

**AN EXAMINATION OF THE
PERCEPTIONS OF NURSES
REGARDING
THE ROLE OF THE NURSE**

MARGARET S. FALKENBERG

B. Ed., University of Lethbridge, 1980
R.N., Alberta Hospital, Ponoka, 1959

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An Examination of the Perceptions of Nurses Regarding the Role of the Nurse

Introduction

We in nursing, from the time of Florence Nightingale, have been concerned with improving our image as bona fide professionals. For many years we have been striving to have nursing classified as a profession on equal footing, for example, with medicine and law. The goal of nurses to be classified as "professionals" does not stem from a seemingly shallow wish for status and increased remuneration but, instead, from the more altruistic motive to provide a specialized service to society.

The view of the professional role of the nurse generally held by nursing educators sees nurses functioning in a broad range of health care services. The nurse's professional goals are concerned with the promotion of health and the prevention of disease as well as the treatment of illness. We, as nursing educators, strive to instill in our students attitudes and values that relate to believing in the worth and dignity of the individual. Many of these values are outlined in our code of ethics. The Canadian Code of Ethics for Nursing includes standards that call for individualized programs of nursing care "designed to accommodate the psychological, social, cultural and spiritual needs of clients, as well as their biological needs" (Canadian Nurses Association, 1985, p. 4). We see these values and goals as inherent in the professional role of the nurse. As nursing educators, we are committed to helping students become knowledgeable, skilled, caring, professional nurses.

However, nursing education and the socialization of students to the "professional" role consist of factors other than simply their classroom and practicum interaction with nursing faculty. As well, college nursing students, during their clinical experience in the hospitals, interact with staff nurses and with members of nursing administration. These people, without question, have a great

influence on the students' learning of attitudes and behaviors. In planning nursing education, surely it would be important to know what perceptions are held by practicing nurses regarding the role of the nurse. Presumably nursing educators assume that practicing nurses and nursing administrators hold the same view as their own regarding the nursing role. But can we make the assumption that we are all working toward congruent goals? Is "professionalism" really a major element in the nursing role as currently viewed by nurses? Do faculty members themselves share the same view of the role of the nurse? Is there consistency among practicing nurses with regard to what "professionalism" in nursing means? How important is a consistent view of the role of the nurse among members of the profession?

Some have charged that it is an inconsistency in perception of the role of the nurse that is to blame for a disproportionate number of nurses dropping out of the profession in the first year of graduate employment. Researchers such as Kramer & Schmalenberg (1978) blamed a number of the problems in the profession on the discrepancies and incongruencies in nursing role perceptions held by practitioners. Claims have been made that we in nursing education are responsible for creating a misconception of what nursing really is. Simpson (1979) maintained that nursing educators influence new graduates to have an unrealistic, dysfunctional view of the nurse.

One might ask if our nursing education program at the college is actually preparing nurses who will indeed uphold the holistic view of nursing as espoused in our curriculum philosophy statements. On the other hand, if our students graduate firmly believing in the school's ideals, do they end up suffering what has been termed "reality shock" when they are first employed, the trauma of which may be so severe that they either give up nursing as an occupation or, as a survival measure, quickly adopt prevailing "bureaucratic" technocratic attitudes and methods of operating (Kramer & Schmalenberg, 1978, p. 1)?

The purpose of this study was to examine the attitudes and beliefs of nurses concerning the role of the nurse. As well, the study looked at the extent to which nurses perceive themselves in "professional" or "bureaucratic" roles. The motivation behind the study is the belief that those people involved in nursing education should share a humanistic, holistic nursing philosophy as well as a belief in a truly professional role for the nurse.

Review of the Literature and Description of Terms

Nursing as a Profession

As mentioned earlier, nurses are still struggling to gain the right to be called "professionals". Etzioni (cited in Potter & Perry, 1985) named five basic criteria for a profession. They are:

1. A profession requires an extended education of its members in addition to a basic liberal foundation.
2. A profession has a theoretical body of knowledge leading to defined skills, abilities and norms.
3. A profession provides a specific service.
4. Members of a profession have autonomy in decision making and practice
5. The profession as a whole has a code of ethics for practice (p. 28).

Leaders in the nursing profession maintain that to a great extent nursing does meet these criteria. The practice of nursing requires a significant education. Certainly it is becoming increasingly important that nurses' education be responsive to scientific and technological advances. As well, nursing education is being given a more liberal foundation. The trend for more nurses to be educated at the baccalaureate level has been accelerated especially since several Canadian provincial nursing associations (including the Alberta Association of Registered Nurses) have issued position papers advocating that minimum education allowing entry to practice be a baccalaureate in nursing (Baumgart & Larsen, 1988).

In reference to meeting the second criterion of what makes a profession, nurses are increasingly interested in establishing their own specialized knowledge base: one that relates specifically to nursing concerns. Nursing theorists argue that this knowledge base is instrumental in the move towards nursing establishing itself as a set of activities autonomous from those of medicine and paramedical professions (Chinn & Jacobs, cited in Aggleton & Chalmers, 1987, p. 573). Nursing leaders have developed a number of conceptual models of nursing practice and, in doing so, have "done much to establish the foundations of a systematic body of nursing knowledge" (Aggleton & Chalmers, 1987, p. 573).

The third profession-qualifying criterion involves the provision of service to society. Betz (1985) noted that a position paper issued by the American Nurses' Association described professional nursing practice as "sharing responsibility for the health and welfare of all those in the community; it is coordinating and synchronizing medical and other professional and technical services as those affect patients" (p. 302).

Johnson (cited in Betz, 1985) described aspects of the professional role:

A professional nurse is expected to be adept in the problem-solving and decision-making processes, which are grounded in the theoretical basis of nursing and other behavioral sciences such as sociology and psychology. Consequently the professional nurse is expected to identify nursing problems which affect the patient as well as institute effective remediation of such problems (p. 302).

Some might argue (in reference to the fourth autonomy-related criterion of a profession mentioned above) that nursing does not qualify as a profession. They would say that nursing is still evolving as a profession and that there are some controversial autonomy-related issues that must be faced before full-fledged professionalism can be achieved (Aiken, 1982). Much of the literature concerning nursing

professionalism describes the various reasons why nurses have failed to attain the degree of autonomy attained by other professionals. Some of the reasons given include the constraints placed upon nurses by the employing institution, physicians, and others in the health care delivery system (Kozier & Erb, 1983; Potter & Perry, 1985). The literature also suggests that lack of autonomy in the profession is related to a tendency toward lack of autonomy in the characteristics of the type of individual who is attracted to nursing (Boughn, 1988, p. 150).

The newly elected president of the Canadian Nurses Association, Dr. Judith Ritchie (1988) suggested that perhaps our problems in moving ahead in our profession are partly due to the way nursing educators interact with students. She cited work done by Remick which showed that "older nursing students claim that nursing is characterized by excessive demands for 'good girl' behavior. . . that teachers are intolerant of assertiveness and reward passivity, thus denying students an intellectually challenging experience and needed skills" (p. 34). Ritchie asked if nursing educators are paying "lip service" to what they teach but teaching something else by their actions. Certainly this kind of teaching behavior would not encourage autonomous nursing actions or ultimately result in a more autonomous nursing profession.

Greenwood (1984) claimed that there are indeed forces in the community that seek to counter the profession's claim to autonomous authority and control over its own affairs. Accordingly, this author argued that nursing must prove that:

The performance of the occupational skill requires specialized education; that those who possess this education, in contrast to those who do not, deliver a superior service; and that the human need being served is of sufficient social importance to justify the superior performance (p. 19).

An essential element in possessing professional autonomy, many nurse scholars would argue, is the understanding and utilization of a

conceptual model of nursing (Schutzenhofer, 1988; Roy, 1987). Much of current nursing literature emphasizes the importance of nursing practice based on a theoretical nursing model. Nurse scientists argue that nursing judgements can be made autonomously only if they are based on knowledge derived from theory-based nursing research (Porter-O'Grady, 1987).

Having our own code of ethics fulfills the fifth criterion in the classification of an occupational group as a profession. Nursing as an occupational group has its own distinct culture consisting of certain values, norms and symbols. These values and ethical norms are encoded in the Canadian Nurses Association Code of Ethics and act as guidelines to professional practice (C.N.A., 1985). The code of ethics illustrates the profession's regard for high ideals of conduct.

Others say that rather than talk of a static traditional concept of "profession", (because in reality there is no "ideal" profession that meets all criteria) it would be more useful to think in terms of the process of "professionalization". They see nursing as being on a continuum of professionalization (Volmer & Mills, 1984; Fuszard, 1984).

The above discussion dealt with the collective characteristics of nursing as a profession. What then characterizes the nurse as a professional individual? Miller (cited in Kozier & Erb, 1987) provided a list of behaviors that she maintained would indicate the degree to which a nurse could be considered "professional". In fulfilling the professional role, the nurse:

1. Assesses, plans, implements, and evaluates theory, research, and practice in nursing. These behaviors are reflected in the entire Nursing Process.
2. Accepts, promotes, and maintains the interdependence of theory, research, and practice. These three elements make nursing a profession and not a task-centered activity.
3. Communicates and disseminates theoretical knowledge, practical knowledge, and research findings to the nursing community. Professionalism must be demonstrated by

- supporting, counseling, and assisting other nurses.
4. Upholds service orientation of nursing in the eyes of the public. This orientation differentiates nursing from an occupation pursued primarily for a profit. Many consider altruism the hallmark of a profession. Nursing has a tradition of service to others. This service, however, must be guided by certain rules, policies, or code of ethics.
 5. Preserves and promotes the professional organization as the major referent (p. 8).

This list of behaviors represents the distillation of collective professionalism to a concentration at the individual level. All the essential ingredients of professionalism are represented. As well, the behaviors are consistent with nursing's holistic philosophy. Since these behaviors are fundamental to professional nursing, all those individuals involved in nursing education should be preparing students with congruent knowledge, attitudes, and skills which would enable students to carry them out. Part of the process whereby nursing students learn these professional behaviors is through socialization.

Socialization

Simpson (1979) provided one definition of "socialization" that is acceptable for the purposes of this study. Socialization is seen as involving:

the acquisition of attitudes along with skills and behavior patterns that constitute the professional role. . . .

Socialization processes include direct learning through didactic teaching and indirect learning through example and sustained involvement with others in the professional subsystem. . . . Students gradually acquire the professional culture through cumulative learning that develops them into "full" professionals (p. 7).

Greenwood (1984) said that in order to succeed in a chosen profession the student must make an effective adjustment to the

professional culture. He said that:

Mastery of the underlying body of theory and acquisition of the technical skills are in themselves insufficient guarantees of professional success. The recruit must also become familiar with and learn to weave his [sic] way through the labyrinth of the professional culture. Therefore the transformation of the neophyte into a professional is essentially an acculturation process wherein he internalizes the social values, the behavior norms, and the symbols of the occupational group (p. 84).

Perceptions of the Nursing Role

A role is a set of behaviors which is associated with a person's participation in a social group. Cottrell (cited in Lambert & Lambert, 1988) defined role as:

an internally consistent series of conditioned responses by one member of a social situation which represents the stimulus pattern for a similarly internally consistent series of conditioned responses of the others in that situation (p. 55).

The Bureaucratic and the Professional Orientations to the Nursing Role

The nursing literature relates numerous studies which were done for the purpose of indentifying differing perceptions of the role of the nurse (Smith, 1965; Crocker & Brodie, 1974; Swanson, 1987; Lawler & Rose, 1987; Weller, Harrison, & Katz, 1988; Marshall, 1988). Generally speaking, these studies revealed that perceptions of the nursing role do vary from a narrowly focused, task-oriented, bureaucratic-serving role to the broader, holistically focused professional role described on pages 6 and 7 of this study. Habenstein & Christ (cited in Brotherton, 1988) were able to categorize nurses into three different "orientations" to nursing. According to these researchers, they are:

The Traditionalist sees herself in a nurturant, supportive position, with primary loyalty to the patient's well being. She rarely challenges the authority of the physician, as she feels the nurses position is subordinate to the physician's. The Professional legitimizes her authority on the basis of scientific knowledge, advocates the advancement of this knowledge, and attempts to avoid becoming emotionally or personally involved with patients. The Utilizer sees nursing as a job, not a calling or a career. She is concerned about completing the tasks of the job and evaluates change in terms of benefits to herself (p. 119).

Brotherton's (1988) own research found that "orientations to nursing are not stable, fixed entities, but vary according to one's experience with nursing". Nursing students who had had a professional development course showed more of an orientation toward the professional role (p. 121).

Similarly, work by Cohen and Jordet (1988) showed that the socialization process begins early in nursing education and that students in their freshman year begin to substitute a more professional view of nursing for their earlier more traditional one. This research showed that the further students had advanced in their nursing program, the more closely their views regarding professionalism correlated with those of the faculty members.

Seemingly, in the more recent history of nursing, there has been a persistent tug-of-war between the forces of "professionalism" and those who view nursing as more "utilitarian" or "task-oriented". In the fifties there was increased concern that nursing was becoming more and more oriented toward the technological and the bureaucratic. Nurses were spending more time with procedures and monitoring machines than actually doing bedside nursing. Subsequently, in the early sixties, nursing leaders supported a move away from hospital- controlled nursing "training" toward more intellectually-based collegiate education to make nursing more "professional". According to Simpson (1979), collegiate nursing

education represented a relatively new movement to professionalize nursing by giving it status as an intellectual discipline.

The fact that more and more nursing students are being educated in colleges and universities (there are still schools of nursing operating out of hospitals) does not mean the battle for enduring socialization of students into the "professional" role has been won. Simpson's (1979) longitudinal study showed that although students did adopt views of their school *on paper*, that is; they endorsed the ideology of professional nursing consisting of a holistic view of patients and individualized care, they actually operated under orientations that were consistent with the nursing roles learned in their actual hospital experience. These orientations grew out of the bureaucratization of nursing work in large hospitals. Hospital routines emphasized "tasks and the work of the hospital, not patients" (p. 235). This orientation, favoring the "bureaucratic" role of the nurse, tended to influence students towards compliance and emphasized "following doctors' orders and hospital routines" (p. 147). This incongruency in socialization outcome resulted from the practice of collegiate schools sending their students to hospitals for their practical experience. Simpson postulated that although faculty upheld one set of "ideal tasks", in actuality they stressed another in their clinical teaching which usually took place in a highly structured, bureaucratic institution. Students, at least in the particular school of nursing where the study was conducted, gained their role orientations partly through the assignments that faculty deliberately structured for them. Simpson (1979) wrote:

What students think is expected of them is determined by the assignment and by supervision of their role performances by the faculty. In the case of the school of nursing, an instrumental orientation towards patients as objects on whom faculty-assigned tasks were to be performed was implicitly built into the student role (p. 128)

Lambert and Lambert (1988) maintained that although there is a

long history of conflict between nurses in service and those in education, it is only fairly recently that studies have been done to investigate the perception of role by practicing nurses and educators. Infante (cited in Lambert & Lambert, 1988) noted that role conflicts are likely to arise for the nursing educator who has been "socialized into the role of caregiver and then attempts to transit into the role of being a teacher in academe" (p. 57). It may be the case that, although faculty believe in and are consciously trying to apply nursing theory and philosophy, those who have been socialized in the "old school" of the hierarchically structured institution may fail to behaviorally exhibit these beliefs in their clinical teaching. For example, Hammer and Tufts (1985) noted that for many years student submission to authority was an accepted part of traditional nursing education and that it is still a significant part of nursing education today. These writers suggested that:

subtle displays by faculty of authoritarianism, intellectual elitism, and a general lack of respect for and belief in the student act in concert to promulgate low self-esteem and self- image (Hammer & Tufts, 1985, p. 281).

Role Conflict

Other writers would agree that nursing educators are not preparing students adequately with a functional view of the nursing role. Their view is that new graduates' nursing role expectations are dysfunctional and too idealistic for the real world of nursing practice. Beginning practitioners, for example, start their practice believing that the patient is the focus of health care services but soon become frustrated when they discover that many competing factors interfere with the nurse's ability to give the patient holistic care (Kramer, 1974). They suffer what has been termed "role conflict". Role conflict is a lack of compatible role expectations. Kahn (cited in Lambert & Lambert, 1988, p. 55) described role conflict as the "situation in which one is not only required to play two or more roles that are in conflict with each other, but the role that one is required

to assume is in conflict with one's value system".

Several researchers have dealt with the study of role and role conflict. Killian (cited in Lambert & Lambert, 1988) demonstrated that "the merging of roles infringes on performance and is often the source of role conflict" (p. 55). Getzels and Guba (cited in Lambert & Lambert, 1988) recognized in their studies that "role conflicts ensued whenever an individual was required to fill two or more roles, the expectations of which were inconsistent in some particular way" (p. 55).

Kramer (1974) studied what she called "reality shock" among beginning practicing nurses. She defined reality shock as the emotional response of a person to the "startling discovery and reaction to the discovery that school-bred values conflict with work-world values" (p. 4). Her conclusions regarding professional-bureaucratic conflict as a major source of reality shock were drawn from studies of recorded interviews with practicing nurses. Kramer maintained that not only is reality shock highly stressful for the individual nurse, it causes many nurses to leave nursing, "seriously deterring improvement of nursing and the health care system" (p. 63).

Kramer (1974) designed an "Anticipatory Socialization Program" for student nurses to help them make an easier transition to work as a graduate. She later tested it and found that nurses who had taken the program retained their professional beliefs, suffered less reality shock, remained in their jobs longer, were seen as better nurses, and initiated more innovations in nursing practice than those who did not have the program (p. 218).

Kramer and Schmalenberg (1978) conducted an extensive study which demonstrated the effectiveness of a special program designed to ease the "role-transformation" of beginning graduate nurses. Nurses newly employed in eight large medical centres in the United States underwent a special training program entitled the "Bicultural Training Program". In an earlier publication, Kramer (1974) described the "bicultural" nurse. This type of nurse has "neither

fused her values with those of the organization, allowed herself or her values to be absorbed by the system, nor abdicated her professional values or behaviors". She has learned a "basic posture of interdependence" with respect to the conflicting value systems of the employing institution (p. 162). Their more recent research design (Kramer & Schmalenberg, 1978) contained measurements of what was classified as "effective role transformation". The criteria of successful role transformation were that:

a nurse will retain her professional role conceptions, will not experience so much reality shock that she is unable to function, will choose bicultural role behaviors when faced with conflict choices, will be empathic and self-actualized, have a high positive self-concept, and, most important, will engage in influence attempts to try and improve the practice of nursing (p. viii).

Kramer & Schmalenberg's (1978) study did confirm the hypothesis that the implementation of the Bicultural Training Plan increased the graduates' "professional role conceptions" and, as well, it did increase the degree of empathy displayed by the graduates. Compared to the control group, they were more effective at introducing change, more effective in solving conflict situations; earned higher performance ratings and, lastly, tended to stay at the same institution longer (p. 39).

Dobbs (1988) recently did a study which compared "Nursing Role Conceptions" of baccalaureate nursing students before and after senior preceptorship experience. The preceptorship experience was introduced as a way of providing "anticipatory socialization" to the role of the graduate nurse. The instrument used to measure nurse roles was Corwin's Nursing Role Conception Scale. Corwin's Likert-type scale isolates three nursing role values. These orientations to the nursing role were termed "service", "bureaucratic", and "professional". "Service" was the "degree of commitment to the patient, humanity, and altruism; "bureaucratic" was the degree of loyalty to the hospital administration and nursing

care delivery within the institution; and "professional" was the degree of dedication to knowledge, continued learning, and the nursing profession. The degree to which these role orientations were appropriately meshed in the value system of the new graduate, mediated the extent to which the graduate would adapt smoothly to her new graduate nurse working role. The results of the study showed that the preceptorship experience was effective for promoting anticipatory socialization to the working role of the professional nurse. "By facilitating adjustments prior to graduation, education and service's joint efforts increase the likelihood of graduates finding their new jobs rewarding and vehicles that can be used for continual learning" (Dobbs, 1988, p. 170).

Nursing Faculty's Need to Understand Role Perception

Much in the literature discusses the importance of nursing faculty knowing and understanding the occupational viewpoint and nursing role perceptions of practicing nurses. An interesting study published ten years ago compared the nursing role values of head nurses and nursing faculty. Smith (1978) maintained that the differing functions of the head nurse and the nurse educator along with their differing positions in the social structure of the hospital must affect their conceptions of the nursing role. She felt that the extent their "conceptions of desirable nursing behavior in hospital settings differ is important to an understanding of the nursing student's educational environment" (p. 67). Smith gathered excerpts from evaluations written by head nurses of their nursing staff and by nurse educators of their nursing students. From these evaluations she drew conclusions as to what values pertaining to desirable nurse behavior were important to these two different groups. Through the written evaluations, Smith maintained, "one could come to know the unstated assumptions which pervade the behavior and mental processes of those acculturated by a given tradition" (p. 68). The findings showed that head nurses valued obedience, conformity, cooperation, and an attractive appearance more than did the nurse

educators, whereas the nurse educators placed more value on behaviors indicating self-criticism and self-perception; emotional supportiveness; physical supportiveness; guidance to other staff and to patients; intelligence, and cognitive skills (pp. 71-72). Smith noted that nursing educators need to know more about the role perception discrepancies within the nursing "subculture" so that they can assist their students by preparing them to cope with conflict. "Rather than fusing their conceptions of what ought to be with what exists, nurse educators should take into account in their instruction the attitudes, values and beliefs of all who have responsibilities in the nursing setting" (p. 74).

