/Asian
   5. Native American
   6. Other--specify______________

4. What was your approximate net family income from all sources, before taxes in 1990?
   1. less than $10,000
   2. 10,000 to 19,999
   3. 20,000 to 29,999
   4. 30,000 to 39,999
   5. 40,000 to 49,999
   6. 50,000 to 59,999
   7. 60,000 and over
   8. do not wish to answer

5. Which is the highest level of education that you have completed?
   1. no formal education
   2. some grade school
   3. completed grade school
   4. some high school
   5. completed high school
   6. some college
   7. completed college (specify major)____________
   8. some graduate work
   9. completed graduate work (specify degree and major)____________

Thank you for your time and effort. It is greatly appreciated.

APPENDIX D

APPENDIX D

NURSES' DEMOGRAPHIC INFORMATION SHEET

The following questions will not be used to identify any participant as they are for statistical purposes only.

Please circle the number in front of the answer that best describes you.

1. Your sex:
   1. Male
   2. Female

2. What is your age:____

3. Which of the following best describes your racial or ethnic background:
   1. Black (Negro)
   2. Hispanic (Mexican-American)
   3. White (Caucasian)
   4. Pacific/Asian
   5. Native American
   6. Other--specify______________

4. What was your approximate net family income from all sources, before taxes in 1990?
   1. less than $10,000
   2. 10,000 to 19,999
   3. 20,000 to 29,999
   4. 30,000 to 39,999
   5. 40,000 to 49,999
   6. 50,000 to 59,999
   7. 60,000 and over
   8. do not wish to answer

5. Which is the highest level of education that you have completed?
   1. some college (6)
   2. completed college (specify major)____________ (7)
   3. some graduate work (8)
   4. completed graduate work (specify degree and major)__________ (9)

6. Initial nursing education:

   1. LPN
   2. Diploma
   3. ADN
   4. BSN

7. Highest level of nursing education:

    1. Diploma
    2. ADN
    3. BSN
    4. MSN
    5. Doctorate in Nursing

8. How many years have you been in practice?_____

9. Area of nursing speciality:

    1. medical
    2. surgical
    3. critical care
    4. perioperative
    5. perinatal
    6. pediatrics
    7. oncology
    8. emergency
    9. other: ______________

Thank you for your time and effort. It is greatly appreciated.

APPENDIX E

APPENDIX E

PHYSICIANS' DEMOGRAPHIC INFORMATION SHEET

The following questions will not be used to identify any participant as they are for statistical purposes only.

Please circle the number in front of the answer that best describes you.

1. Your sex:

   1. Male
   2. Female

2. Your age:_____

3. Which of the following best describes your racial or ethnic background:

   1. Black (Negro)
   2. Hispanic (Mexican-American)
   3. White (Caucasian)
   4. Pacific/Asian
   5. Native American
   6. Other--specify______________

4. What was your approximate net family income from all sources, before taxes in 1990?

   1. less than $10,000
   2. 10,000 to 19,999
   3. 20,000 to 29,999
   4. 30,000 to 39,999
   5. 40,000 to 49,999
   6. 50,000 to 59,999
   7. 60,000 and over
   8. do not wish to answer

5. Which is the highest level of education that you have completed?

   1. some college (6)
   2. completed college (specify major)____________ (7)
   3. some graduate work (8)
   4. completed graduate work (specify degree and major)__________ (9)

6. How many years have you been in practice? _____

7. Area of specialty:__________________________

8. Affiliation with the hospital:

   1. resident
   2. staff physician
   3. private practice

9. Medical Degree:

   1. M.D.
   2. D.O.

Thank you for time and effort. It is greatly appreciated.

APPENDIX F

APPENDIX F

VERBAL EXPLANATION

(Thank you for allowing time on your agenda for me.) I am Ann Robach and I am a Masters level student in Grand Valley State University's nursing program. I am currently conducting a survey regarding your perception of nursing as a profession.

The questionnaire is a series of statements about nursing and nurses. You are being asked to circle the response next to the statement you feel best describes your opinion about the statement. There are no right or wrong answers; your opinion is what is important.

No physical or mental risk is anticipated with this study. You are free to not complete the form if you so desire. No one will be able to determine which form is yours. The questions at the end are for statistical purposes only and will not be able to identify you. Your completion of the form signifies that you understand (1) the purpose, (2) the lack of risk to yourself, and (3) my promise of anonymity that is involved in this study.

I will return in fifteen minutes to pick up your sealed envelope. If you choose not to complete the questionnaire, please place it in the envelope to assure your anonymity of participation. Do you have any questions? I thank you for your cooperation.

Note: Information in parentheses is for nurse and physician presentations.

APPENDIX G

APPENDIX G

PHYSICIAN COVER LETTER

Dear Doctor,

I am working on my Master's Degree in Nursing and am now collecting data for my thesis, regarding patients', nurses', and physicians' perceptions of nursing. I am asking you to complete a questionaire regarding your idea of what statements best describe nursing as a profession.

Attached you will find a series of statements about nursing and nurses. You are being asked to circle the letter or letters next to the statement you feel best describes how you perceive that statement to describe nursing's role in the health care system.. There are no right or wrong answers; your opinion is what is important. If you have any questions you can call me at home (627-4868). When you have completed the survey, please place it in the provided envelope and place it in the hospital inhouse mail.

No physical or mental risk is anticipated with this study. You are free to not complete the form if you so desire. If you do not wish to participate, just put the blank questionnaire in the provided envelope and drop it in hospital inhouse mail. No one will be able to determine which form is yours during analysis. The questions at the end are for statistical purposes only and will not be able to identify you. My thanks and appreciation is your reward for completing this questionnaire. Your completion of the form signifies that you understand the purpose, lack of risk to yourself, and my promise of anonymity that is involved in this study.

I thank you for your cooperation and look forward to getting your's and others' responses to the study.

Sincerely,

Ann Robach, R.N.
Masters Program Student
Grand Valley State University

APPENDIX H

APPENDIX H

NURSE COVER LETTER

Dear Fellow Nurse,

I am working on my Master's Degree in Nursing and am now collecting data for my thesis, regarding patients', nurses', and physicians' perceptions of nursing. I am asking you to complete a questionaire regarding your idea of what statements best describe nursing as a profession.

Attached you will find a series of statements about nursing and nurses. You are being asked to circle the letter or letters next to the statement you feel best describes how you perceive that statement to describe nursing's role in the health care system.. There are no right or wrong answers; your opinion is what is important. If you have any questions you can call me at home (627-4868). When you have completed the survey, please place it in the provided envelope and place it in the large envelope with my name on it.

No physical or mental risk is anticipated with this study. You are free to not complete the form if you so desire. If you do not wish to participate, just put the blank questionnaire in the provided envelope and drop it in hospital inhouse mail. No one will be able to determine which form is yours during analysis. The questions at the end are for statistical purposes only and will not be able to identify you. My thanks and appreciation is your reward for completing this questionnaire. Your completion of the form signifies that you understand the purpose, lack of risk to yourself, and my promise of anonymity that is involved in this study.

I will return next week to pick up your completed form from the large envelope. I thank you for your cooperation and look forward to getting your's and others' responses to the study.

Sincerely,

Ann Robach, R.N.
Masters Program Student
Grand Valley State University

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