Betz (1985) maintained that to help nursing students become autonomous, independent professionals, nursing educators must structure course offerings to reflect autonomous and professional role model behavior. She stated that initially, in fundamental nursing courses, students should be encouraged to identify characteristics of practitioners who they feel personify the professional ideal of nursing. "In addition, those behaviors not congruent with the role of the professional nurse should be identified and discussed" (p. 302). In this way, students' nursing role expectations will be facilitated and clarified. This would be especially helpful since, as Betz said, students are often perplexed by the varieties of behaviors they observe being demonstrated by nursing practitioners in the clinical setting. Betz stated:

that when a student is in clinical situations which do not practice the ideal of professional nursing, then the instructor must take an active role as a supporter and reinforcer of student behavior. The student may feel in conflict between expected clinical performance and the actual clinical environment. The instructor acts as the mediator and listener of verbalized student concerns. In this way, the student is able to reduce the stress level and formulate a resolve about the conflict (p. 303).

This study project represents a belief in the importance of

nursing faculty knowing and understanding what varying nursing role perceptions exist in the "real world" of nursing practice. It attempts to make some inroads in understanding existing nursing role perceptions. This study, however, is necessarily only a beginning in what could be further investigations to determine, for example, whether nursing educators in Southern Alberta are paying "lip service" to one set of nursing orientations but through actual practice are teaching another. There would be serious implications for nursing education if faculty members were found to be espousing a philosophy that upholds the accepted professional "holistic" approach in the classroom, but at the same time, through their actual interactions with students in the field, were passing on to their students a "bureaucratic", task-oriented approach to nursing. Do students suffer role conflict as graduates because they are not prepared to deal with expectations in their new positions - expectations which ask that they conform to what may be rigidly-imposed hospital routines and regulations? This study examines the role perceptions of new graduates, staff nurses, and nursing administrators to determine if they are congruent with those of faculty. The study attempts to at least make a start in understanding how role perception of those who hold varying nursing occupational positions affects nursing education and the socialization of nursing students.

Research Questions

1. What perceptions do nursing educators have regarding the role of the nurse?
2. What perceptions do head nurses have regarding the role of the nurse?
3. What perceptions do staff nurses have regarding the role of the nurse?
4. What perceptions do new graduates have regarding the role of the nurse?

5. To what extent do the perceptions of nursing educators, head nurses, staff nurses, and new graduates reflect bureaucratic or professional orientations to the nursing role as described in the literature?
6. Is there congruence between the perceptions of nursing educators, head nurses, staff nurses, and new graduates regarding the role of the nurse?

Procedure and Method

Interview

A "formal" personal interview was used as the method of collecting data for this study. It was felt by the investigator that an interview would be the best way to gather in-depth information of a reflective nature. It was assumed that this method would be more effective in gathering "on-the-spot" current attitudes and perceptions of nurses. During a loosely structured interview, the participant could be encouraged to more thoroughly explore a feeling or explain a point. Impromptu questions, in addition to structured questions, could be posed to act as prompters that would help the participant to explore a thought more deeply. As well, an interview was chosen for use in this study because the investigator shares the belief expressed by Munhall (1982) that "qualitative research methods. . . may be more consistent with nursing's philosophical beliefs in which subjectivity, shared experience, shared language, interrelatedness, human interpretation, and reality as experienced rather than contrived are considered" (p. 181).

The settings for each interview varied but each setting was chosen for its privacy and comfort, as well as for the convenience of the participant. For example, one interview was done in the respondent's home, one was done in a secluded conference room at the hospital, another was done in a quiet, unoccupied coffee room, two were done in private offices, and two were done in an empty classroom.

The interviews were tape-recorded after having first obtained

permission from the participants. The tape recorder was placed on a nearby surface as inconspicuously as possible. It did not seem to be a distraction during the interviews. The respondents were assured of confidentiality and that their names would not be used in the written results of the study. (A copy of the consent form is contained in Appendix A.) The investigator tried to make the interviews as comfortable and relaxed as possible so that the respondents would feel free to express their true opinions and attitudes. In facilitating the interview, the investigator was able to call on previous profession-related experience in the use of communication and interviewing techniques.

The questions that were used in the interview were compiled through a survey of the literature. They were developed in consultation with colleagues in the nursing faculty at the college. The participants were given an indication in advance through personal conversation as to the nature of the questions. They were informed that there were no "right" or "wrong" answers. The interview questions were deliberately worded in a more general fashion without specific reference to "professionalism", "bureaucratization", or other terms which might prejudice answers. However, the questions were designed with the intent that they act as prompters to encourage the nurses to explore their perceptions of particular facets of the nurse's role. The idea was to allow the nurses to express what first came to mind when thinking of the role of the nurse. The main interview questions acted as a guide but in general the interviews were loosely constructed and the investigator asked additional questions to clarify the meaning of a response, etc. (Refer to Appendix A for a copy of the interview questions.) The participants were informed they could ask questions of the interviewer at any time if they did not understand the interviewer's questions. At times the participants would not understand, for example, the difference between the "focus of nursing" and the "scope of nursing practice". In these instances, the investigator would use other phrases and synonyms to make the intent of the question more clear. No notes

were taken by the investigator at the time of the interview since it was felt this might act as a distraction. The interviews tended to last approximately one hour. They were conducted over a three-week period of time.

Selection of Participants

A list of available subject participants was compiled with the assistance of a colleague in the Faculty of Nursing at the community college. The participants were all previously known to me through my associations with them through my work as a faculty member at the college. Each participant was approached individually and asked if she would be willing to take part in the interview. As well, a written letter of explanation as to the general nature of the interview and study was given to each nurse. The nurses were assured that should they not wish to participate in the study, this decision would not be held against them.

There was a total of eight nurses participating in the study. Of the eight participants, two were recent graduates from the diploma program in nursing at the local community college. To qualify for the study, the new graduates must have graduated in August, 1988. These graduates had to have written their qualifying examinations set by the Canadian Nurses' Association Testing Service in August, 1988. In this report, these graduates are referred to as "New Graduates".

As well, two staff nurses who were employed on a full-time basis in one of Lethbridge's two general hospitals took part in the study. To qualify for the study, they must have been employed by either hospital at least one full year and they must have graduated from a basic nursing program at least a year or more ago. Both staff nurse participants met these criteria. These registered nurses are referred to in the study as "Staff Nurses".

Two head nurses were also interviewed. These nurses must have been employed as head nurses for at least one year at either of the two hospitals. (The term "head nurses" applies to nurses who have been appointed to administrative positions and are ultimately

responsible for total nursing care of the patients on a ward or hospital floor. In addition, they are responsible for evaluation and direction of staff nurses.) These nurses are referred to as "Head Nurses".

Lastly, two nursing faculty members from the college took part in the study. They are referred to as "Faculty".

For the purpose of protecting the anonymity of the nurse participants, they are referred to in this study by fictitious names. The nursing educators, referred to as "Fran" and "Anita," are two faculty members who have both been employed at the college for at least nine years. At the time of the interviews, the other nurses all were employed at either of the city's two general hospitals. One of the staff nurses, referred to as "Peggy," was working as a general duty nurse on a busy surgical floor and had been there for at least nine years. The other, referred to as "Joan," was employed on a psychiatric floor and had been there for at least fifteen years. The head nurse, "Sylvia," had been a nursing administrator on a surgical floor for one year and the other head nurse, referred to as "Bette," had been a nursing administrator for at least three years. The two new graduates, "Cheryl" and "Kristin," graduated from the college in August of 1988. They had both been working "full time" in the city's hospitals since graduation. One of the nursing educators had earned a Masters Degree in Education as well as a Baccalaureate in Nursing. The other nursing educator had a Baccalaureate in Nursing. None of the other nurses had university degrees. Three of the nurses, at the time of the interviews, were taking nursing courses at the university.

Limitations of the Study

Obviously the method of selecting the participants, (one that relied simply on convenience, availability of the participants, and previous social relationship with the investigator), was a limitation in being able to generalize findings from this study to the general nursing population even in Southern Alberta. The social relationship

itself (between interviewer and respondents) was a limitation in interpretation of the study's findings. The investigator at times works side by side with the staff nurses while supervising students in the hospital. The new graduates were former students of the interviewer. Another limiting factor in being able to generalize the results from this study is the small number of participants who took part in the study. Finally, the investigator's employment position as a faculty member at the college is a limiting factor in that she, no doubt, holds certain assumptions concerning the educational philosophical perspectives of nursing faculty in general and of her colleagues in particular. However, in analyzing the research information, this investigator has attempted to put aside any preconceived assumptions that would interfere with drawing valid conclusions.

Data Analysis

The recordings of the nurses' replies were transcribed. Subsequently the transcripts were all read at one sitting to get a general feeling for their content. They were then carefully scrutinized and one or two-word notations were made in the margins naming the main topic or concern being expressed. After further reflection, significant statements, no matter where they occurred during the interview, that were considered relevant to any of the structured interview questions were organized according to the appropriate interview question. This was done to facilitate for the researcher a clearer understanding of what the respondents were actually saying. (Refer to Appendix B to see how this was done.)

Research Questions 1-4

Next in the analysis, for each respondent, the clustered statements were integrated and studied. Meaning was arrived at by reflecting on the statements' meanings in their original context. After careful reflection on these relevant clusters, an aggregate

impression of each participant's perception of the role of the nurse was reached. Next, an analysis of the similarities and differences between individuals belonging to the same occupational nurse-position regarding nurse role perception was done. An attempt was made to make a summary statement concerning nursing role perception which would be descriptive and true for both members.

Research Question # 5

Next in the analysis, the individual nursing role perceptions were scrutinized for elements that seemed consistent with characteristics described in the literature as either "professional" or "bureaucratic". Again, significant statements were clustered and examined for common themes. These clustered statements were organized under criteria gathered and adapted from the nursing literature. As noted earlier, the method of data collection and the small sampling of nurses used in this study precluded a definitive, strict, categorization of nursing role orientations as was done, for example, by Habenstein & Christ (cited in Brotherton, 1988). (See pages 8 - 9 of this report.) However, this type of study allowed some tentative conclusions to be drawn regarding bureaucratic or professional orientations. These will be discussed in the results section of this study.

The intent of this analysis was to describe rather than to quantify and categorize. A composite of the characteristics of bureaucratic nursing behaviors was derived from the nursing literature. (See pages 10-11 of the literature review in this study.) For purposes of description, the "**bureaucratic**" role contains the following elements summarized from the literature:

- a passive acceptance of the view that the nurse's position is subordinate to the physician's.
- a view of nursing as a "job", not a calling or a career.
- a view of nursing as utilitarian or task-oriented.
- a view of patients as objects on whom procedures are performed.

- an emphasis placed on institutional hierarchy and the unquestioning adherence to hospital-dictated rules and regulation.
- the acceptance of the way things are and the absence of any motivation to attempt change.
- absence in answers of elements that would indicate a more professional orientation.

On the other hand, statements which were deemed **"professional"** contained references to behaviors which seemed consistent with those personal professional nurse behaviors outlined by Miller (1985, cited in Kozier & Erb, 1987). The following headings were used for the purpose of categorizing the participants' responses into Miller's personal professionalism orientations: (1) Nursing Process, (2) Theoretical Framework, (3) Collegiality (4) Public Service, (5) A.A.R.N. (See Appendix C for a display of this data.) Miller's (1985) professional behaviors were quoted earlier on pages 6 and 7 in this paper. For convenience, they are repeated here. A professional nurse:

1. Assesses, plans, implements, and evaluates theory, research, and practice in nursing. These behaviors are reflected in the entire Nursing Process. (Comments relevant to these behaviors were categorized under the heading "Nursing Process.")
2. Accepts, promotes, and maintains the interdependence of theory, research, and practice. These three elements make nursing a profession and not a task-centered activity. (Comments relevant to these behaviors were categorized under the heading "Theoretical Framework.")
3. Communicates and disseminates theoretical knowledge, practical knowledge, and research findings to the nursing community. Professionalism must be demonstrated by supporting, counseling, and assisting other nurses. (Comments relevant to these behaviors were categorized under the heading "Collegiality.")

4. Upholds service orientation of nursing in the eyes of the public. This orientation differentiates nursing from an occupation pursued primarily for a profit. Many consider altruism the hallmark of a profession. Nursing has a tradition of service to others. This service, however, must be guided by certain rules, policies, or code of ethics. (Comments relevant to these behaviors were categorized under the heading "Public Service.")
5. Preserves and promotes the professional organization as the major referrant. (Comments relevant to these behaviors were categorized under the heading "A.A.R.N. Affiliation.")

If clusters of significant statements regarding the role of the nurse were seen to match predominantly the listed bureaucratic elements, that nurse's perception of the role of the nurse was characterized as being oriented more to the "bureaucratic" role. Likewise, if an individual nurse's statements were predominantly "professional", that is; they related to the professional behaviors described above, that nurse's role perception was said to be oriented more to the "professional." Next, this characterization of individual nurses was analyzed for consistency between the two members of the same nursing occupational position. A decision was made whether the nursing role orientations were oriented toward the "professional" or the "bureaucratic" role orientation. (Refer to Appendix C for professional role elements and Appendix D for bureaucratic role elements.)

Research Question #6

The entire range of data was analyzed for similarities and incongruencies regarding orientations to nursing and perceptions regarding the role of the nurse. For example, the investigator looked for matching statements regarding the focus and scope of nursing, as well as similar statements regarding what they considered the most important characteristics and attributes of the nurse. Differences in orientations were noted. Questions were posed in analyzing the data

as to whether there was consistency between the same nurse-position members as well as among those occupying varying nurse-positions.

Lastly, it was noted, in repeated readings of the data, that a number of themes kept recurring in the respondents' replies. These themes concerned factors that were seen by the participants as detriments to their ability in satisfactorily fulfilling the professional role. These findings (called "problem themes") were used as ways to look further at the information. Relevant statements were then categorized under these themes. The organization of part of the data into "problem" themes further facilitated making comparisons and drawing conclusions regarding congruency of orientations toward the role of the nurse. (Refer to Appendix E.)

Findings

As explained in the Methods section of this report, the answers to the research questions are composed of a synthesis of all the relevant comments contained in the participants' responses to the seven interview questions. Some of the significant data taken from the responses is shown in the following three tables. Table 1 shows a composite of different role descriptors gleaned from the entire interview which were seen as relevant to the interview question, "How do you personally view the role of the nurse?" Table 2 (pages 27 - 28) presents a composite of characteristics and attributes of the nurse taken from responses in the entire interview and regarded as relevant to the interview question, "What characteristics and attributes are most important for the nurse to have?" Table 3 (pages 29 - 30) shows a composite of remarks in the entire interview viewed as relevant to the interview question, "What does the scope of nursing practice include?" These tables provide the reader with a quick but fragmented and incomplete overview of the perceptions of the participants regarding the role of the nurse. Refer to Tables 1, 2, and, 3 which follow.

Table 2

Characteristics and Attributes that Nurses Should Have

(A composite of relevant remarks taken from responses throughout the interview)

Characteristics	New Grads		Faculty		Staff Nurses		Head Nurses	
	Cheryl	Kristin	Fran	Anita	Peggy	Joan	Sylvia	Bette
Knowledgeable	*		*					*
Able to apply knowledge	*		*					*
Well educated						*		
Willing to learn							*	
Caring	*	*	*	*	*	*	*	*
Good communication skills	*		*	*	*			
Understanding		*		*				
Empathic				*				
Concerned for fellow man				*		*		
Giving of self			*					
Genuine						*		
Integrity			*					
Honest			*					*

Characteristics	Cheryl	Kristin	Fran	Anita	Peggy	Joan	Sylvia	Bette
(cont'd)								
Outward-looking						*		
Non-judgemental/ tolerant/open				*		*		
Courage to stand by convictions				*				
Self-confident					*			
Assertive	*							*
Versatile								*
Skillful			*					*
Efficient/organized	*	*						
Cooperative				*				*
Pleasant/easy to get along with								*
Sympathetic		*						
Patient		*						*

Table 3

Scope of Nursing Practice

Scope includes:	New Grads		Faculty		Staff Nurses		Head Nurses	
	Cheryl	Kristin	Fran	Anita	Peggy	Joan	Sylvia	Bette
More responsibility for health care	*		*			*		
Health promotion	*	*				*		
Teaching, assessing for health care	*			*	*			
Nursing diagnoses/ problem solving				*				
Hospital-based prac	*	*	*		*		*	*
Physical care		*		*	*			
Emotional care		*		*	*	*		
Hosp. specialties/ O.R. nursing	*	*						
Tasks doctors used to do (e.g. sutures)		*			*		*	
Aiding pt's family			*	*				
Community nursing							*	*
Home care		*						
Mental health						*	*	

	New Grads		Faculty		Staff Nurses		Head Nurses	
	Cheryl	Kristin	Fran	Anita	Peggy	Joan	Sylvia	Bette
Occupational Health	*							*
Nursing research							*	
Nursing education							*	*
Government jobs								*
Clinic		*						
Traditional tasks (bed pans)		*						

Research Question # 1: What perceptions do nursing educators have regarding the role of the nurse?

Both educators seemed to agree that the role of the nurse is one of a holistic care giver. The nurse was described as a person who is caring, altruistic, knowledgeable, and skillful. He or she was seen as a valuable member of the health care team, capable of assisting the individual, the individual's support persons, and the community as a whole in maintaining and restoring health as well as in preventing disease. The work of the nurse is accomplished through the use of a logical, scientific nursing process and it takes place in a variety of settings. The nurse's responsibility varies according to the setting and according to the amount of assistance needed by the client in meeting health-related needs.

Both educators placed great emphasis on the need for nurses to acquire a strong knowledge base in order for them to make thorough health assessments and informed problem-solving decisions. Fran, in particular, referred expressly to the need for a baccalaureate degree in nursing as a necessity in accomplishing the work that needs to be done in modern nursing. They both indicated that a sound educational base would enable nurses to achieve a certain status which would ultimately allow them to accomplish what they believe to be nursing's goals: the provision of quality, cost-effective health care to the community as a whole.

A theme that was common to both Anita and Fran's responses was that of nurses' lack of autonomy and power in their efforts to attain nursing's goals. For example, Anita stated: "The profession needs to work on gaining the power to have some input into some of these kinds of things, maintaining safe levels of nursing care in the hospital - a safe number of nurses to meet the needs of patients". The nursing faculty members saw a need for mutual respect among members of the health care team. Fran, in particular, saw a need for nurses themselves to work more closely together and to support one another. She stated:

We need to value one another. We need to be a strong

cohesive group, need to bond together and work together Nurses need to have a realistic conviction about the importance of their work and they must feel that the world is a better place because of the work they do.

Self respect among individual nurses, both of them agreed, will lead to more pride and power for the profession as a whole.

Research Question #2: What perceptions do Head Nurses have regarding the role of the nurse?

The major points of agreement between the two head nurses were that nurses must be caring individuals, the nurse plays a specific and valuable role in the delivery of health care, and that knowledge is important for the foundation of nursing care. Both head nurses expressed agreement with the position taken by the A.A.R.N. that a baccalaureate in nursing be mandatory for entry to nursing.

In general, however, there was little consensus of volunteered opinion between the two head nurses regarding the role of the nurse. Bette seemed . . . view nursing from a broad perspective that sees the nurse in a variety of fields working collaboratively with other health care professionals and members of the community. She cited the nurse's current and future role in looking after the needs of the community and mentioned particularly the care of the aged and palliative care of the terminally ill. She tended to look at the nurse's apparent subordinate role (in relation to the physician's) with a critical but somehow accepting awareness. Bette remarked:

The nurse's assessment of the patient's condition and of what constitutes effective treatment sometimes conflicts with what the doctor thinks. There is a communication gap due to the socialization of both the doctor and the nurse. Nurses have to play a little game; coyly give suggestions in a manner that makes the doctor think the ideas are hisThe younger ones aren't so bad because they seem to have an understanding of the nurse's education.

Although she was accepting of the nurse's "game-playing" in dealing with the problems the nurse/physician hierarchy creates, Bette appreciated the need for nurses to be assertive in speaking out on behalf of clients. At the same time, it was important to Bette that in order for the ward to be a productive work place, nurses must be "cooperative, pleasant, and easy to get - along - with."

On the other hand, although Sylvia mentioned "community and mental health nursing" she seemed to see the nurse's role as being primarily focused on the bedside in the hospital setting. She saw even this role as being restricted because of the authoritarian control of physicians and the hospital hierarchy. For example, Sylvia remarked: "The role of the nurse needs to be more valued...nurses are under the thumb of physicians. The health care system is also holding nurses under its thumb." Unlike Bette, Sylvia expressed some impatience with nurses who passively allow physicians to "talk down to them". As well, she saw other obstacles that keep the nurse from being at the bedside giving traditional "hands-on" care. Nursing education is not preparing students realistically for that care. Present day college nursing education, together with ramifications from the "me generation" are producing nurses who are unwilling to work at the bedside and who would rather instead busy themselves with "bookwork" and with technical procedures. Sylvia lamented: "There's a marked change in new graduates' and nursing students' commitment to work I think it's the new generation coming up: the 'me' generation!" Other relevant examples of Sylvia's discontent with what she saw as nursing's changing direction are:

The focus of nursing is changing- the educational setting rather than the clinical bedside experience is preparing the nurse for work. I think the focus is changing because of what people are being told at institutions and universities. . . . [New graduates] are almost expecting when they come out to get away from the bedside. They are quite disappointed if they have to work the evening shift. . . . They forget the main emphasis of why they went

into nursing originally was for the patient. . . . Somewhere along the way, nursing is losing sight of the patient. . . . they're becoming too technical and learning "bookworking". . . . The focus shouldn't change from bedside nursing. . . . Even when there is time to spend with patients, they find excuses not to. . . . Staff nurse these days are happier busying themselves with machines than getting back to the physical care of the patient.

Research question # 3: What perceptions do staff nurses have of the role of the nurse?

The responses of the two staff nurses throughout the interviews tended to differ widely in focus. This could very possibly be due to contextual circumstances related to the interviews. Peggy's interview was done in a conference room at the hospital just after Peggy had finished a long hectic eight hours of work on a busy surgical floor. Joan's interview took place in her home on one of her days off. She is a psychiatric nurse and works on the psychiatric floor at one of the city's two main hospitals.

Joan's answers tended to be of a broader focus than Peggy's; she talked about the role of the nurse more in general terms. Joan felt the nurse should be a well educated individual who's duty it is to be a role model for promotion of a healthy life-style. The nurse is a person who is "caring" and is "genuine", "open-minded," "non-judgemental", and "outward-looking." Joan stated that the nurse's main responsibility is to teach and promote mental and physical health in many different settings. As well, she saw the nurse's role as helping people through difficult times.

Both staff nurses emphasized the importance of the nurse being "caring" and a synthesis of their answers indicates that they believed nursing's *raison d'etre* is to serve society. Peggy's responses tended, however, to be preoccupied mainly with the "here-and-now" problems of the busy surgical ward where she works. Peggy saw the ideal role of the nurse as one who gives "holistic" care to clients and this care

was seen primarily to take place in the hospital ward. The nurse is a "caring", "self-confident" individual who communicates easily with other members of the health care team. She is able to spend satisfactory amounts of time with patients in order to properly assess their needs as well as to assist them in understanding their condition and their treatment. Peggy, however, complained that this version of the nurse's role is not what is happening in actuality.

According to Peggy, there are a number of obstacles which interfere with the nurse being able to properly carry out the ideal nursing role. Peggy remarked: "We don't have time to be concerned with the total patient; the 'holistic' role - with the mental, physical, and spiritual!" She felt that the hospital wards were chronically understaffed and the shortage of nurses assigned to the floor made it impossible to give thorough care that reflects concern for the "whole" person. Often nurses have to take on the tasks of the ward clerk. Peggy complained that "legal and bureaucratic tasks are interfering with the nurse's ability to give bedside care." She indicated that the physicians do not follow through on their traditional obligations. As well, they are not thorough in carrying out their share of the bureaucratic tasks which often leaves the nurse in a vulnerable legal and ethical position. According to Peggy, this vulnerability is exacerbated because of the nurse's deficit of knowledge regarding complicated ethical and legal matters. Peggy noted that the scope of nursing is "broadening so much that nurses are forced in to making ethical and legal decisions which they are not adequately prepared for". A remark made when talking of the nurses' need for more legal knowledge which illustrates her feeling of vulnerability is: "Who would back us? Not even our insurance - by whom are we backed? If something is a real issue, how much support do we get?" This perceived knowledge deficit was given as the reason behind Peggy's notion of perhaps returning to school someday to study law.

Some of the guilt and frustration attached to not being able to adequately fulfill the ideal role of the nurse is caused, according to Peggy, by nursing educators not being honestly realistic in presenting

the nursing role to their students. Peggy's remarks included the statements: "At college, you are presented with an ideal way of doing things, and that's perfectly fine. . . but idealistically, when you get out here, it doesn't happen. . . . As a student you get one or two patients to care for, but then to come out and get 16 patients thrown at you that you have to care for all at once!" She saw her own adjustment to the realities of the hospital ward as being made much more difficult because she had had a too-idealistic view of the role of the nurse. "After I graduated, I tried to do things perfectly the way I was taught. This was a very difficult thing to do. If I had have let my instincts take over, it would have gone much easier!" Peggy stated that: "Nurses should be educated so that they're realistically aware of all the responsibilities involved in nursing. . . but [on the other hand] if they were made too aware, they might decide not to go into nursing!" She seemed to imply that nursing educators should prepare nursing students to learn to get along with current conditions. She expressed no regrets that she apparently had not learned strategies to make changes in the status quo.

Research Question #4: What perceptions do New Graduates have regarding the role of the nurse?

Both New Graduates agreed that the nurse should be a "caring" individual and that the nursing role includes being a "patient advocate" who is concerned with giving "holistic" care. Both Cheryl and Kristin mentioned the importance of the nurse's teaching role in providing information to the client regarding health care.

Cheryl emphasized the importance of the nurse possessing knowledge so that proper client assessment is accomplished. She talked of the nurse's increasing responsibility in the health care system and stressed that nurses must be prepared for this broadening responsibility. They must be assertive and willing to speak up in a forthright manner stating their observations and conclusions. Cheryl frequently cited the necessity of nurses being able to make thorough, knowledgeable physical assessments. However, the main purpose of

these assessments, according to Cheryl, rather than for planning nursing interventions (part of the nursing process) seemed, instead, to be solely for the benefit of the physician in planning medical intervention. Cheryl's viewpoint seemed to be that the nurse reports the observations and conclusions to the physician so that she/he is able to get further direction. Her remarks included:

You have to know about signs and symptoms and physical assessments. You could have a patient hemorrhaging and you might phone the doctor to say your patient 'just doesn't look right' but if you talk to them like that they're not going to pay any attention to what you say. They're not going to respect you for that. If you call them and give them blood pressure, respirations, signs and symptoms and all those things, the doctor is going to know where you're coming from. He's going to understand where his patient sits and also he'll know what emergency interventions you've done.

Interestingly, Kristin's remarks seemed to reflect the same viewpoint which considers the main objective of thorough physical assessment is so that the physician is kept informed. Kristin's remarks indicated no apparent conscious linkage of nursing observation to nursing planning and intervention. There was little evidence in Kristin's responses that she was thinking in terms of the nursing process. She did not mention the nurse's need for knowledge in order to make nursing diagnoses, but she did refer to the need for the nurse to watch over her patient. According to Kristin, this close watching seemed to be more for the purpose of passing on the information to the doctor so that he will make decisions regarding what should be done rather than to gather data so that the nurse can plan nursing interventions to deal with the patient's problems. The following remarks of Kristin provide an example:

As a patient advocate, you're looking for anything that's going wrong with the patient; if he needs

some pain medication or sedation. If he needs something for his stomach or any symptoms that are coming out; if he's getting too much of something and it seems to be showing up. You need to be able to point out these things to the doctor and hopefully he will prescribe something different. And usually they do. Doctors seem to be pretty good about that. And since the doctor isn't there with the patient, he sees them once a day if he's lucky, so we need to be looking out for things that are happening with the patient. We have to chart them and write them down so that the doctor knows.

According to Cheryl, nurses can no longer be "jacks-of-all-trades," instead; they must be specialists in their fields. She said that the nursing role changes depending on the area where the nurse is working. Cheryl seemed to focus primarily on the role of the hospital nurse which, she noted, is more "task-oriented" and more geared to the "physical aspect" of the patient. She expressed regret over this perception but said that the reality of the ward situation is that nurses just don't have time to focus on other dimensions of the holistic being. She complained: "The floor nurse looks after the physical side of the patient - you don't have time to care for the emotional side!"

Kristin's responses reflect this same frustration. Kristin seemed to see the nursing role to be that of interacting with the patients at their bedside. She saw the nurse idealistically being able to spend adequate time with the patient interacting so that a relationship could be established and the patient would be able to express anxieties and problems to the nurse. However, Kristin saw this "traditional" role being eroded by numerous bureaucratic and technical tasks. She was especially impatient with having to do all the repetitive charting as well as having to do the time-consuming medication pouring, administering, and charting. Kristin remarked, for example, that "the focus of nursing is narrowing; you can't be a patient advocate because nursing is becoming more like a secretarial job with a lot of filling out

of requisitions, checking doctors' orders, etc." These reflections led Kristin to conclude that characteristics important for a nurse to have are definitely those of efficiency and organization.

Both New Graduates expressed the opinion that their nursing education should have prepared them better for the realities of the hospital setting. Kristin noted that the goal of nursing education should be to "present more reality in nursing education to prepare the student for the realities after graduation. [Students] should learn that you don't have all the time in the world with your patients." They both remarked that as a student they were assigned only a few patients whereas, once they were graduates they had to look after a much larger number and thus they were not able to give the quality of care that they had been taught should be given. Cheryl advised that clinical instructors "should increase the students' patient loads so that before graduation they would be better prepared to handle the patient load as it really is on a hospital ward." Apparently these new graduates had been prepared for the way it "should be." It seems they were regretful that instructors hadn't prepared them to accept and cope with the way it is. It seems they were quite ready to compromise but they regretted not knowing the quickest, most efficient way to compromise. Neither graduate suggested that they might have been educated in a way that prepared them to work to change the way it is to the way it might be!

Research Question #5: To what extent do the perceptions of nursing educators, head nurses, staff nurses, and new graduates reflect the professional or bureaucratic role of the nurse as described in the literature?

Faculty. The replies of both faculty members indicated that they utilize the nursing process in their approach to nursing theory and practice. Fran stressed the importance of knowledge in making scientifically based assessments and in making knowledge-based nursing diagnoses. She indicated that she

places great importance on teaching students how to problem-solve. Anita's entire interview was threaded throughout with references to the nursing process. Her remarks seemed to indicate that nursing process elements are a conscious part of her thoughts and reflections concerning nursing theory, nursing practice, and nursing education. For example, relevant remarks were:

The role of the nurse encompasses the assessment of the patient's needs . . . whether they're physical or emotional or sometimes socio-economic. . . and determining what can be done realistically to help the patient, determining the course of action to be taken in collaboration with the patient . . . then the nurse would have much input into the meeting of the needs, much more in some settings than in others. . . . Then the last phase of the process would be to evaluate the extent to which the needs are being met - the extent to which the plan was effective.

What I try to do in my teaching is to help the student to use the knowledge they have acquired in the program so that they can make independent assessments and judgements. It's essential that knowledge is used to decide what it is the patient needs and to be able to act upon those needs. . . to set in motion the things that need to be done in order to help solve the problem.

These remarks provide evidence of an orientation that is congruent with the first criteria of personal professionalism concerning the nursing process.

Both educators verbalized elements that are a part of current nursing theoretical frameworks and their remarks reflected a philosophical approach to nursing education and nursing practice. They spoke throughout the interviews of the importance of treating clients holistically and as individual entities. They see nursing practice as having a different approach from that of medicine in that medicine focuses on an individual's disease and its pathology whereas

nursing looks at the patient as a whole organism in interaction with the total environment. For example, Fran remarked: "When I talk of the holistic approach, I'm not just talking of the psycho-social part of it, but the all-encompassing holistic approach, the attitude, the feeling we have toward our patients as whole beings." Anita's relevant statements included:

I see the role of the nurse in any facet of nursing as assessing the patient's total needs and applying the nursing process to assist the patient in meeting those needs The assessment of the nurse varies from the assessment of the doctor in many ways. We are assessing nursing problems - problems that can be met chiefly by the intervention of the nurse. . . . The physician, rather than having a holistic perspective, many times is more focused on the patient's physical problems than he is on others - more focused on fragmented aspects.

These remarks contain elements of current major nursing conceptual frameworks. However, the educators did not talk of nursing research and its relevance to the building of nursing knowledge as part of any one nursing theoretical model. The evidence would suggest that the two faculty members do not consider research a strong priority in nursing. Although, perhaps it would be more accurate to say that nursing research does not come readily to the minds of these faculty members in a conversation about nursing role.

There was strong evidence in the remarks made by both faculty members that indicates belief in collegiality between nurses. Fran remarked at one point that nurses "have to have mutual respect for one-another They have to support one-another. . . . When somebody can't finish a job, others should willingly help out." The responses of both faculty members indicated the pleasure they derive from teaching and in sharing their expertise so that others learn to be effective nurses. Fran's responses contained the following relevant elements in response to the interview question asking what gave her the greatest satisfaction in nursing:

When I see students really listening to their patient . . .
when I see their progress on a unit-doing their thing . . .
caring for people, students coming back and saying, "I
remember what you said about" such and such, "and I'll
never forget it. There are the thrills of students learning
new techniques and procedures and of helping them learn.
They're all so fresh and enthusiastic . . . when suddenly
they catch on to something in the classroom.

Anita's responses were a practical example of how a nurse
"communicates and disseminates theoretical and practical knowledge"
(Miller, 1985). Anita's responses throughout the interview tended to
be phrased in language that demonstrated a familiarity and application
of nursing theoretical knowledge. Her statements seemed
consistently based on thoughtful consideration of how the nurse is able
to give "holistic" nursing care to the individual client and to the
community with the end goal being that of health (in Anita's words,
"assisting clients to the highest level of wellness possible"). Anita did
not make direct reference to "collegiality" or to supporting and
counseling other nurses; however, she remarked:

I guess the thing that I always try to keep uppermost in my
teaching, what I think I do and what I hope I do, is to help
the student to use the knowledge that they have acquired
in the program so that they can make independent
assessments and judgements.

Although there was no direct evidence that the educators place
much importance on the more formalized way of sharing knowledge
and expertise, that is, through research and the publishing of its
results, they demonstrated a sincere interest in "supporting,
counselling, and assisting" their students.

Both educators met the "public service" criterion of personal
professionalism in that they both indicated a belief in the altruistic
motives of the nurse in giving responsible, ethical, high quality health
care to the general public. They expressed the belief that the nurse
has to be a recognized, autonomous member of the health care team in

order to be involved in the decision making that affects public health care. Fran's relevant statements regarding public service, ethics, and altruistic motivation included:

A characteristic of a nurse is that she must be caring, somebody who cares about the person as a whole I'm always saying to students, 'Let's try to keep the client out of the hospital.' We have to be knowledgeable regarding health care, in order to meet consumer demands. There is a need for nurses to have further education in order to give comprehensive, quality care which should include work in the community for promotion and restoration of health. . . . We have to be able to give health care in the home. We have to be cost efficient because of the tremendous expense of health care. We have to be able to speak up for what we believe in, for example; better care for the aging which is a major focus now.

Examples of Anita's relevant remarks were:

Characteristics of nurses include concern for fellow man, willingness to be in a type of work that requires giving of her or himself, integrity, honesty. . . . One of the things the profession has to work on is gaining the power to have some input into decisions regarding the maintenance of safe levels of nursing care, safe numbers of nurses to meet the needs of the patient I'm rewarded when I've provided comfort to someone who is suffering severe pain or someone who is dying. . . when I can make him comfortable and facilitate his peace of mind. All the negative things you hear about nursing but these rewards are enough to counteract the negative.

The above remarks contain strong evidence that both faculty members hold an altruistically - motivated public service orientation to the role of nursing - the fourth criterion of professional nurse behavior.

Although it is extremely difficult to draw any definite

conclusions based on one interview with two persons, the evidence suggests that the faculty members differed in the degree of importance attributed to the professional association (Miller's fifth "criterion"). Although Fran talked of collegiality and the need for nurses to be a strong cohesive group, she did not mention the Alberta Association of Registered Nurses (the A.A.R.N.). Anita's responses showed that she was aware of the important role the professional organization (the A.A.R.N.) plays or can play in the professional lives of nurses.

There was little evidence of "bureaucratic" elements in the responses of faculty. For the most part, the evidence seems to suggest that the two faculty members shared a perception of the role of the nurse as being more professional than bureaucratic in nature.

Head Nurses. The two head nurses differed in their orientation to the utilization of the nursing process as a conscious functional element in their professional lives. Sylvia's comments contained no direct reference to the nursing process. There was no mention of the importance of applying knowledge in assessment of the patient's needs. There was no reference to making nursing diagnoses, planning care, implementing a plan or assessing the results.

Bette, on the other hand, talked of knowledgeable assessment and of planning care to facilitate and improve the care of terminally ill patients. Her relevant remarks included:

The nurse has to be very knowledgeable in her field. She has to be able to make a lot of decisions as to how the care affects her patients The nurse has to have knowledge about different diseases, signs and symptoms, different treatments, knowledge about physical assessments . . . being able to pick out things that are deviant and be able to report them. She's got to have a lot of communication skills; written as well as oral. Nurses are going to have to increase their skills, take physical assessment courses. Going to school to obtain a Bachelor of Nursing is a good

idea. It prepares nurses more to carry out some of these things A nursing care plan is valuable in palliative care; especially in the home care of the terminally ill patient as members of the palliative care team and hospital personnel work together.

Sylvia made no reference (direct or indirect) to any elements of nursing theory. The interview transcript contained no real evidence that she held a philosophy or saw a theoretical framework as the structure that binds together whatever it is that nurses do. Conversely, Bette's remarks provided some evidence that she held a certain philosophy of nursing that is consistent with elements of current theoretical models of nursing practice. Her statement that "we're trying to assist (clients) to get better and trying to improve their health so that they can function as well as they can in the community" illustrates this. A remark by Bette which indicated a belief in the importance of nursing research was, "If we're going to call ourselves professionals, we're going to have to do a lot of research so that we'll have our own body of knowledge."

Sylvia stated that nurses have to be more willing to support one another and to recognize each other as "professionals". However, her own criticisms of other nurses made at different times during the interview seemed somewhat contradictory. For example, some of these remarks were:

I have seen a marked change in new graduates' and nursing students' commitment to work. . . . I think maybe it's the generation coming up: the 'me generation'! Maybe staff nurses deliberately busy themselves with technical and clerical matters so that they don't have to get back to the physical care of the patient...to spending time with the patients-perhaps they think they are above that or beyond that in some way!

Nursing teachers at the university are far removed from the work place-they're not realistic with regard to the actual work place.

Students should have good clinical instructors and the only way you're going to get them is out in the field and then bring them in to teach the students- I'm talking about top nurses on the floors being used to teach students.

On the other hand, Bette's responses showed that she is supportive of other nurses and that she believes in nurses sharing insights and expertise. She stated that "nurses have to work together as a team." She also remarked: "Another thing that gives me satisfaction is working with the students; that's another important part of nursing. I think that the staff nurses have a lot to offer in working with students, just in working side-by-side with them." One would have to conclude on the basis of this evidence that the two head nurses do not share common ground in terms of meeting this third "collegiality" criterion.

The responses of both head nurses provide evidence that they believed the nursing role is one of giving service to society with the objective of improving the level of health care. It appears their motives for providing this public service are altruistic in nature. For example, in answer to the last interview question, "What gives you the greatest satisfaction in your working life?", Bette stated: "The greatest satisfaction comes from seeing patients improve . . . from making things easier for patients... when you feel you've really done something for a patient." Sylvia's responses included the statement: "Whether a nurse is in community health or health education, college-level or university-level teaching, the only reason they are here is for the betterment of the patient."

Sylvia referred briefly to the A.A.R.N. but seemed to equate the professional association with strike action and the union. Rather than talk of the potential that A.A.R.N. involvement has to further nurses' status, Sylvia criticized nurses for their apathy regarding political activity. The following remark was made in response to the researcher's question regarding the A.A.R.N:

I think the A.A.R.N. has done a lot of good. You see a general apathy among nurses. The only time you see them

unified collectively is during strike action . . . and after that they are no longer politically motivated.

Sylvia seemed to switch conversation here from the professional association to political action as manifested by involvement with union activities. She talked of the need for nurses to be more involved publically as a group; the need to make themselves more publically visible; letting the public know the concerns of the nurse or what the nurses are doing. She remarked: "They should be out there getting support constantly." However, Sylvia did not refer to the A.A.R.N. as an organization that would be helpful or useful in the advancement of nursing or in effecting any changes in improving public health care.

As well, although Bette talked of a perceived need for nurses to achieve more status and recognition, she made no mention of the A.A.R.N. and its potential in helping to effect change.

There was little evidence to claim that Sylvia's remarks tended predominantly toward the "bureaucratic role" although it may be said that her idea of "broadening" the nurse's role so that it includes taking over some of the physician's procedural tasks is somewhat task-oriented as is her idea that "top nurses from the floor" be used to instruct the students in the college. These remarks may indicate an emphasis on technical skills:

I think the role of the nurse could be broader. Nurses could be used more. With more training they could be in the Emergency Departments, doing all the minor suturing so that the physician is freed up to go where his skills are needed.

Students should have good clinical instructors and the only way you're going to get them is to bring them in from the field to teach the students I'm talking about top nurses on the floors being used to teach students.

At the same time, Sylvia felt that the college program is a negative influence in attaining professionalism. She remarked: "It's bad for nursing's image as a profession to be taught in a trade's college It's impossible to run a two year nursing programme at the college."

Bette's responses, as well, generally did not fall into the "bureaucratic" category. However, one might say that her apparent good-natured acceptance of the communication game going on between nurses and doctors, noted earlier (also in Appendix D under the "Bureaucratic Role"), is a *passive acceptance of the view that the nurse's position is subordinate to the physician's* (one of the stated indicators of the bureaucratic role.)

The evidence seemed to suggest that there was not a great deal of consensus between the two head nurses regarding the role of the nurse. There was insufficient evidence, however, to conclude that either one held a strictly "professional" view of the role of the nurse; neither can it be concluded that their views were "bureaucratic". However, if the criteria for the nursing "professional role" (operationally defined in this study by Miller's five clusters of professional behavior) were applied strictly to the data gleaned from the interviews, neither head nurse's perceptions would qualify under the "professional role". The conclusion must be that the head nurses' perceptions of the role of the nurse appear to be a composite of the "professional role" and the "bureaucratic role".

Staff Nurses. The interview transcripts of the two staff nurses contain no evidence that these nurses were thinking in terms of a deliberate nursing process in the delivery of nursing care. Peggy did make what perhaps was an indirect reference to the assessment phase of the process when she talked of giving every "aspect" of care: "the psychological", the "spiritual", etc. As well, Joan talked of the importance of education and knowledge in order to do all that is needed in health care. She stated: "More education is necessary for nurses to do all that is needed in improving health care...they have to be well-informed." However, there was no direct evidence of a conscious awareness regarding the utility of a planned, knowledge-based, sequence of events.

There was little talk in either of the staff nurses' interviews that related directly to a deliberate application of theory to research and to

practice. Peggy talked of the "holistic" approach and expressed a feeling of frustration because she was unable to devote enough time to aspects of the patient other than immediate physical care. Joan, as well, did not refer specifically to any theoretical framework that defines nursing and prescribes its practice. However, a synthesis of her responses throughout the interview indicated that her philosophy and definition of nursing include the traditional theoretical elements of health promotion and restoration as well as prevention of disease. She expressed a positive feeling about nurses doing research in the remark: "There is more emphasis on nurses doing research and taking less of what we need from medicine."

Both staff nurses indicated in their responses an attitude of "sisterhood" and a sense of collegiality with other nurses. Peggy expressed a feeling of empathy for other nurses who are discouraged and, as well, for new graduates who come to work with high expectations and then have to adjust to the harsh realities. She remarked: "The new grads coming out are finding it really hard - the vague line which surrounds nurse's ethical and legal responsibilities is pretty scary sometimes. Nurses are feeling really frustrated and I can feel their frustration." As mentioned above, Joan did acknowledge that there is now more emphasis on nurses doing their own research and relying less on borrowing theory and knowledge from medicine. However, there was little evidence that either nurse was conscious of any obligation to "disseminate practical or theoretical knowledge" to the rest of the nursing community as is called for by the third criterion of professionalism.

Both staff nurses met the criterion labelled "public service" in that their remarks showed an appreciation of the nurse's role in providing society with quality health care service. They both seemed genuinely concerned for the welfare of their patients. Their remarks indicated that their motives in delivering nursing service are altruistic. For example, Joan said: "If you're a nurse, you've got to be a person who cares about other people . . . about the community and about society as a whole." Peggy indicated a concern that the nursing

role be carried out within clearly delineated ethical guidelines. She expressed a feeling of professional accountability and responsibility for patient welfare. For example, her remarks included:

A personal goal in nursing would be to be able to go home at night and feel that you've done a good job and have given total care for your patients and have made them feel that they've been well looked after.

The patient should be able to understand his condition and his treatment- it's up to us as well as the doctor to make sure patients understand.

I've seen a doctor tell a patient that she had lost her baby. . . . She came in with a threatened abortion- and the doctor told her so coldly and then left. I just felt she needed something else. . . . All I could do was just put my arms around her and that bothered me. . . that he could just leave this girl hanging like that.

The evidence contained in the staff nurses' interviews seemed to indicate that the professional association does not play an important part in their professional lives. Joan did not refer to the A.A.R.N. at all and Peggy seemed to confuse it with the nurses' union (the United Nurses of Alberta). "If you do your work, you don't need a union. The only time it is handy is when somebody is bumping you for a job; a position. . . or if you want a raise. . . that's all a union does for you!"

The two staff nurses appeared to differ somewhat regarding possible orientation to the "bureaucratic role." There were no remarks or elements in Joan's responses that could unquestionably be classified as belonging to the "bureaucratic" role. On the other hand, Peggy's remarks seem to be evidence of a preoccupation with hospital routines and bureaucratic tasks. As well, they seem to indicate to some extent an acceptance of the way things have to be:

-When the doctors haven't explained the surgery adequately to their patients then we're running around tracking them down . . . trying to get histories and the

charts aren't done. . . and we want a reorder on medications.

-It's so frustrating to work short-staffed but there is such a problem because administration says we are so over our budget. . . there is always somebody you can't push away because they're over you or above you. . . when you talk to them about it they seem to understand, but yet nothing is done about it because of this government budget.

-You have to use proper communication lines in trying to deal with the problem of understaffing. . . I've talked to different people in Administration here and they're really reasonable but I'm sure their hands are tied . . . maybe if we understood more about why this happens . . . the budget controlling nurse/patient ratios etc., but that doesn't explain it to me all the time.

-Nursing instructors should be more realistic with students. When I got out into the real world of nursing I thought: 'Why didn't they tell me that? . . . I'm trying to do this thing so perfectly and if I would have let my own instinct take over it would have gone much easier!' By trying to do things the way they taught us I put a lot of stress on myself for nothing . . . As a student, I was assigned one or two patients or three and four patients and then to come out and get sixteen patients thrown at you that you have to care for all at once!

At the same time, however, Peggy expressed a great deal of frustration about having to be continually occupied with mandated tasks and stated a desired need for the institution/physician-controlled situation to be different so that nurses could give patients total and satisfying care.

Because there was no strong overlap in the views of the two staff nurses regarding their perceptions of the role of the nurse, it cannot be concluded that they both hold strictly a "professional" view of the role of the nurse or a strictly "bureaucratic" view. As is the case of the

head nurses, if the criteria adapted from Miller's professional behaviors were assiduously applied to the evidence contained in the transcripts, it would be concluded that the staff nurses do not hold a view of the nurse as being strictly professional in nature. However, it must be concluded that both nurses views contain elements of the "professional role" as well as elements of the "bureaucratic role".

New Graduates. There was little evidence in either of the two new graduates' responses that they were thinking in terms of the entire nursing process when they discussed the role of the nurse. They both, however, emphasized the importance of the nurse being able to thoroughly assess the patient with regard to physical condition. They also considered it important under ideal conditions to assess the patient with regard to psychological and social considerations. Curiously, as has been noted earlier, rather than advocating the use of the assessment information as the first step in the nursing process (part of the data base upon which to make nursing diagnoses), these new graduates seemed to feel that the most important thing they could do with this information was to pass it on to the physician so that medical treatment could be planned.

Although there was no direct evidence that either of the two new graduates based their nursing actions or their thoughts regarding nursing upon an awareness of an organized nursing theoretical framework, their statements regarding what nurses should really be doing contained certain philosophical elements. For example, Cheryl said: "The greatest satisfaction in nursing comes when you have time to do real nursing; to be a real nurse; a nurse who can care for all the biopsychosocial aspects of the patient." Kristin noted:

As I progressed through my nursing course, I thought that the role of the nurse had to do with being a patient advocate - working with patients, feeling close to them, being able to help them psychologically as well as physically and treating them as a person; as a whole. When I started working, I discovered that this wasn't the case.

It's still my idea of the role of the nurse and yet that isn't what it is.

There was no direct evidence in the new graduates' responses to show that the new graduates felt any strong sense of collegiality with their fellow nurses. Although the responses did not indicate any strong awareness of feeling obligated to share theoretical or practical knowledge with the rest of the nursing community, a remark of Cheryl's may be interpreted to be an expression of concern for the knowledge of fellow nurses: "Another goal would be to educate the present older nurses who believe in the old idea of being handmaidens. They will need further education. What they learned thirty years ago doesn't necessarily apply now." Certainly, however, there was no mention of nursing research.

Both new graduates demonstrated in their responses a strong sense of commitment to their patients. Again, both new graduates expressed a feeling of frustration in not being able to give the level of care that they felt should be given. Cheryl's sense of responsibility to provide quality health care included the community as a whole. Both Cheryl and Kristin seemed to possess altruistic motives for providing a public service.

Remarks by Cheryl that provide evidence are:

- The nurse has to be very caring and deal with the patient on an emotional level. Hopefully you can find out if he has any needs and concerns and do your best to deal with them. However, time doesn't always allow you to do this. I definitely see nursing as taking more responsibility for the health care system . . . doing more of the assessments and definitely more of the teaching. Doctors tend not to give the teaching that patients need to have, for example; teaching patients regarding the drugs they must take.
- nurses must be more accountable for what they do. They must be more assertive so that they can stand up for their patients, especially if their patient doesn't want any 'heroic' efforts taken to prolong life.

Kristin's remarks that are relevant included:

-The nurse has to be patient, sympathetic, and understanding. We need to give the type of health care that allows the nurse to spend time sitting and listening to patients . . . especially these days where there's a lot of pressures on people, social pressures, financial, family, and marital pressures. I think a lot of health problems are related to stress. I think we need to spend a lot more time talking to people and just letting them vent out their feelings and frustrations. I think that would help them a lot with their physical problems.

-I get satisfaction out of helping someone, for example, who has cancer and there's relatively little you can do but make him comfortable. It's depressing to see that there is so little you can do but perhaps just by doing something a little extra for him like rearranging his pillows, spending two minutes talking or rubbing his back-being able to help them that way; I find that gratifying.

There was some difference between the two new graduates in the apparent level of their awareness concerning the A.A.R.N. and its functions. Cheryl seemed to have an appreciation for the professional association's potential for achieving the profession's goals. Cheryl remarked: "The A.A.R.N. will be able to represent our interests to the government. I think that's something we need to do - to become more visible To gain that visibility and respect, we need to become involved." Kristin, on the other hand, confessed to not knowing very much about the association. Kristin was given an opportunity to mention the A.A.R.N. as an organization that nurses could get involved with in order to help find solutions to some of the frustrating problems Kristin talked about. (See Appendix E regarding Problem Themes). However, finally the researcher asked: "Do you know much about your professional association?" The following interaction then took place:

Kristin: Not a whole lot. I know we have rights and

privileges, etc.

Researcher: So how do you feel about that? Would you like to know more? Do you think that it is useful in any way to have a professional association

Kristin: I think it's useful in certain areas. I know when we had the strike they wanted better working conditions although that's not what was emphasized by the media.

Researcher: Are you talking now about the Union? Do you mean the United Nurses of Alberta or the Alberta Association of Registered Nurses?

Kristin: I really haven't gone into it.

Researcher: Do you think that this is something that should be stressed more in your education? About the association?

Kristin: Actually that would be really good. Because I know relatively very little about it and I just haven't had the opportunity to check it out.

Kristin during the interview seemed to confuse the professional association with the union.

The responses of the new graduates seemed to indicate a degree of preoccupation with technical procedures and bureaucratic tasks. Cheryl seemed to emphasize the high-tech procedures in Emergency and I.C.U. and stated that a hospital nurse's role is "task-oriented". However, at the same time, she seemed to regret that there is not the time (as she saw it) to give more holistically focused care to her patients. Cheryl's remarks that may reflect the bureaucratic role were:

-The role of the nurse varies depending on the area you wish to work in. . . if you are a floor nurse, the primary objective is the physical side of the patient . . . problem is you don't have time to do all the emotional care you would like to. If you're in occupational health, you do a lot of

teaching. . . . You're not as task-oriented as, say, in a hospital.

-Because of the lack of time, a nurse gets so used to just dealing with the physical care . . . and getting it done as fast as you can and running back to the charting and calling the doctors and doing all you have to do, you forget that there is a person inside that body.

-I've done my most interesting work on emergency and I.C.U. . . . I haven't done the I.C.U. training course so I'm just in there as third. I don't run C.V.P.'s and xylocaine drips and I'm not licensed to defibrillate but I do just about everything else!

-Students should be prepared realistically for the routines of a busy hospital floor. As a student you were never given a real patient load. In second year we played R.N. We divided 7 students on the floor into the three wings. There should be more realistic R.N. type experiences. If possible, decrease the number of students on the floor to increase the patient load.

Kristin's relevant remarks included:

-It's hard to get close to the patient because you don't have time because you're dealing with medications continually, charting continually, and that's all you have time for.

-As a nurse you have to be patient because sometimes you're very busy and people will ask you for silly things like straws or kleenex boxes or something. . . . You have to be efficient, concise, and very organized.

-It's difficult working when you have to move to different floors when they're short. I find the first night very difficult and it's hard to see the person as a whole . . . it's more or less seeing the person as a diagnosis and trying to treat the diagnosis rather than the person. It isn't till the second or third day that you're working on the floor that you're able to see that person as a person rather than

something that needs treatment or help and you're able to start working on the person as a whole.

-nurses are taking on additional responsibilities . . . duties that the doctor used to do and yet their other workloads such as the traditional work - taking out bedpans etc. - remains with us.

-Nursing is becoming more technical. It's drawing away from the patient - from time with the patient. It's focusing more on the charting aspect and the medication aspect. The focus of nursing is narrowing down and becoming more like a secretarial job with a lot of filling out of requisitions, checking doctor's orders, and doing the charting, taping, etc.

-In nursing training, they should present more reality because when I went out on the floor for the first couple of weeks it was so shocking. The most number of patients I ever had to myself as a student was six and when I got out onto the floor, I had 18 patients the first day and that kind of blew me away. . . . You have to learn reality in the sense that you don't have all the time in the world to spend with a patient, I mean, you don't have all the time in the world to clip toenails and fingernails, and to brush teeth three times a day.

-I don't know if anything can be done about the way the program is or about the way the hospital wards are set up now. I believe if we had more staff on it would alleviate a lot of the problems. . . . It all ends up backing up to government. I know we have a good health system and I really feel that we are lacking funds and the hospitals just can't afford it. I understand that and they're having a really tough time as it is. The only thing we can do is tax people and nobody likes that at all. We've done so much cutting back that you can't cut back any more. . . . There's not an awful lot you can do now. . . . I really don't

know enough about the way things are run.

-I don't think that people on the outside realize what conditions are really like in the hospital. They see nurses as receiving high wages and that's basically it. They don't see the fact that we're really understaffed and they don't see the fact that we're working with very little. They don't see that we've an immense amount of responsibility on our shoulders and that the work is very difficult and that there is a lot to do in a very short time.

The large majority of Kristin's remarks centred on her frustrations with the time-consuming bureaucratic tasks that nurses are constrained to do because of tight budget-controlled staffing policies. She seemed unable to see past these routines and procedures and felt trapped by them; unable to think beyond them to looking at ways conditions might be changed. Again, both new graduates expressed a regret that they were not better prepared while in college to deal with the bureaucratic-oriented realities of the hospital ward.

Certainly the views of both new graduates varied in their orientation to the professional and the bureaucratic role of the nurse. Their views contained varying degrees of elements of both perceptions. They both indicated that they felt a certain amount of frustration and some confusion because they were being pulled between two orientations. They had been taught in the classroom a perspective that views the role of the nurse as professional whereas they were now immersed in a milieu where to survive, apparently, they have had to adopt to a certain extent the "bureaucratic" orientation. Yet, the evidence in this study suggests that they both held an orientation that values the "professional" role. The conclusion must be, in terms of the fifth research question, that the perceptions of the two new graduates regarding the role of the nurse tended to be a composite of both bureaucratic and professional orientations.

Research Question #6: Is there congruence between the perceptions of nursing educators, head nurses, staff nurses, and new graduates regarding the role of the nurse?

The two nursing educators saw the nursing role as primarily a "professional" one. This view sees the nurse possessing altruistic motives and applying scientific knowledge within a theoretical framework in order to provide the public with quality health care service. However, there is a lack of complete congruency between these views and those of the new graduates. The new graduates' view of the ideal role of the nurse contained some elements consistent with that of the professional role. They maintained, however, that varying constraints interfered with their being able to carry it out. The majority of evidence outlined in this study shows their view mainly representative of the "bureaucratic" role. Their responses did not indicate a strong orientation to the professional role. For example, as pointed out earlier, they do not meet the criteria related to use of the nursing process and a theoretical framework.

The two staff nurses' views varied regarding the role of the nurse and the scope of nursing practice in that one saw nursing as basically taking place at the bedside. This same staff nurse also expressed great frustration in not being able to fulfill the more traditional professional role of giving holistic, individualized patient care. The evidence suggests that these staff nurses were not wholly oriented toward the professional role since their responses lacked the necessary elements related to the application of the nursing process to theory, research, and practice. Therefore, the perceptions of the staff nurses were not entirely congruent with the faculty's view.

The head nurses' perceptions regarding the role of the nurse were similar to those of staff nurses, new graduates, and educators in that they saw the nurse as providing the public with a valuable service backed by altruistic motivation. One head nurse's view seemed to restrict the role of the nurse chiefly to the bedside, performing basic care and carrying out a variety of procedural tasks. She saw the

present - day nurse, however, as wanting to get away from this "traditional" role by deliberately busying herself with "bookwork" and technical activities. She felt that "top nurses off the floors" should be brought in to the college to teach the students. This downplay of the importance of scientifically based knowledge and nursing theory framework does not reflect a professionally oriented acknowledgement of the interdependence of theory, research, and practice. This view is not entirely congruent with that of the new graduates' or the staff nurses'. The findings of this study do not show either head nurse's view to be wholly "professional" in that their responses did not reflect a conscious relating of the nursing process to theory, research, and practice. The head nurses' perceptions of the role of the nurse are not wholly congruent with those of the faculty.

Although the data showed that there were individual differences in perceptions regarding the role of the nurse, it also indicated agreement by all the nurses that the role of the nurse is indeed multi-faceted and that it is composed of both "professional" and "bureaucratic" elements in varying proportions. The data also revealed congruency in perceptions regarding current problems in nursing which interfere with nurses' ability to carry out their nursing role. A discussion of these problems follows.

Problem Themes

Relevant to the sixth research question regarding congruency of the participants' nursing role perceptions is the finding of congruency in participants' attitudes toward what are steadily becoming very important issues for nursing and for the nursing professional role. The study identified several common factors that were seen by the study's participants as obstacles to nurses in carrying out their professional role. These problems which the majority of interviewed nurses felt impinged on their ability to achieve nursing's main goals are referred to in this study as "Problem Themes." These problem themes are:

- (1) The excessive work load in the hospital setting interferes with the nurse being able to give quality care which results

in frustration and dissatisfaction for nurses.

- (2) Nurses are prevented from being as effective as they could be in giving health care because of their lack of autonomy, status, and power. As well, the public is ignorant of nurses' present and potential role in the health care system.
- (3) Nurses tend to not support one another. There needs to be more collegiality among nurses.
- (4) There is frustration among nurses due to an unclear understanding of the range of ethical and legal implications connected to the practice of nursing. Nurses are uneasy about indistinct lines of authority and responsibility.
- (5) There is a perceived gap between nursing education and nursing practice. The gap between what was expected of them as students and what they had to do as graduates makes nurses feel inadequate and guilty.
- (6) There is a need for nurses to obtain higher education - at least to the baccalaureate level. (Reasons for further education varied from its being seen as a way of achieving credibility and status to a way of becoming more knowledgeable and skillful in order to improve the quality of health care service.)

Some of the remarks that illustrate the participants' concern for these problematic issues are given below. For a complete display, please see Appendix E.

Problem Theme #1. Excessive work load in the hospital interferes with nurses being able to give quality care which results in frustration and dissatisfaction for nurses.

A remark of Anita's (faculty) provides some evidence that she shared this "problem theme" concern: "We're losing our 'brightest and best' new graduates to other fields Part of this is because of the working conditions, the physical work and the hours involved."

Sylvia (head nurse) had a somewhat different view concerning nurses' workload, but she did not deny that nurses are very busy:

- Staff nurses deliberately involve themselves heavily in technical procedures in order to avoid bedside nursing and spending meaningful time with the patient.
- Nurses are busy with routine clerical duties and technical procedures but even when there is time to spend with patients, they find excuses not to.
- Staff nurses these days are happier busying themselves with machines than getting back to the physical care of the patient.

Peggy's remarks provide evidence that she was concerned with the issue of workload:

- We don't have time to be concerned with the total patient; the holistic role; with the mental, physical, and spiritual.
- We're running with a shortage just about everyday.

Both new graduates referred to the problem of too much work and too little time. Cheryl, for example, remarked: "Because of the 'time factor', you get so used to just dealing with the physical. . . . You forget there is a person inside that body." Kristin's remarks contained the following:

- There is lack of time [to fulfill the role of the ideal nurse] because of the understaffing of nurses on the floor and the patient load.
- It's hard to see the patient as a whole; its more or less seeing the patient as a diagnosis and treating the diagnosis rather than the person.

Problem Theme #2. Nurses are prevented from being as effective as they could be because of their lack autonomy, status, and power. As well, the public is ignorant of nurses' present and potential role in the health care system.

Remarks of both faculty members' indicated a definite concern for the issue of autonomy and status. Anita noted:

- I don't think the public is aware of the magnitude of decisions that are made by nurses in regards to the

patient's immediate health status, for example, whether they need medical intervention or not. . . and I certainly don't think they're fully aware of the degree to which the nurse is fully responsible for the teaching of the management of illnesses. . . or preventative kinds of things the public could be doing.

-One of the things the nursing profession needs to work on in the future is to acquire the power to have some input into decision making regarding safe levels of nursing care; safe numbers of patients to meet the needs of the patients.

Fran stated that:

-I think we need more autonomy as a profession.

-We need to value one another and all professionals working in the health care field; there needs to be more collegiality.

Remarks of both head nurses indicated a concern over the issue of autonomy. For example, Sylvia said:

-Nurses are "under the thumb" of the physicians.

-Health care system also holding nurses under its thumb.

-Some nurses have physicians who talk down to them and they take it very passively.

-There's no larger group than the R.N.'s in the hospital but no group is heard from least-and there's no group that's put down more - things withheld from more - than

Registered Nurses.

As noted earlier, Bette remarked on the manipulative game nurses have to play with physicians when nurses want to communicate their opinions regarding what constitutes effective treatment for patients.

Staff nurses' remarks also revealed concern over their lack of autonomy. Peggy stated:

-There's always somebody that you can't push away because they are over you or above you.

-I think if the situation arises, we should be able to say what we feel. I mean if somebody asks me a question, 'Am

I going to die?', and I'm told I'm not suppose to tell him, I don't feel good inside myself.

The new graduates both perceived a problem of nurses' limited autonomy within the hospital setting. Cheryl noted:

-Nursing still isn't respected by some people.

-Some doctors - mostly the middle-aged doctors - don't give the nurses credit for the amount of knowledge they have. The older doctors don't show respect anywayIt's the male/female thing; just because nurses are women.

-To gain visibility and respect we need to become involved politically.

-So often nobody listens to you. . . we need to be able to stand up and speak for our patients.

-Basically, you have to educate the public on all fronts about our role. . . in order to gain the respect we need.

We have a need to educate the public that nursing is a viable profession, one that can be respected and one that women shouldn't feel badly about going into. You know the thing about traditional roles for women and that if you go into one of them, you're copping out. You should be going into architecture or engineering!

Kristin said:

-I don't think that people on the outside realize what the conditions are really like in the hospital.

They see nurses as receiving high wages, and that's basically it. They don't see the fact that we're really understaffed. . . that we're working with very little. . . that we have an immense amount of responsibility on our shoulders and that the work is very difficult. . . and that we have very little time to do it in.

Problem Theme #3. Some of the nurses expressed the feeling that nurses tend not to support one another; that they tend to criticize one another. The feeling is that if nurses could develop more of an

attitude of collegiality and cohesiveness the profession would be a lot stronger and would have a more effective voice in forming health care policy at various administrative levels.

Fran (faculty member), makes the following relevant remarks:

-Staff tend to work closely tied to their self-designated niche. They don't work together on problems; don't support one another; don't share information and expertise. There's a lack of team cohesiveness.

-We need to value one another more. . . . Once we do that we'll make our profession stronger. . . we've got to have mutual respect for one another.

The head nurses' interviews contained, for example, the following references to collegiality. Sylvia said: "So often in nursing we pick apart one-another's work or criticize others' charting." (Implying here that nurses should not do this.) Bette remarked that: "Staff nurses have to work well as a team or there are morale problems."

Problem Theme #4. A theme common to some of the participants was a certain amount of frustration due to an unclear understanding of all the various ethical and legal implications connected to the practice of nursing. These nurses were uneasy about the indistinct lines of authority and responsibility. They were not sure how vulnerable they are legally in hospital-connected professional matters. The following are remarks which illustrate this concern. One of the head nurses, Bette, remarked:

-Nurses have to be very careful in charting . . . people aren't always aware of what they should be putting down. An awful lot is missed. It eventually comes with the realization that it's really important to get things down because of law suits . . . the whole thing can backfire!

Peggy (staff nurse) stated:

-Nurses have to keep 'on their toes.' They have to know about legal issues and law suits.

-Who would back us? Not even our insurance. . . by whom

are we backed. . . or are we backed? If something is a real issue, how much support do we get?

Kristin (new graduate) lamented:

-Too much time is spent on repetitive charting. The chart is supposed to be an information package for the good of the patient but now it has become a legal document and it's like, cover your buns or else!

Problem theme # 5. A common theme expressed by a number of the participants was that of the perceived gap between nursing education and nursing practice. Some of the participants expressed the frustration they felt when first beginning work as new graduates. This frustration was due to the difference between the "work load" they had been expected to carry as senior students and what was expected of them as graduates. The following are summarizations of the pertinent remarks.

Sylvia (head nurse) noted:

-Nursing teachers at the university are far removed from the work place; they're not realistic with regard to the actual work place. All nursing instructors should spend mandatory time each year in the field so that when they are teaching something they know of the relevance to what's being done in nursing at the time. . . some students leave the field every year because it's not reality that they were taught and they see that that is not what nursing is really all about.

Peggy (staff nurse) remarked:

-At college you are presented with an ideal way of doing things, and that's perfectly fine. . . but idealistically, when you get out of there, it doesn't happen. As a student you get one or two patients to care for, but then to come out and get 16 patients thrown at you that you have to care for all at once!

-After I graduated I tried to do every thing perfectly which

was very difficult to do. If I had have let my own intincts take over, it would have gone so much easier!

Cheryl (new graduate) said:

-The major goal of nursing education should be to create a more autonomous nurse and to do that instructors have to assign students more responsibility. As students we never got a full patient load.

-When starting to work as a graduate, it was like stepping into the twilight zone. . . having fifteen patients and only an R.N.A. to help. . . . As a student you were never given a real patient load. . . . There should be more realistic R.N. type experiences. If possible, decrease the number of students on the floor to increase the patient load.

Kristin (new graduate) said:

-When I was a student, I figured that the role of the nurse was one of being a patient advocate. . . feeling close to patients and being able to help them psychologically as well as physically and treating them as a whole person. Now I find it disappointing that I can't do the kind of work I imagined it would be. . . and I find that kind of hard.

-The nursing course I took at the college was basically very good, however, one thing I think may be more helpful would be to present more reality in the nursing instruction. I found that when I went out on the floor for the first couple of weeks it was so shocking. The largest number of patients I had ever had to myself was six when I was in my second year, but when I got out onto the floor, I had 18 patients the first day, and that kind of blew me away! You have to learn reality in the sense that you don't have all the time in the world to spend with a patient.

Theme problem #6. A number of participants expressed the idea that nurses definitely need further education, at least to the baccalaureate level. Reasons for need of further education varied from a way to

achieve credibility and status to a way to become more knowledgeable and to acquire more skills in order to improve the quality of health care service.

Fran (faculty) said the following:

-The college does well in producing a nurse who is capable of caring for patients in a health care facility like a hospital. However, as the scope of nursing practice broadens, further education is needed. For promotion of health in the community, there has to be a baccalaureate level.

-Further education would improve communication strategies and would improve an individual nurse's ability to speak up and stand on her own convictions.

Both head nurses agreed that baccalaureate education of nurses would benefit the profession. Sylvia noted:

-I don't know how they can run the two year nursing program at the college. . . . It's got to be on its way out. . . . Why should a profession such as nursing be run at a trades college? Not only should the minimum education for entry to practice be a baccalaureate by the year 2000, but by 2010 they'll be looking at a masters.

Bette said:

-I agree with the A.A.R.N.'s position that entry to practice by the year 2000 should be a mandatory baccalaureate.

-Further education will prepare the nurse more fully for a broader role in health care.

-If we're going to call ourselves professionals, we're going to have to do a lot of research so that we'll have our own body of knowledge.

-Further education is going to make us seen as more a part of the whole health care team.

Joan (staff nurse) stated:

I definitely agree with the push that is on right now: that all nursing programs should be four years of university

education because two years just isn't long enough. If you spent four years at university you'd get a much broader scope and a much stronger commitment to the nursing profession. They would be less likely to nurse for two years and then drop off.

Cheryl (new graduate) stated:

-The older nurses will need encouragement to go on with their education.

-The A.A.R.N is pushing for more education for entry to practice but the real responsibility lies with with each and every nurse.

In summarizing the statements related to perception of nursing role and common "problem themes," the following observations can be made. All of the nurses interviewed saw nursing's potential in providing quality care being hampered by nurses' lack of autonomy and power within the health care service hierarchy and by lack of status accrued them by the public. The majority of nurses expressed the belief that further education of nurses as well as education of the public about nurses is a way to gain the power and status that is needed in order to effect needed change in health care service. The professional association, the A.A.R.N., was apparently not readily viewed by the majority of participants as a route to effect change or gain power.

Unlike the majority of the nurse participants in these discussions, however, the faculty did not talk of the "ordinary" nurses' everyday frustrations in the working world. They made little reference to the problems experienced by the new graduates and staff nurses in coping with the numerous demands made on their time by the overwhelming tide of bureaucratic tasks and responsibilities- problems exacerbated by tightly controlled budget and institutional hiring policies over which they have no control. The new graduates, one head nurse and one staff nurse all expressed the view that nursing educators should better prepare student nurses with a more realistic

view of the nursing role. This nursing role, as previously noted, is not the role that is considered the "professional" role of the nurse as described by the literature. None of the nurses voiced an opinion, for example, that nursing educators might better prepare their students with motivating attitudes and strategies for initiating change.

Conclusions and Implications for Nursing Education

This study has revealed that this small sample of nurses occupying different career positions (nursing educators, head nurses, staff nurses, and new graduates), held varying perceptions of the role of the nurse. For the most part, these perceptions regarding the role of the nurse were a composite of what has been defined as "professional" and "bureaucratic." However, the nursing educators tended to be oriented more toward the professional role. As well, the study has outlined a number of problems which these participant nurses regarded as factors that detracted from the nurse's ability to fulfill the truly "professional" nursing role.

The inconsistencies that seem to exist among the perceptions of the nursing educators, head nurses, staff nurses, and new graduates regarding the role of the nurse point to the need for ongoing communication among these groups of nurses. Nursing educators must be conscious of the perceptions and attitudes of nurses in the clinical setting. As well, nursing educators must be aware of actual working conditions in the area where students receive their field experience. To accomplish this, nursing educators must take part in an ongoing information exchange with staff nurses and head nurses. They should continue to work directly with their students in actual nursing practice. In addition, head nurses and staff nurses, with whom students interact during a large part of their clinical experience, must be made more aware of the goals of nursing education.

Educators must prepare their students for their work as graduates by arming them with an awareness of the way it is "in the

real world." However, at the same time, they must prepare them with the knowledge and the problem-solving ability to effect change in the authoritarian health care service hierarchy. They must help equip their students with a feeling of self-confidence and an attitude of assertiveness. Their students must be made to feel that nurses are valuable members of a team working together to improve society's health.

This study shows that at least this sample of nurses believes that nurses must be educated at the baccalaureate level. Further education, they believe, will improve nursing's ability to achieve the goals associated with the broader role of nurses in the community. The study indicates that nurses should continue to strive for the goal recommended by the A.A.R.N.: the baccalaureate in nursing as the minimum level of education which allows a nurse entry to practice. Only with at least this level of education will nurses be accredited with the full merit of professional status. Public acknowledgement of the nurse's role will help nurses gain meaningful decision-making power which will in turn provide the public with quality, cost-effective health care.

Nursing educators must "practice what they preach" in that they must more actively and publically act out their professional philosophy. They need to make more clear to their students the importance and relevance of the application of a theoretical model to nursing practice. In fact, their professional responsibility as nurses is to communicate and disseminate theoretical and practical knowledge to the rest of the nursing community. This means helping staff nurses as well as head nurses to understand the theory that must be the foundation for nursing research and practice. As well, nursing educators must appreciate and avail themselves of opportunities to learn from their colleagues in the field. Practicing nurses are at the very core of nursing. They have a wealth of knowledge and expertise which must be utilized in theoretical knowledge building. Practicing nurses, nursing administrators, and nursing educators must all work together in the planning and conducting of research for building the

body of knowledge that is uniquely nursing's. Nursing educators are in a position to be leaders in promoting the importance of theory-based nursing practice research. They must call on their colleagues (nursing administrators and general staff nurses) to collaboratively engage in clinical research. As a result of this active involvement, the nursing community will become more consciously aware of the unique and valuable service that they as nurses provide to society. Nurses with a spirit of pride and a sense of purpose will work more closely together to achieve the needed change in health care delivery.

Recommendations for further study.

Obviously one cannot make sweeping generalizations based on such a small sample of the nursing population. This study might be used as a pilot for a larger study which would use a larger, randomly selected, sample of nurses. The questions might be made more specific as to what nurses see as the ideal role. As well, the study could include questions as to how they see themselves fulfilling the criteria for that ideal role. Further study could be undertaken to measure the degree to which a nurse actually carries out "professional" behavior. Actual involvement in the professional association, for example, could be designated as one measurable attribute of professional behavior. The study might investigate reasons why nurses are not more professionally oriented if indeed that is the case.

Major questions arising from this study are:

- (1) How can nursing educators and practicing nurses come to some consensus regarding the role of the nurse?
- (2) How can nursing educators and practicing nurses help new graduates to make the transition from student to professional nurse?

Further questions arising from this study are:

- (1) Do nurses consider the professional association as useful in

the struggle for autonomy and public recognition ? If not, why not?

- (2) Are nurses less supportive of one another than members of other occupations and professions? If not, why not?
- (3) How can nursing educators best promote assertive and autonomous behavior in their students?
- (4) To what extent are nurses aware of nursing theory and its application to research and practice?
- (5) How can nurses more clearly define the wide and often vague range of ethical and legal responsibility attached to their profession?

Perhaps answers to questions such as these will facilitate nurses in providing "professional nurse" care. Full professional status with the autonomy that is inherent in it will allow nurses to provide nursing care which rewards them with a sense of satisfaction - that allows them, when they go home at night, to feel that they have given their patients true holistic care to the fullest extent of their potential.

References

- Aggleton, P. & Chalmers H. (1987). Models of nursing, nursing practice and nurse education. Journal of Advanced Nursing, 12, (5), 573-581.
- Aiken, L. (1982). Nursing in the 1980's. Philadelphia: Lippincott.
- Baumgart, A. & Larsen, J. (1988). Canadian nursing faces the future development and change. Toronto: C.V.Mosby.
- Beal, G. (1988). A question of status. The Canadian Nurse, 84, (2), 18-21.
- Betz, C. L. (1985). Students in transition. Journal of Nursing Education, 24, (7), 301-303.
- Boughn, S. (1988). A lack of autonomy in the contemporary nursing student. A contemporary study. Journal of Nursing Education, 27, (4), 150-155.
- Brotherton, S. E. (1988). Nursing role orientation of three groups: From the naive to the realistic. Journal of Nursing Education, 27,(3), 117-123.
- Canadian Nurses Association (1985). Code of ethics for nursing.
- Cohen, J.C. & Jordet, C.P. (1988). Nursing schools: student's beacon to professionalism? Nursing and Health Care, 9, (1), 38-41.
- Crocker, L.M. & Brodie, B.J. (1974). Development of a scale to assess student nurses' views of the professional nursing role. Journal of Applied Psychology, 59, (2), 223-235.
- Dobbs, K.K. (1988). The senior preceptorship as a method for anticipatory socialization of baccalaureate nursing students. Journal of Nursing Education, 27, (4), 167-171.
- Fuszard, B. (1984). Self actualization for nurses: Issues, trends, and strategies for job enrichment. Rockville, Maryland: Aspen Systems Corporation.
- Greenwood, E. (1984) Attributes of a profession. Self actualization for nurses: Issues, trends, and strategies for job enrichment. B. Fuszard (ed.), Rockville, Maryland: Aspen Systems Corporation.
- Hammer, R.M. & Tufts, M. (1985). Nursing's self image. Journal of

- Nursing Education, 24, (7), 280-283.
- Kozier, B. & Erb, G. (1987). Fundamentals of nursing : concepts and procedures. Don Mills, Ont.: Addison-Wesley Publishing Company.
- Kramer, M. (1974). Reality shock: why nurses leave nursing. Saint Louis, Mo.: The C.V. Mosby Company.
- Kramer, M. & Schmalenberg, C. (1978). Bicultural training and new graduate role transformation. Nursing Digest, V, (4). 1-47.
- Lambert, C.E. & Lambert, V.A. (1988). A review and synthesis of the research on role conflict and its impact on nurses involved in faculty practice programs. Journal of Nursing Education, 27, (2), 54-60.
- Lawler, T.G. & Rose, M.A. (1987). Professionalization: A comparison among Generic Baccalaureate, ADN, and RN/BSN nurses. Nurse Educator, 12,(3), 19-22.
- Marshall, F. (1988). What is a nurse: Perceptions of baccalaureate nursing students. Journal of Nursing Education, 27, (4), 185-186.
- Munhall, P.L. (1982). Nursing philosophy and nursing research: In apposition or opposition? Nursing Research, 31, 176-177.
- Porter-O'Grady, T. (1987). Shared governance and new organizational models. Nursing Economics, 5, 281-286.
- Potter, P.A. & Perry, A.G. (1985). Fundamentals of nursing: Concepts, process, and practice. Toronto: The C.V. Mosby Company.
- Ritchie, J. (1988). Nursing: accept the challenge. The Canadian Nurse, 84, (8), 30-35.
- Roy, R. (1987). The influence of nursing models on clinical decision making, Part II. Clinical judgement and decision making: The future with nursing diagnosis. Proceedings of the International Nursing Conference, Calgary, Alberta, Canada. Hannah, K.J. et al. (eds.), Toronto: John Wiley & Sons.
- Schutzenhofer, K.K. (1988). The problem of professional autonomy in nursing. Health Care for Women International, 9, (2), 93-106.
- Simpson, I.H. (1979). From student to nurse: A longitudinal study of

socialization. Cambridge: Cambridge University Press.

Smith, K.M. (1978). Discrepancies in the role--Specific values of head nurses and nursing educators. Nursing Digest, V, (4), 67-74.

Swanson, M.J. (1987). Baccalaureate nursing education: Students' perceptions of roles, effort, performance. Journal of Nursing Education, 26, (9), 380-383.

Weller,L. et. al. (1988). Changes in the self and professional images of student nurses. Journal of Advanced Nursing, 13, 179-184.

Bibliography

- Aggleton, P. & Chalmers H. (1987). Models of nursing, nursing practice and nurse education. Journal of Advanced Nursing, 12, (5), 573-581.
- Beal, G. (1988). A question of status. The Canadian Nurse, 84, (2), 18-21.
- Betz, C.L. (1985). Students in transition. Journal of Nursing Education, 24, (7), 301-303.
- Boughn, S. (1988). A lack of autonomy in the contemporary nursing student: A contemporary study. Journal of Nursing Education, 27, (4), 150-155.
- Brotherton, S.E. (1988). Nursing role orientation of three groups: From the naive to the realistic. Journal of Nursing Education, 27,(3), 117-123.
- Canadian Nurses Association. (1985). Code of ethics for nursing.
- Chenitz, W.C. & Swanson, J.M. (1986). From practice to grounded theory: qualitative research in nursing. Menlo Park, California: Addison-Wesley Publishing Company.
- Chinn, P.L. (1986). Nursing Research Methodology. Rockville, Maryland: Aspen Publishers, Inc.
- Cohen, J.C. & Jordet, C.P. (1988). Nursing schools: student's beacon to professionalism? Nursing and Health Care, 9, (1), 38-41.
- Crocker, L.M. & Brodie, B.J. (1974). Development of a scale to assess student nurses' views of the professional nursing role. Journal of Applied Psychology, 59, (2), 223-235.
- Dobbs, K.K. (1988). The senior preceptorship as a method for anticipatory socialization of baccalaureate nursing students. Journal of Nursing Education, 27, (4), 167-171.
- Fawcett, J. (1989). Analysis and Evaluation of Conceptual Models of Nursing. Philadelphia: F.A.Davis Company.
- Fuszard, B. (1984). Self actualization for nurses: Issues, trends, and strategies for job enrichment. Rockville, Maryland: Aspen Systems Corporation.

- Greenwood, E. (1984) Attributes of a profession. Self actualization for nurses: Issues, trends, and strategies for job enrichment. B. Fuszard (ed.), Rockville, Maryland: Aspen Systems Corporation.
- Hammer, R.M. & Tufts, M. (1985). Nursing's self image. Journal of Nursing Education, 24, (7), 280-283.
- Kozier, B. & Erb, G. (1987). Fundamentals of nursing : concepts and procedures. Don Mills, Ont.: Addison-Wesley Publishing Company.
- Kramer, M. (1974). Reality shock: why nurses leave nursing. Saint Louis, Mo.: The C.V. Mosby Company.
- Kramer, M. & Schmalenberg, C. (1978). Bicultural training and new graduate role transformation. Nursing Digest, V, (4). 1-47.
- Lambert, C.E. & Lambert, V.A. (1988). A review and synthesis of the research on role conflict and its impact on nurses involved in faculty practice programs. Journal of Nursing Education, 27, (2), 54-60.
- Lawler, T.G. & Rose, M.A. (1987). Professionalization: A comparison among Generic Baccalaureate, ADN, and RN/BSN nurses. Nurse Educator, 12,(3), 19-22.
- Marshall, F. (1988). What is a nurse: Perceptions of baccalaureate nursing students. Journal of Nursing Education, 27, (4), 185-186.
- Moloney, M. M. (1986). Professionalization of Nursing: Current Issues and Trends. New York, N.Y.:J.B. Lippincott Company.
- Munhall, P.L. (1982). Nursing philosophy and nursing research: In apposition or opposition? Nursing Research, 31, 176-177.
- Munhall, P.L. & Oiler, C.J. (1986). Nursing research: A qualitative perspective. East Norwalk, Connecticut: Appleton-Century - Crofts.
- Nicoll, L.H. (1986). Perspectives on Nursing Theory. Boston: Scott, Foresman and Company.
- Potter, P.A. & Perry, A.G. (1985). Fundamentals of nursing: Concepts, process, and practice. Toronto: The C.V. Mosby Company.
- Ritchie, J. (1988). Nursing: accept the challenge. The Canadian Nurse,

84, (8), 30-35.

- Roy, R. (1987). The influence of nursing models on clinical decision making, Part II. Clinical judgement and decision making: The future with nursing diagnosis. Proceedings of the International Nursing Conference, Calgary, Alberta, Canada. Hannah, K.J. et al. (eds.), Toronto: John Wiley & Sons.
- Schutzenhofer, K.K. (1988). The problem of professional autonomy in nursing. Health Care for Women International, 9, (2), 93-106.
- Simpson, I.H. (1979). From student to nurse: A longitudinal study of socialization. Cambridge: Cambridge University Press.
- Smith, K.M. (1978). Discrepancies in the role--Specific values of head nurses and nursing educators. Nursing Digest, V, (4), 67-74.
- Swanson, M.J. (1987). Baccalaureate nursing education: Students' perceptions of roles, effort, performance. Journal of Nursing Education, 26, (9), 380-383.
- Weller, L. et. al. (1988). Changes in the self and professional images of student nurses. Journal of Advanced Nursing, 13, 179-184.

Appendix A

Interview Questions

Consent and Confidentiality Forms

Letters of Information and Permission

Interview Questions

1. How do you personally view the role of the nurse?
2. What characteristics and attributes are most important for a nurse to have?
3. What does the scope of nursing practice include?
4. What is the focus of nursing practice and what do you believe should be its goals?
5. Is the focus of nursing practice changing? What should be its main focus in the future?
6. What should be the major goal of nursing education?
7. What gives you the greatest satisfaction in your working life?

2501 Scenic Drive
Lethbridge, AB T1K 1N2
Oct. 6, 1988

Dr. Myrna Greene
Chairperson
Faculty of Education
Human Subject Research Committee
University of Lethbridge
4401 University Drive
Lethbridge, AB T1K 1N2

Dear Dr. Greene,

I would like to request permission from the committee to conduct a research study project in fulfillment of the requirement for Education 6000; the "One Course Credit Project".

Description of Proposed Study

Re: Comparison of Perceptions of Nurses Regarding Nursing Roles.

Purpose:

The purpose of the proposed study is to ascertain if there are differences in the nursing role perceptions of nursing education faculty members; head nurses; staff nurses; and newly graduated staff nurses. Past research has indicated that there are differences in perceptions of "appropriate" nurse roles and that these differences have strong implications for the socialization of student nurses into professional graduates.

Procedures and Method

The project would involve interviewing 6 Registered Nurses who hold varying nurse occupational positions. These would be two nursing faculty members at the Lethbridge Community College; two newly graduated staff nurses; two other "general duty" staff nurse who have been employed for at least one year; and lastly; two nurses who hold the position of "head nurse". The nurses will be employees at both the Lethbridge Regional Hospital and Saint Michael's Hospital. The interviews would be tape-recorded with the subject's approval. I have gathered information from the nursing and education research literature and, on the basis of those findings, have planned questions which are designed to gather data pertinent to how nurses perceive their role. I believe this information will be very helpful to nursing educators in planning curriculum and in developing teaching

strategies for both the classroom and the clinical area. I have attached a copy of these questions.

I will seek permission for conducting the interviews with the nursing faculty at the college from Mr. Doug Alston, Dean of the Division of Natural and Social Sciences at the Lethbridge Community College. Also, I will write for permission, after your committee approves my proposal, to Mrs. Doreen Little, (Assistant Executive Director, Patient Care Services) at the Lethbridge Regional Hospital. As well, I will write to Mr. Larry Tokarchuk, Executive Director at Saint Michael's Hospital, to describe the study and to gain their approval. Copies of these letters are attached.

I have compiled a list of likely participants; all of whom I know through my association with the college as a nursing instructor. I plan to approach the nurses individually to ask them if they would be willing to act as subjects in this study. I will provide them with a written description and purpose of the study. They will be informed that they are free to withdraw from the study at any time. The participants will be assured of confidentiality at all times during the project as well as in the written account of the study. I will ask the participants to sign a letter of consent. A copy of this form is attached.

Project supervisor: Dr. Cathy Campbell
Second project supervisor: Dr. Myrna Greene
M.Ed. Program Advisor: Dr. Myrna Greene

Thanking you for your consideration,
Yours truly,

Marg Falkenberg, (R.N., B.Ed.)

Participant Consent and Information Form

Project to Study Varying Perceptions of the Nurse Role

Description of Project

This research project is being done in fulfillment of course requirements for the Masters of Education program at the University of Lethbridge. It has the full approval of the Faculty of Education with special permission from the Human Subject Research Committee. As well, the project has been sanctioned by the appropriate administration at your hospital.

The purpose of this interview is to gather your impressions of the nursing role. I will be interviewing a number of staff nurses as well as head nurses and faculty from the college. I want to find out if there are any differences among these people in perceptions as to what the role of the nurse is. Research in the past has indicated that varying nursing role perceptions held by members of the profession are a very important factor in the socialization of new nurses to the profession.

The information gathered and the conclusions drawn will perhaps have significant implications for the planning of nursing education curriculum and the development of teaching strategies in the classroom and clinical area.

The interview will be tape-recorded with your permission. Be assured that no names or means of identification will be used in the written account of the study. The information will be confidential. Should you so decide, You will be free to withdraw from the project at any time without prejudice. When the study is completed, I would be pleased to supply you with the transcript of your interview and with the results of the study.

For further information please contact:

Marg Falkenberg (M. Ed. student), phone: 3294584

Dr. Myrna Greene (University of Lethbridge, Chairperson of the Faculty of Education's Human Subject Research Committee) phone: 329-2424.

Consent of Participant

My signature signifies that I am willing to participate in a tape-recorded interview as part of the study described on Page 1 of this document. I understand the purpose of the study and that the information I volunteer in the interview will be confidential.

Signature of Participant: _____

M.Ed. Student: Marg Falkenberg

Project Supervisor: Dr. Cathy Campbell

For further information, please contact:

Marg Falkenberg, phone: 329-4584
Dr. Myrna Greene, Chairperson of Human Subject Research
Committee, phone : 329-2424.

2501 Scenic Drive South
Lethbridge, AB T1K 1N2
October 11, 1988

Mrs. Doreen Little
Assistant Executive Director
Patient Care Services
Lethbridge Regional Hospital
9th Ave-18th St. S.
Lethbridge, Alberta.

Dear Mrs. Little,

I am writing to ask permission to conduct a small research study project involving no more than six nurses at the Regional Hospital. The study would take the form of interviews which would be done in the nurses' off-duty time. The project is part of the requirements for the Master of Education programme at the University of Lethbridge.

Description of Project:

The purpose of the study is to ascertain if there are differences in the nursing role perceptions of nursing education faculty members; head nurses; staff nurses; and newly graduated staff nurses. Past research has indicated that differences in perceptions of the role of the nurse do exist among nurses and that these differences have implications for socialization of neophyte members into the profession and thus have implications for nursing education.

The project will have the approval of the the Faculty of Education's Human Subject Research Committee at the University of Lethbridge which will be meeting shortly. I will not begin the interviews until I have both your approval and that of the committee's. I will, with your approval, ask two of the head nurses and four of the staff nurses to meet with me individually to take part in a short interview. They will be people already of my acquaintance through my association as clinical instructor with the Lethbridge Community College. Confidentiality will be assured. No names will be used in the written account of the study. The participants will be free to withdraw from the study at any time. When the study is completed, I will furnish the participants with a written copy of the account of the project.

If you wish further information regarding this project, please feel free to contact me at 329-4584 or the Chairperson of the Faculty of Education's Human Subject Research Committee at 329-2424.

Yours truly,
Marg Falkenberg

2501 Scenic Drive
Lethbridge, AB T1K 1N2
October 11, 1988

Mr. Larry Tokarchuk
Executive Director
Saint Michael's Hospital
Lethbridge, Alberta.

Dear Mr. Tokarchuk,

I am writing to ask permission to conduct a small research study project involving no more than six nurses at Saint Michael's Hospital. The study would take the form of interviews which would be done in the nurses' off-duty time. The project is part of the requirements for the Master of Education programme at the University of Lethbridge.

Description of Project:

The purpose of the study is to ascertain if there are differences in the nursing role perceptions of nursing education faculty members; head nurses; staff nurses; and newly graduated staff nurses. Past research has indicated that differences in perceptions of the role of the nurse do exist amongst nurses and that these differences have implications for socialization of neophyte members into the profession and thus have implications for nursing education.

The project will be approved by the University of Lethbridge Faculty of Education's Human Subject Research Committee which is meeting shortly. I will not begin the interviews until I have both your permission and that of the Committee's. I will, with your approval, ask two of the head nurses and two of the staff nurses to meet with me individually to take part in a short interview. They will be people already of my acquaintance through my association as clinical instructor with the Lethbridge Community College. Confidentiality will be assured. No names will be used in the written account of the study. The participants will be free to withdraw from the study at any time. I will furnish them with a copy of the project when the study is completed.

If you wish further information, please contact me, (phone 329-4584) or the project supervisor, Dr. Cathy Campbell; Professor of Education at the University of Lethbridge, (phone 329-2424).

Hoping this meets with your approval,
Yours truly,

Marg Falkenberg, (R.N. B. Ed.)

Appendix B

Question Relevant Elements From Interview Responses

Question Relevant Elements from Interview Responses

Data

Question # 1 : How do you personally view the role of the nurse?

Nursing Educators' Responses to Question #1

Fran's answers contained the following remarks relating to the role of the nurse:

- holistic focus .
- one of treating an individual's health needs .
- concerned with the health needs of the community.
- concerned with needs of support persons (relatives and friends of hospitalized client).

Anita's answers contained the following remarks:

- collaborator with patient working together to meet patient's health care needs. (If socio-economic problems are interfering with patient's well being, then nurse assists patient in trying to resolve problems.)
- role depends on setting. (In acute care, the nurse takes on more responsibility in helping patient meet needs. In other settings, she may be more of a guider and a facilitator.)
- user of "nursing process" to help patient solve problems.

Head Nurses' Responses to Question #1

Bette's answers contained the following remarks:

- the nurse has a specific role in the health care field.
- she has to be knowledgeable so that she can assess how the care affects her patients.

Sylvia's answers contained the following remarks:

- the role has changed from being a handmaiden of the physician and a basic personal care attendant.
- instead; a valuable team member who needs to be valued more.
- nurses are professional and have their own knowledge base.

Staff Nurses' Responses to Question #1

Peggy's answers contained the following remarks:

- the role is getting more broad, especially since doctors are not doing a lot of the things they should be. Nurses are left picking up the slack.

Joan's answers contained the following remarks:

- role model for health; both mental and physical health.

New Graduates Responses to Question #1

Cheryl's answers contained the following remarks:

- depends on the area you wish to work in; in occupational health you are not as "task-oriented" as you are when working in a hospital

- floor nurse looks after physical side of the patient (you don't have time to care for emotional side).
- teaching role, especially in emergency and community health.
- liaison between different members of the health care team.
- patient advocate who is aware of patient's right to be involved in his own care.

Kristin's answers contained the following remarks:

- patient advocate who works with patient-rather than being a person who just hands out medication and does charting.
- there are a lot of pressures on people; social pressures and financial, family, and marital pressures. We need to be able spend a lot more time talking to people. Just letting them vent their feelings and frustrations would help with physical problems.
- teacher making sure patient understands every aspect of surgery; the risks and complications.

Interview Question #2

What are the most important characteristics and attributes that a nurse should have?

Nursing Faculty

Fran's responses contained the following:

- caring
- skillful
- knowledgeable and able to apply knowledge to assess and make nursing diagnoses
- has good communication skills (documenting, teaching, and therapeutic)

Anita's responses contained the following:

"Innate" characteristics:

- concerned for fellow man
- giving of her or himself
- possessing integrity
- honest

"characteristics acquired through education and training":

- good communication skills
- empathic
- cooperative
- courage to stand by what one believes is right and necessary
- tolerant

Head Nurses

Sylvia's responses to Question #2 contained the following:

- honest
- caring
- willing to learn

Bette's responses contained the following:

- knowledgeable

- be able to correlate knowledge with observations
- patient
- cooperative, has to be able to work in a team situation
- pleasant, easy to get along with
- caring
- skillful
- have to do a variety of things and handle each situation differently using skills and knowledge

Staff Nurses

Peggy's responses contained the following:

- self-confident
- caring
- can communicate easily

Joan's responses contained the following:

- caring
- genuine
- concerned about people and society in general
- well-informed/well-educated
- outward -looking
- open-minded
- non-judgemental

New Graduates

Cheryl's responses contained the following:

- knowledgeable
- caring
- be able to synthesize from knowledge with observations
- have to be able to communicate information directly "to-the-point"
- assertive

Kristin's responses contained the following:

- patient
- sympathetic
- understanding
- efficient, concise, and very organized
- caring

Question #3: What does the scope of nursing practice include?

Faculty

Fran's responses contained the following relevant remarks:

- there is a broadening focus.
- includes the community and the support persons in the community.
- moving people toward optimum health and well being.
- health maintenance.
- long term care in extended care facilities as well as at home.
- care of the dying which can also take place in the home.
- nursing education.

Anita's responses contained the following relevant remarks:

- the AARN has come up with a very clearly stated scope of what we should be doing and what we shouldn't be doing in relation to other health care vocations.
- making nursing diagnosis and solving problems using nursing expertise.
- responsibility for significant others.

Head Nurses

Sylvia's responses contained the following relevant remarks:

- physicians and hospitals have limited the scope of what nurses can do.
- nurses could be utilized a lot more.

Bette's responses contained the following relevant remarks:

- includes an awful lot of different roles.
- community health.
- hospital nursing.
- teaching at the college level.
- should include doing more at community level.

Staff Nurses

Peggy's responses contained the following elements:

- we've taken on more responsibility so we don't have the time to do the kind of bedside care we'd like to.
- scope is broadening so that nurses are forced into making ethics/legal laden decisions, yet are not prepared adequately to do that.
- legal/bureaucratic tasks are interfering with nurses ability to do bedside care.

Joan's responses included the following elements:

- I have difficulty with the idea of delineating a unique scope to nursing practice (what areas belong to nursing and what areas belong to medicine).
- nurses could play a major role in promoting a healthy life-style; we need to persuade people we could keep health care costs down

New Graduates

Cheryl's responses contained the following elements:

- scope widening to include more responsibility in the health care system.
- responsibilities widening to include more of what used to be considered doctor's territory, e.g. thorough physical assessment.
- hospital-based practice should become more specialized; we can't just be "jacks-of-all-trades" anymore.
- teaching in areas such as occupational health.
- assertive change agents in the interest of public safety.

Kristin's responses contained the following elements:

- includes traditional work like taking out bedpans
- taking on more of the duties doctors used to do
- more responsibilities added on to nurses
- basic care which includes being able to perform respiratory therapy and physical therapy

Interview Question #4

What is the special focus of nursing practice and what do you believe should be its goals?

Faculty

Fran's responses contained the following relevant elements:

- a holistic approach; our patients as whole beings.
- looking at the behavioral response of the person, rather than just doing the dressing or doing the bath.

Anita's response contained the following relevant elements:

- assisting patient to the highest level of wellness possible (the word "assisting" is very important here -it is the patient who is ultimately responsible for seeking and maintaining good health.)
- a focus for the professional association is to educate the public regarding the role of the nurse: what nurses are, what nurses do, the extent and scope of nursing practice, what kind of education nurses have....in order that the public have a realistic view of the skills and abilities that nurses have as opposed to the stereotyped view that many people have.

Head Nurses

Sylvia's responses contained the following relevant elements:

- there is no one special focus, it depends on what aspect of nursing you're in (health education, management, community health).
- the main goal is that nurses want to be recognized as professionals.

Bette's responses contained the following relevant elements:

- the focus is the patient.
- we're trying to assist them to get better and improve their health so they can function as well as they can in the community.
- sometimes the focus is palliative care.

Staff Nurses

Peggy's responses contained the following relevant elements:

- basic care.
- bedside nursing.
- goal is to be able to go home at night and feel that you've done a good job and have given total care to your patients and have made them feel that they've been well looked after.

Joan's responses contained the following relevant elements:

- special interest for me is Mental Health.

- I can't come up with a general focus for the profession because nursing is so broad, there are so many different areas.
- emphasis should be on prevention....if we could just get people to quit smoking rather than going around and transplanting lungs.
- encouraging people to practice a healthy life-style so they don't get ill.
- nursing is helping people through difficult times.

New Grads

Cheryl's responses contained the following relevant elements:

- we have to gain more respect by educating the public what we can do.
- need to educate older nurses to take more responsibility for doing total physical assessments.

Kristin's responses contained the following relevant elements:

- rather than the "bearer of the needle" it has to be overall patient advocate: making sure the patient understands everything about his surgery and possible complications; doing patient assessments so you can report to the doctor and hopefully he will prescribe something different.

Interview Question #5: Is the focus of nursing practice changing and what should be its main focus in the future?

Faculty

Fran's responses contained the following relevant elements:

- the consumer of health care is so much more knowledgeable-we have to be smarter in order to meet consumer demands. We have to be better educated.
- have to keep up with technology.
- have to involve patient more in his own health care.
- more teaching to make the client more independent.
- special focus on the aging.
- have to focus more on health care in the home.
- we need more autonomy as a profession.
- need to value one another and all professionals working in the health care field, needs to be collegiality.
- nurses need to have a realistic conviction about the importance of their work but they must feel the world is a better place because of the work they do.
- need to be a strong cohesive group, bond together and work together.

Anita's responses contained the following relevant elements:

- we already have a very broad scope of practice, I don't think we should always necessarily be pushing back the frontier further into medical practice- should concentrate on developing the expertise and skills that are presently in our repertoire: such as being a facilitator in working with family problems or teaching patients useful coping techniques.
- the profession needs to work on gaining the power to have some input into some of these kind of things: maintaining safe levels of nursing

care in the hospital-a safe number of nurses to meet the needs of patients.

Head Nurses

Sylvia's responses contained the following relevant elements:

- the focus is changing - the educational setting rather than clinical bedside experience is preparing the nurse for work. I think the focus is changing because of what people are being told at institutions and universities-they are almost expecting when they come out to get away from the bedside. They are quite disappointed if they have to work the evening shift or the night shift....they forget the main emphasis of why they went into nursing originally was for the patient...somewhere along the way...nursing is losing sight of the patient-they're becoming too technical and learning "book-working"
- focus shouldn't change from bedside nursing.

Bette's responses contained the following relevant elements:

- in the future there will be more of a focus on improved palliative care.
- more emphasis on Home Care and the aging population.

Staff Nurses

Peggy's responses contained the following relevant elements:

- change is going to go one of two ways: either there is going to be a shortage of nurses due to the fact there are too many frustrated nurses or there is going to be a lot of uncaring nurses that are just going to get basics done and that's it.... they're not going to use the holistic approach to nursing.

Joan's responses contained the following relevant elements:

- there now is more emphasis on education: on nurses going back to school.
- more emphasis on nursing as a profession.
- more emphasis on nurses doing research.
- we have more confidence in ourselves as a profession..it has a lot to do with the feminist movement.
- nurses have more responsibility now than before, especially regarding technological things.

New Grads

Cheryl's responses contained the following relevant elements:

- nurses are being held more accountable.
- there has to be more encouragement given so that nurses will go on with their education.
- the present older nurses need more education so that they can shake the old idea of nurses being handmaidens.
- nurses need to learn to be assertive and stand up for patients.
- education of the public so that they will be more aware of what nurses do so that nurses will get more respect.
- more respect will attract more nurses into the profession.
- if public appreciates nurses they will pressure the government to

increase the budget and allow the hospitals to hire more nurses which will result in better health care.

Kristin's responses contained the following relevant elements:

- nursing is becoming more technical.
- nursing is drawing away from the patient; focusing on charting, doling out meds.
- focus is narrowing; can't be a patient advocate because nursing is becoming more like a secretarial job with a lot of filling out requisitions, checking doctors' orders, etc.
- hospital nurses need a better charting system (more simplified)
- hospital wards need ward clerks all around the clock to do clerical duties.
- hospitals need to hire more nurses so all the work could get done satisfactorily, so nurses could spend time with their patients.

Question #6: What should be the major goal of nursing education?

Faculty

Fran's answers contained the following relevant elements:

- graduates should be able to function effectively in a health care facility.
- should produce people who can problem solve.
- should have some managerial competencies.
- we should do something for "promotion of health"
- should have communication strategies -we need to do more along these lines and can only do that at the baccalaureate level.

Anita's responses contained the following relevant elements:

- to have students use knowledge in making independent assessments and judgements about how best to meet clients' needs.

Head Nurses

Sylvia's responses contained the following relevant elements:

- should be to promote good bedside care with the patient as the focus.
- should be to make nursing courses realistic-teach students skills they can use effectively -(not teach them an impractical physical assessment procedure that takes three hours to do.)
- impossible to run a two year nursing (diploma) programme at the college.
- bad for nursing's image for a profession to be taught in a trades college.
- should be mandatory for nursing instructors to do lengthy term each year in the hospital.
- only way to get good clinical instructors is to bring the top ones off the floor to teach students.

Bette's responses contained the following relevant elements:

- must prepare students for the future-educate them to work out in the community, to assess and screen problems, to work with the elderly.
- educate them for home care as well, to do physical care there as well

- as in the hospital.
- they'll be doing more co-ordinating of care in the community and using homemakers.
- prepare them for teaching in the community with regard to promotion of health.
- prepare them for teaching maintenance care to diabetics, ostomy patients, etc. in their homes.

Staff Nurses

Peggy's responses contained the following relevant elements:

- nurses should be educated so that they are realistically aware of all the responsibilities involved in nursing -but if they were made too aware, they might decide not to go into nursing.

Joan's responses contained the following relevant elements:

- to turn out people who are interested in other people, who care for other people.
- to turn out people who are well-informed and who want to maintain a high level of commitment.

New Grads

Cheryl's responses contained the following relevant elements:

- to create a more assertive, autonomous nurse
- to develop good organizational skills (one way would be to increase the students' patient loads so that before graduation they would be better prepared to handle the patient load as it really is on a hospital ward.)

Kristin's responses contained the following relevant elements:

- should provide understanding of physiological and psychological assessment.
- to present more reality in nursing education to prepare the student for the realities after graduation-they should learn that you don't have all the time in the world with your patients.

Question #7: What gives you the greatest satisfaction in your working life?

Faculty

Fran's responses contained the following elements:

- when I see students really listening to their patients.
- when I see their progress on a unit-doing their thing-caring for people.
- students coming back and saying, "I remember what you said about" such and such, "and I'll never forget it."
- there are the thrills of students learning new techniques and procedures and of helping them learn-they're all so fresh and enthusiastic-when suddenly they catch on to something in the classroom.

Anita's responses contained the following relevant elements:

- in teaching students: to see students really develop and make independent judgements and identify needs-their being able to develop rapport, etc.
- as a nurse: when I have been the person to come up with a solution to a problem that has been troubling a patient.
- I'm rewarded when I know I've provided comfort to someone who is suffering severe pain or someone who's dying-when I can make him comfortable and facilitate his peace of mind. All the negative things you hear about nursing but these rewards are enough to counteract the negative.

Head Nurses

Sylvia's responses contained the following relevant elements:

- satisfaction is different with different jobs; as a nurse satisfaction comes from the patient, from the family.
- as a head nurse, satisfaction comes from the administration and from the families of patients.
- from difficult staff coming along.
- when things change.

Bette's responses contained the following relevant elements:

- the greatest satisfaction comes from seeing patients improve.
- also from making things easier for patients, when you feel you've really done something for a patient.

Staff Nurses

Peggy's responses contained the following relevant elements:

- being able to spend time with patients and knowing they've been well looked after.
- being able to use my own judgement and feeling good about the decisions I've made.
- when the patient or family asks especially if I'm the nurse on duty.

Joan's responses contained the following relevant elements:

- you get so little satisfaction from working where I do because in a psychiatric unit people progress so slowly.
- when somebody says to me, "you were really a big help", that to me is the most satisfying thing- and you do get that.
- it's satisfying when you're out in the community, perhaps shopping, you see somebody that used to be on the ward a lot-and she really looks well and she's smiling. She used to be very sick and now you can see that she's well; that's rewarding! It's satisfying when that happens because, as one doctor said, nurses see the sickest patients. (Doctors see people progress in their offices because they aren't the clients who are so severely ill-the ones who require hospitalization).

New Grads

Cheryl's responses contained the following relevant elements:

- when there is time to be a real nurse- one who can care for all the bio-psycho-social aspects of patients.
- when there is time to educate the patient about his care, time to evaluate the patient's condition- to assess the patient physically and emotionally.

Kristin's responses contained the following relevant elements:

- being able to spend time with the patient-to find out what his feelings are and what his problems are, to be able to find solutions or alternatives and then see the client grow from that.
- making the dying patient comfortable; the small things like rubbing the patient's back.

Appendix C

Personal Professionalism Criteria

Data Organized According to Personal Professionalism Criteria

Characteristics of Personal Professionalism in Nursing

1. **Nursing Process**: "Assesses, plans, implements, and evaluates theory, research, and practice in nursing. These behaviors are reflected in the entire Nursing Process." (Miller, 1985 in Kozier & Erb, 1987).
2. **Theoretical Framework**: "Accepts, promotes, and maintains the interdependence of theory, research, and practice." (Miller, 1985 in Kozier & Erb, 1987).
3. **Collegiality**: "Communicates and disseminates theoretical knowledge, practical knowledge and research findings to the nursing community. Professionalism must be demonstrated by supporting, counseling, and assisting other nurses." (Miller, 1985 in Kozier & Erb, 1987).
4. **Public Service**: "Upholds a service orientation of nursing in the eyes of the public. This orientation differentiates nursing from an occupation pursued primarily for profit. Many consider altruism the hallmark of a profession. Nursing has a tradition of service to others. This service, however, must be guided by certain rules, policies, or code of ethics." (Miller, 1985 in Kozier & Erb, 1987).
5. **A.A.R.N. affiliation**: "Preserves and promotes the professional organization as the major referent" (Miller, 1985 in Kozier & Erb, 1987).

The following presentation of the data shows a categorization of the responses into the above characteristics of personal professionalism in nursing: **(1) Nursing Process; (2) Theoretical Framework; (3) Collegiality; (4) Public Service; and (5) A.A.R.N. Affiliation.**

Characteristic of Personal Professionalism #1:

Nursing Process

Faculty

Fran

- a nurse must have knowledge; the ability to assess the patient correctly and the ability to make nursing diagnoses.
- You need skills and knowledge in order to look after the health needs of the patient, his support group, and the community as a whole.
- in nursing education we emphasize the student's ability to problem solve.

Anita

- the role of the nurse encompass the assessment of the patient's needs..whether they're physical, or emotional or sometimes socio-economic...and determining what can be done realistically to help the patient: determining the course of action to be taken in collaboration with the patient...then the nurse would have much input into the meeting of the needs, much more in some settings than in others....Then the last phase of the process would be to evaluate the extent to which the needs are being met-the extent to which the plan was effective."
- What I try to do in my teaching is to "help the student to use the knowledge they have acquired in the program so that they can make independent assessments and judgements." It's essential that

"knowledge is used to decide what it is the patient needs and to be able to act upon those needs....to set in motion the things that need to be done in order to help solve the problem."

Head Nurses

Sylvia

- no direct mention of the nursing process; no mention of the importance of a knowledge base in assessing patient's needs, making nursing diagnoses, planning care, implementing the plan and assessing the results.
- does mention the importance of knowledge base but only in terms relative to nursing being a profession.

Bette

- the nurse has to be very knowledgeable in her field. She has to be able to make a lot of decisions as to how the care affects her patients.
- the nurse has to have "knowledge about different diseases, signs and symptoms, different treatments, knowledge about physical assessments...being able to pick out things that are deviant and be able to report them. She's got to have a lot of communication skills; written as well as oral." Nurses are going to have to increase their skills, take physical assessment courses. Going to school to obtain a Bachelor of Nursing is a good idea. It prepares nurses more to carry out some of these things.
- a nursing care plan is valuable in palliative care; especially in the home care of the terminally ill patient as members of the palliative care team and hospital personnel work together.

Staff Nurses

Joan

(Joan's responses don't indicate that she is thinking directly of the process that is involved in delivering thorough nursing care. However, she places great importance in the nurse being well educated and open to other views). She says that "more education is necessary for nurses to do all that is needed in improving health care...they have to be well-informed."

New Grads

Cheryl

- the nurse to have a strong knowledge base. You can be emotionally caring but if you don't know how to care for the patient physically...if you don't know what signs and symptoms to look for, you're not going to be a good nurse.
- you have to know about signs and symptoms and physical assessments. "You could have a patient hemorrhaging and you might phone the doctor to say your patient 'just doesn't look right' but if you talk to them like that they're not going to pay any attention to what you say. They're not going to respect you for that. If you call them and give them blood pressure, respirations, signs and symptoms and all those things, the doctor is going to know where you're coming from. He's going to understand where his patient sits and also he'll know what emergency interventions you've done. You can see I've done my most

interesting work on emergency and I.C.U."
 -There is so much you have to know in nursing today...I think it all comes down to assessment because you keep doing an ongoing assessment...you look for clues all the time.

Kristin

-"as a patient advocate you're looking for anything that's going wrong with the patient; if he needs some pain medication or sedation. If he needs something for his stomach or any symptoms that are coming out; if he's getting too much of something and it seems to be showing up. You need to be able to point out these things to the doctor and hopefully he will prescribe something different. And usually they do. Doctors seem to be pretty good about that. And since the doctor isn't there with the patient, he sees them once a day if he's lucky, so we need to be looking out for things that are happening with the patient. We have to chart them and write them down so that the doctor knows."

Characteristic of Professionalism # 2:

Theoretical Framework

Faculty

Fran

- it's more of a holistic focus that I see for the role of the nurse.
- we need to move people toward optimum health and well-being.
- sometimes a client needs more extended health care towards the area of health maintenance.
- the scope of nursing includes care of the dying which not only takes place in the hospital and extended care facilities but in the home as well.
- when I talk of the holistic approach, I'm not just talking of the psycho-social part of it, but the all-encompassing holistic approach, the attitude, the feeling we have toward our patients as whole beings.
- with this philosophy of purpose you're looking more at the behavioral response of the person, rather than just doing the dressing or the bath, but instead, how the person is responding to what you're doing.
- health care, rather than a privilege, is a right.

Anita

- I see the role of the nurse in any facet of nursing as assessing the patient's total needs and applying the nursing process to assist the patient in meeting these needs. Solving problems is something you work on collaboratively with the patient because the "patient may have very important input into how his needs can be met."
- "The assessment of the nurse varies from the assessment of the doctor in many ways. We are assessing nursing problems: problems that can be met chiefly by the intervention of the nurse." The physician, rather than having a holistic perspective, many times, is more focused on the patient's physical problems than he is on others, more focused on fragmented aspects.
- the nurse's purpose is to assist the patient to the highest degree of wellness possible.

Head Nurses

Sylvia

-Sylvia makes no direct or indirect mention of nursing theory as being the structure that binds together whatever it is that nurses do. There is no mention of the holistic focus of nursing or of the ultimate goal of all nurses in the promotion, maintenance, and restoration of health. In response to the question; "what is the scope of nursing?" the response contained this reference to research: "You see nursing in research, you see nursing in education...etc." The reference doesn't seem to be in terms of nursing research.

Bette

-the focus of care is the patient-we're trying to look after patients; we're trying to assist them to get better and improve their health so they can function as well as they can in the community. Sometimes that can't always happen: sometimes you're working with palliative care patients. I find that really challenging.
-if we're going to call ourselves professionals, we're going to have to do a lot of research so that we'll have our own body of knowledge.

Staff Nurses

Peggy

-the nurse uses the holistic approach-the patients need one or the other aspect of care (or all of them): mental, physical, psychological, spiritual...but a lot of times we don't have time to give all aspects.

Joan

-there's more emphasis on education and on nursing as a profession
-emphasis on nurses doing research and taking less of what we need from the medical profession.

(Joan does not refer specifically to a philosophical framework that defines nursing but a synthesis of her remarks throughout the interview shows that her definition of nursing includes the traditional elements of health promotion, health restoration and disease prevention.)

-nursing could play a major role in promoting a healthy life-style; in educating the public regarding health promotion and prevention of disease.
-nursing is helping people through difficult times -helping them recover.

New Grads

Cheryl

-the role of nursing is more than being an advocate for your patient. An advocate seems to say that you're just working for the patient without involving him in his care. It's important to involve the patient in his own care.
- the greatest satisfaction in nursing comes when you have time to do real

nursing; to be a real nurse: one who can care for all the biopsychosocial aspects of your patient.

(Although there is no evidence here that Cheryl is utilizing knowledge of a broad theoretical perspective in her thoughts regarding nursing, her remarks show awareness of some theoretical elements.)

Kristin

(There is no indication that Kristin bases her nursing actions upon knowledge regarding a philosophical idealology. However, her vision of what the ideal nurse should be contains these philosophical elements.)

-as I progressed through my nursing course I thought that the role of the nurse had to do with being a patient advocate- working with patients, feeling close to them, being able to help them psychologically as well as physically and treating them as a person; as a whole. When I started working, I discovered that this wasn't the case. It's still my idea of the role of the nurse and yet that isn't what it is.

Characteristic of Personal Professionalism #3:

Collegiality

Faculty

Fran

-we've got to be a strong cohesive group. "We've got to be bonded together and work together."

Nurses have to have "mutual respect for on-another...have to support one another."

When somebody can't finish a job, others should willingly help out....but right now,"I don't think there is enough group effort.

Anita

-Anita's responses throughout the interview were a practical example of how an nurse "communicates and disseminates" theoretical and practical knowledge. Anita's responses throughout the interview tended to be phrased in language that demonstrated a familiarity and application of nursing theoretical knowledge. Her statements seemed consistently based on thoughtful consideration of how the nurse is able to give "holistic" nursing care to the individual client and to the community with the end goal being health (etc.).

-Anita does not make direct reference to "collegiality" or to "supporting and counseling" other nurses, however, she says, "I guess the thing that I always try to keep uppermost in my teaching, what I think I do and what I hope I do, is to help the student to use the knowledge that they have acquired in the program so that they can make independent assessments and judgements."

Head Nurses

Sylvia

-nurses have to recognize each other as professionals. "They have to pat

each other on the back and praise each other's work. So often in nursing they don't. They are the first to pick apart another person's work or criticize their charting, etc."

Bette

- nurses have to be able to work together as a team
- another thing that gives me satisfaction is working with the students; I think it's an important part of nursing. I think that the staff nurses have a lot to offer in working with students, just in working side- by -side with them.

Staff Nurses

Peggy

- the new grads coming out are finding it really hard-the vague line which surrounds nurses' ethical and legal responsibilities is "pretty scary sometimes.
- nurses are feeling really frustrated and "I can feel their frustration."

Joan

- As nurses, we're becoming more confident in ourselves and more concerned about our own profession.

New Grads

Cheryl

(Although Cheryl is critical of older nurses' perceived unwillingness to take on responsibility for knowledgeable physical assessments, the following remark shows some evidence of an attitude of support for them.)

- another goal would be to educate the present older nurses who believe in the old idea of being handmaidens. They will need further education. What they learned thirty years ago in nursing school doesn't necessarily apply now.

Characteristic of Personal Professionalism #4:

Public Service

Faculty

Fran

- a characteristic of a nurse is that she must be caring, somebody who cares about the person as a whole.
- I'm always saying to students, "Let's try to keep the client out of the hospital."
- we have to be knowledgeable regarding health care, etc. "in order to meet consumer demands." There is a need for nurses to have further education in order to give comprehensive, quality care which should include work in the community for promotion and restoration of health.
- We have to be able to give health care in the home, we have to be "cost

efficient" because of the "tremendous expense of health care."

- We have to be able to speak up for what we believe in, for example; better care for the aging which is a major focus now.

Anita

-characteristics of nurses include concern for fellow man, willingness to be in a type of work that requires giving of her or himself, integrity, honesty.

-one of the things the profession has to work on is gaining the power to have some input into decisions regarding the maintenance of safe levels of nursing care, safe numbers of nurses to meet the needs of the patient.

"I'm rewarded when I've provided comfort to someone who is suffering severe pain or someone who is dying...when I can make him comfortable and facilitate his peace of mind. All the negative things you hear about nursing but these rewards are enough to counteract the negative."

Head Nurses

Sylvia

-characteristics of nurses include legitimately caring about their patients. Nurses have to care enough to do a good job.

-whether a nurse is in "community health or health education, college level teaching or university level teaching, the only reason they are here is for the betterment of the patient."

Bette

-nurses have to have a caring attitude, have to demonstrate this attitude when caring for people with different cultures.

-nurses have to be educated to work in the community and with the elderly because that's a growing concern.

-the greatest satisfaction comes from seeing patients improve or from making things easier for those who won't improve. Satisfaction comes when you know you've really done something to help the patient

Staff Nurses

Peggy

-a personal goal in nursing would be to be able to go home at night and feel that you've done a good job and have given total care for your patients and have made them feel that they've been well looked after.

-the patient should be able to understand his condition and his treatment- it's up to us as well as the doctor to make sure they understand.

-I've seen a doctor tell a patient that she had lost her baby...she came in with a threatened abortion- and the doctor told her so coldly and then left. I just felt she needed something else...all I could do was just put my arms around her and that bothered me...that he could just leave this girl hanging like that.

Joan

- if you're a nurse, you've got to be a person who cares about other people-about the community and about society as a whole.
- nursing is helping other people through difficult times. Nursing is also encouraging people to stay healthy before they get ill.
- in psychiatric nursing you don't get much positive feedback because recovery is such a slow process, "but when somebody says to me, "you were really a big help", that, to me, is really the most satisfying thing."

New Grads

Cheryl

- the nurse has to be very caring and deal with the patient on an emotional level. Hopefully you can find out if he has any needs and concerns and do your best to deal with them. (However, time doesn't always allow you to do this.)
- I definitely see nursing as taking more responsibility for the health care system...doing more of the assessments and definitely more of the teaching. Doctors tend not to give the teaching that patients need to have, for example; teaching patients regarding the drugs they must take.
- nurses must be more accountable for what they do. They must be more assertive so that they can stand up for their patients, especially if their patient doesn't want any 'heroic' efforts taken to prolong life, etc.

Kristin

- the nurse has to be patient, sympathetic, and understanding. We need to give the type of health care that allows the nurse to spend time sitting and listening to patients...especially these days "where there's a lot of pressures on people, social pressures, financial, family, and marital pressures. I think a lot of health problems are related to stress. I think we need to spend a lot more time talking to people and just letting them vent out their feelings and frustrations. I think that would help them a lot with their physical problems."
- I get satisfaction out of helping someone, for example, who has cancer and there's relatively little you can do but make him comfortable. It's depressing to see that there is so little you can do but perhaps just by doing something a little extra for him like rearranging his pillows, spending two minutes talking or rubbing his back-being able to help them that way- I find that gratifying.

Characteristic of Personal Professionalism #5:

A.A.R.N. Affiliation

Faculty

Fran

-Fran talks of collegiality and the need to work together as a strong cohesive group (in the hospital setting) but she does not mention the professional association.

Anita

-"A lot of work has been done by the A.A.R.N. and they have come up with a very clearly stated scope of what we should be doing and what

we should not do."

-One of the goals of the profession and one that the professional association is working on now (which I think is right and good) is to educate the public about the role of the nurse...in order that the public should have a realistic view of the skills and abilities that nurses have as opposed to the stereotyped view that many people have of us.

Head Nurses

Sylvia

-The following remark was made in response to the researcher's question regarding the A.A.R.N. "I think the A.A.R.N. has done a lot of good. You see a general apathy among nurses. The only time you see them unified collectively is during strike action"...and after that they are no longer politically motivated. (Seems to switch conversation here from the professional association to political action as manifested by involvement with union activities.)

-talks of the need for nurses to be more involved publically as a group; the need to make themselves more publically visible-"letting them know the concerns of the nurse or what the nurses are doing....they should be out there getting support constantly." However, does not refer to the A.A.R.N. as an organization that would be helpful or useful in the advancement of nursing or in effecting any changes in improving public health care.

Bette

(Although Bette perceives a need for nurses to have more status and to have recognition as a profession, she makes no reference to any need to work for change through the professional association.)

Staff Nurses

Peggy

In talking of the frustrations on the hospital ward in trying to carry out nursing responsibilities, the following exchange took place:

Researcher: " Well, what about the *professional association*- what about the A.A.R.N. ?" (In taking some action to make some changes regarding staffing etc.).

Peggy: "I can't speak about them. I mean, I have never been involved with it much. I don't think much of unions."

Researcher: "So you've never been much involved with the *professional association* or the *union* ?"

Peggy: "No.No."

Researcher: "What could the *professional association* do, do you think?"

Peggy: "That's just it..to me..a union..I've never gone..probably because my husband has been in unions and now he feels the same way. If you do your work, you don't need a union. The only time it is handy is when somebody is bumping you for a job; a position- or if you want a raise...that's all I feel a union does for you."

New Grads

Cheryl

- the A.A.R.N.is pushing for more education for E.P. 2000 (the entry to practice issue).But the real responsibility lies with each and every nurse.
- the A.A.R.N. will be able to represent our interests to the government. I think that's something we need to do to become more visible. To gain that visibility and respect we need to become involved.

Kristin

Kristin was given an opportunity to mention the A.A.R.N. as an organization that nurses could get involved with in order to help find solutions to some of the frustrating problems Kristin talks about. (See **Appendix E** regarding **Problem Themes**). However, finally the researcher asked: "Do you know much about your professional association?"

Kristin: Not a whole lot. I know we have rights and privileges, etc.

Researcher: So how do you feel about that? Would you like to know more? Do you think that it is useful in any way to have a professional association?

Kristin: I think it's useful in certain areas. I know when we had the strike they wanted better working conditions although that's not what was emphasized by the media.

Researcher: Are you talking now about the Union? Do you mean the United Nurses of Alberta or the Alberta Association of Registered Nurses?

Kristin: I really haven't gone into it.

Researcher: Do you think that this is something that should be stressed more in your education? About the association?

Kristin: Actually that would be really good. Because I know relatively very little about it and I just haven't had the opportunity to check it out.

Appendix D

Elements Relevant to the Bureaucratic Role

Analysis of Responses Indicating Orientation to "Bureaucratic" Role of the Nurse

Faculty

Fran

There are no remarks or elements in Fran's responses that might be typed as belonging to a "bureaucratic" nursing role orientation.

Anita

There are no remarks or elements in Anita's responses that might be typed as belonging to a "bureaucratic" nursing role orientation.

Head Nurses

Sylvia

(The following remarks may indicate an emphasis on technical skills.)

- I think the role of the nurse could be broader. Nurses could be used more. With more training they could be in the Emergency Departments doing all the minor suturing so that the physician is freed up to go where his skills are needed.
- students should have good clinical instructors and the only way you're going to get them is to bring them in from the field to teach the students....I'm talking about top nurses on the floors being used to teach students.

Bette

- nurses and doctors have been socialized to communicate in certain ways. There's a little game that goes on ...and you've got to learn to play that game...give the doctors suggestions without really making them sound like they are the nurse's ideas...You have to make them sound like they came from the doctor.

Staff Nurses

Peggy

- when the doctors haven't explained the surgery adequately to their patients then we're running around tracking them down...trying to get histories and the charts aren't done...and we want a reorder on medications.
- it's so frustrating to work short-staffed but there is such a problem because administration says we are so over our budget....there is always somebody you can't push away because they're over you or above you...when you talk to them about it they seem to understand, but yet nothing is done about because of this government budget
- You have to use proper communication lines in trying to deal with the problem of understaffing...I've talked to different people in Administration here and they're really reasonable but I'm sure their hands are tied...maybe if we understood more about why this happens..the budget controlling nurse/patient ratios etc., but that doesn't explain it to me all the time.
- nursing instructors should be more realistic with students. When "I got out into the real world of nursing...I thought why didn't they tell me

that...I'm trying to do this thing so perfectly and if I would have let my own instinct take over it would have gone much easier." By trying to do things the way they taught us I put a lot of stress on myself for nothing...As a student, I was assigned "one or two patients or three and four patients and then to come out and get sixteen patients thrown at you that you have to care for all at once!"

Joan

There are no remarks or elements in Joan's responses that might be typed as belonging to a "bureaucratic" orientation to the nursing role.

New Graduates

Cheryl

- the role of the nurse varies depending on the area you wish to work in...if you are a floor nurse, the primary objective is the physical side of the patient...problem is you don't have time to do all the emotional care you would like to. If you're in occupational health, you do a lot of teaching...you're not as task-oriented as, say, in a hospital...
- because of the lack of time, a nurse gets so used to just dealing with the physical care..."and getting it done as fast as you can and running back to the charting and calling the doctors and doing all you have to do, you forget that there is a person inside that body."
- I've done my most interesting work on emergency and I.C.U....I haven't done the I.C.U. training course so "I'm just in there as third. I don't run C.V.P.'s and xylocaine drips and I'm not licensed to defibrillate but I do just about everything else!"
- students should be prepared realistically for the routines of a busy hospital floor. As a student you were never given a real patient load. In second year we played R.N. We divided 7 students on the floor into the three wings. There should be more realistic R.N. type experiences. If possible, decrease the number of students on the floor to increase the patient load.

Kristin

- it's hard to get close to the patient because you don't have time because your'e dealing with medications continually, charting continually, and that's all you have time for.
- as a nurse you have to be patient because sometimes you're very busy and people will ask you for silly things like straws or kleenex boxes or something...You have to be efficient, concise, and very organized.
- it's difficult working when you have to move to different floors as a 'casual' nurse. I find the first night very difficult and it's hard to see the person as a whole...it's more or less seeing the person as a diagnosis and trying to treat the diagnosis rather than the person. It isn't till the second or third day that your'e working in the floor that your'e able to see that person as a person rather than something that needs treatment or help and your'e able to start working on the person as a whole...
- nurses are taking on additional responsibilities..."duties that the doctor used to do and yet their other workloads such as the traditional work: taking out bedpans etc. - remains with us..."
- nursing is becoming more technical. It's drawing away from the patient- from time with the patient. It's focusing more on the charting aspect and the medication aspect...the focus of nursing is narrowing

down and becoming more like a secretarial job with a lot of filling out of requisitions, checking doctor's orders, and doing the charting, taping, etc.

-in nursing instruction, they should present more reality because when I went out on the floor for the first couple of weeks it was so shocking. The most number of patients I ever had to myself as a student was six and when I got out onto the floor, I had 18 patients the first day and that kind of blew me away...you have to learn reality in the sense that you don't have all the time in the world to spend with a patient, I mean, you don't have all the time in the world to clip toenails and fingernails, and to brush teeth three times a day.

-I don't know if anything can be done about the way the program is or about the way the hospital wards are set up now. I believe if we had more staff on it would alleviate a lot of the problems...it all ends up backing up to government. I know we have a good health system and I really feel that we are lacking funds and the hospitals just can't afford it. I understand that and they're having a really tough time as it is. The only thing we can do is tax people and nobody likes that at all... We've done so much cutting back that you can't cut back any more....there's not an awful lot you can do now...I really don't know enough about the way things are run.

-I don't think that people on the outside realize what conditions are really like in the hospital. They see nurses as receiving high wages and that's basically it. They don't see the fact that we're really understaffed and they don't see the fact that we're working with very little. They don't see that we've an immense amount of responsibility on our shoulders and that the work is very difficult and that there is a lot to do in a very short time.

Appendix E

Problem Themes

Data Which Revealed Recurring Themes Regarding Problems in the Practice of Nursing

Problem Theme #1

Excessive work load interferes with being able to give quality care which results in frustration and dissatisfaction for nurses.

Data summarized pertaining to Problem Theme #1

Faculty

Anita

- We're losing our "brightest and best" new graduates to other fields. Part of this is because of the working conditions, the physical work and the hours involved.

Head Nurses

Sylvia

- staff nurses deliberately involve themselves heavily in technical procedures in order to avoid bedside nursing and spending meaningful time with the patient.
- admits nurses are busy with routine clerical duties and technical procedures but maintains that even when there is time to spend with patients, they find excuses not to.
- new graduates these days are "technically oriented and book-oriented, not patient oriented."
- staff nurses these days are happier busying themselves with machines than getting back to the physical care of the patient.

Staff Nurses

Peggy

- we don't have time to be concerned with the total patient-the holistic role-"with the mental, physical, and spiritual."
- if there are problems that are not part of nursing's expertise, nurses can "put them on to somebody else, but a lot of times there aren't people to pick that up either."
- we're running with a shortage just about everyday.

New Grads

Cheryl

- telemetry, surgeries, admission procedures, etc. (the routines involved) interfere with being able to do thorough assessments
- because of the "time factor" you get so used to just dealing with the physical...you forget there is a person inside that body."

Kristin

- there is lack of time (to fulfill the role of the ideal nurse) because of the understaffing of nurses on the floor and the patient load.
- "it's hard to get close to patients because you don't have the time-you have to deal with medications and charting continually."

-it's hard to see the patient as a whole; its more or less seeing the patient as a diagnosis and treating the diagnosis rather than the person."

Problem Theme #2

Nurses are prevented from being as effective as they could be in giving health care because of their lack of autonomy, status and power. As well, the public is ignorant of nurses' present and potential role in the health care system.

Summary of Data

Faculty

Anita

- "The public, for the most part, isn't aware of the extent of responsibility that the nurse has. I don't think they're aware of the magnitude of decisions that are made by nurses in regards to the patient's immediate health status, for example, whether they need medical intervention or not...and I certainly don't think they're fully aware of the degree to which the nurse is fully responsible for the teaching of the management of illnesses...or preventative kinds of things the public could be doing."
- one of the things the nursing profession needs to work on in the future is to acquire the power to have some input into decision making regarding safe levels of nursing care; safe numbers of patients to meet the needs of the patients.
- sees that the profession lacks status- public esteem and therefore personal respect. This is one reason why we are losing our "brightest and best" to other fields. There is a lack of respect from the public as well as from other health care professionals.

Fran

- I think we need more autonomy as a profession..."there are a lot of people in the health care field and we need to begin to value one another more."
- need to value one another and all professionals working in the health care field, needs to be collegiality.
- nurses need to have a realistic conviction about the importance of their work but they must feel the world is a better place because of the work they do.
- need to be a strong cohesive group, bond together and work together.

Head Nurses

Sylvia

- role of the nurse could be more valued.
- nurses are "under the thumb of the physicians."
- "health care system also holding nurses under their thumbs"
- some nurses have physicians "who talk down to them and they take it-very passively."
- you see a general apathy among nurses. The only time you see them unified collectively is during strike action...but when the strike is over, they go right back to where they were before; not politically motivated.
- "there's no larger group than the R.N.'s in the hospital but no group is heard from least-and there's no group that's put down more; things

withheld from more, than Registered Nurses."
 -it's hard to achieve goals because sometimes my goals aren't shared by the administration.

Bette

-the nurse's assessment of patient's condition and of what constitutes effective treatment sometimes conflicts with what the doctor thinks. There is a communication gap due to the socialization of both the doctor and the nurse. "Nurses have to play a little game; coyly give suggestions in a manner that makes the doctor think the ideas are his." The younger doctors aren't so bad because they seem to have an understanding of the nurse's education.

Staff Nurses

Peggy

-feels extremely frustrated with the increasing work load. The perceived shortcomings of some doctors in not "doing their jobs, (e.g not adequately or sensitively explaining to patients all of the implications of their illnesses and treatments) adds to the nurse's burden because she has to be the "trouble shooter." Yet she feels powerless in confronting these doctor and the hospital administration.
 -feels there is very little she can do in attempting change in the hospital policies of hiring, placing, and scheduling nurses for work on the different floors. "There's always somebody that you can't push away because they are over you or above you."
 -feels that the hospital administration has its "hands tied" because they are "so over budget". Feels that she has to keep on doing "her bit" even though she regrets the patients having to suffer because of minimum quality care.
 -"I think if the situation arises, we should be able to say what we feel. I mean if somebody asks me a question, "Am I going to die?", and I'm told I'm not suppose to tell him, I don't feel good inside myself."
 -"I've never been very outspoken before...some of us were thinking of signing petitions...or maybe walking out, but then there's that guilt feeling again....Why should we be left with this guilt feeling all the time?"
 -I've never gone to the union. If you do your work you don't need a union. The only time it's handy is when somebody is bumping you for a job, a position, or if you want a raise..that is all I feel a union does for you.

New Grads

Cheryl

-"Nursing still isn't respected by some people."
 -Some doctors- mostly the middle-aged doctors-don't give the nurses credit for the amount of knowledge they have. "The older doctors don't show respect anyway-it's the male/female thing; just because nurses are women....The middle aged ones just seemed to be threatened because nursing is growing so fast and going into so many different areas like physical assessments that they are feeling their practice is being questioned."
 -"The older nurses believe in the idea of being handmaidens. The first thing they do is call the doctor rather than take any responsibility

- themselves for assessing the patient's condition."
- the A.A.R.N. should play a role in representing nurses' interests to the government.
 - "to gain visibility and respect we need to become involved politically."
 - "Nurses are being held more accountable for what they do."
 - "So often nobody listens to you..we need to be able to stand up and speak for our patients"
 - "Basically, you have to educate the public on all fronts about our role...in order to gain the respect we need."
 - "Need to educate the public that nursing is a viable profession, one that can be respected and one that women shouldn't feel badly about going into. You know the thing about traditional roles for women and that if you go into one of them, you're copping out. You should be going into architecture or engineering!"

Kristin

- "I don't think that people on the outside realize what the conditions are really like in the hospital. They see nurses as receiving high wages, and that's basically it....They don't see the fact that we're really understaffed...that we're working with very little...that we have an immense amount of responsibility on our shoulders and that the work is very difficult...and that we have very little time to do it in."
- "We've been cut back so much that there's nothing to cut back anymore. There's not an awful lot you can do now...I really don't know enough about the way things are run."

Problem Theme #3

Some of the nurses expressed the feeling that nurses tend not to support one another; that they tend to criticize one another. The feeling is that if nurses could develop more of an attitude of collegiality and cohesiveness the profession would be a lot stronger and would have a more effective voice in forming health care policy at various administrative levels.

Faculty

Fran

- sees that staff tend to work closely tied to their self-designated niche. They don't work together on problems; don't support one another; don't share information and expertise. There's a lack of team cohesiveness.
- we need to value one another more...once we do that we'll make our profession stronger..we've got to have mutual respect for one another.

Head Nurses

Sylvia

- so often in nursing we pick apart one-another's work or criticize others' charting.

The following remarks are also relevant to "collegiality":

- have seen a marked change in new graduates' and nursing students' commitment to work.."I think maybe it's the generation coming up: the

'me generation!'"

- maybe staff nurses deliberately busy themselves with technical and clerical matters so that they don't have to get back to the physical care of the patient...to spending time with the patients-perhaps they think they are above that or beyond that in some way!
- nursing teachers at the university are far removed from the work place-they're not realistic with regard to the actual work place.
- students "should have good clinical instructors and the only way your're going to get them is out in the field and then bring them in to teach the students- I'm talking about top nurses on the floors being used to teach students."

Bette

- staff nurse have to work well as a team or there are morale problems

New Grads

Cheryl

- talks of older nurses still not willing to take on role of greater responsibility-they believe in the "old idea of being handmaidens"
"What they learned thirty years ago doesn't necessarily apply now."

(Cheryl's remarks may seem critical of older nurses but she does go on to say, "They will need further education. There has to be encouragement for nurses to go on with their education.")

Problem Theme #4

A theme common to some of the participants was a certain amount of frustration due to an unclear understanding of all the various ethical and legal implications connected to the practice of nursing. These nurses are uneasy about the indistinct lines of authority and responsibility. They are not sure how vulnerable they are legally in hospital-connected professional matters.

Head Nurses

Bette

- nurses have to be very careful in charting...people aren't always aware of what they should be putting down. An awful lot is missed. It eventually comes with the "realization that it's really important to get things down because of law suits...the whole thing can backfire!"

Staff Nurses

Peggy

- feels a lack in knowing how to make ethical decisions; a knowledge gap in regard to the law-nurse have to keep "on their toes." They have to know about legal issues and law suits.
- feels vulnerable with regard to the law. "Who would back us? Not even our insurance....by whom are we backed...or are we backed? If something is a real issue, how much support do we get?"

New Grads

Kristin

-feels too much time is spent on repetitive charting. The chart is suppose to be an information package for the "good of the patient but now it has become a legal document and it's like, "cover your buns or else!"

Problem theme # 5

A common theme expressed by a number of the participants was that of the perceived gap between nursing education and nursing practice.

Some of the participants expressed the frustration they felt when first beginning work as new graduates. This frustration was due to the difference between the "work load" they had been expected to carry as senior students and what was expected of them as graduates. The following are summarizations of the pertinent remarks:

Head Nurses**Sylvia**

-nursing teachers at the university are far removed from the work place; they're not realistic with regard to the actual work place. All nursing instructors should spend "mandatory time each year in the field "so that when they are teaching something they know of the relevance to what's being done in nursing at the time...some students leave the field every year because it's not reality that they were taught and they see that that is not what nursing is really all about."

Staff Nurses**Peggy**

-at college you are presented with an ideal way of doing things, "and that's perfectly fine...but idealistically, when you get out of there, it doesn't happen." As a student you get one or two patients to care for, but then "to come out and get 16 patients thrown at you that you have to care for all at once!"

-regrets that her college instructors didn't present her with the real world. After she graduated she tried to do every thing perfectly which was very difficult to do. "If I had have let my own intincts take over, it would have gone so much easier!"

New Grads**Cheryl**

-the major goal of nursing education should be to create a more autonomous nurse and to do that instructors have to assign students more responsibility. "As students we never got a full patient load. When starting to work as a graduate, it was like stepping into the twilight zone...having fifteen patients and only an R.N.A. to help... As a student you wre never given a real patient load...There should be more realistic R.N. type experiences. If possible, decrease the number of students on the floor to incease the patient load."

Kristin

-when I was a student I figured that the role of the nurse was one of

being a patient advocate...feeling close to patients and being able to help them psychologically as well as physically and treating them as a whole person. Now I find it disappointing that I can't do the kind of work I imagined it would be...and I find that kind of hard.

-the nursing course I took at the college was basically very good, however, one thing I think may be more helpful would be to present more reality in the nursing instruction. "I found that when I went out on the floor for the first couple of weeks it was so shocking. The largest number of patients I had ever had to myself was six when I was in my second year, but when I got out onto the floor, I had 18 patients the first day, and that kind of blew me away!...You have to learn reality in the sense that you don't have all the time in the world to spend with a patient."

Theme problem #6

A number of participants expressed the idea that nurses definitely need further education, at least to the baccalaureate level. Reasons for need of further education varied from a way to achieve credibility and status to a way to become more knowledgeable and to acquire more skills in order to improve the quality of health care service.

Faculty

Fran

- the college does well in producing a nurse who is capable of caring for patients in a health care facility like a hospital. However, as the scope of nursing practice broadens, further education is needed. For promotion of health in the community, there has to be a baccalaureate level.
- further education would improve communication strategies-would improve an individual nurse's ability to speak up and stand on her own convictions.

Head Nurses

Sylvia

- "don't know how they can run the two year nursing program at the college....it's got to be on its way out...why should a profession such as nursing be run at a trades college?" Not only should the minimum education for entry to practice be a baccalaureate by the year 2000, but "by 2010 they'll be looking at a masters."

Bette

- agrees with the A.A.R.N.'s position that entry to practice by the year 2000 should be a mandatory baccalaureate....further education will prepare the nurse more fully for a broader role in health care.
- "If we're going to call ourselves professionals, we're going to have to do a lot of research so that we'll have our own body of knowledge."
- further education is going to "make us seen as more a part of the whole health care team."

Staff Nurses

Joan

-I definitely agree with the push that is on right now: that all nursing programs should be four years of university education because two years just isn't long enough. If you spent four years at university you'd get a much broader scope and a much stronger commitment to the nursing profession. They would be less likely to nurse for two years and then drop off."

New Grads

Cheryl

-the older nurses will need encouragement to go on with their education.

-"the A.A.R.N is pushing for more education for entry to practice but the real responsibility lies with with each and every nurse."