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***Clinically Practising
Nurses'
Perceptions of
Professionalism***

Diane E. Twigg

Bachelor of Health Science (Nursing) Honours

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October 1990

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Abstract
Clinically Practising Nurses'
Perceptions of Professionalism

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This study describes clinically practising nurses' perceptions of professionalism and compares these with reports of nurses' perceptions of professionalism in the published literature. A phenomenological approach was chosen to identify and interpret the phenomena (professionalism). Ten Registered Nurses representing a range of clinical nursing positions were interviewed on the subject. Data were analysed using an interpretive methodology which identified themes and meanings. Credibility of results was established through participant validation of the identified themes and meanings and by researcher and data triangulation. The study identified six themes common to all participants' descriptions: expertise based upon a sound education, continued learning, and clinical skill; caring which involved communication skills, mutual trust and respect, and holistic nondiscriminatory care; an image which portrayed a professional persona, expertise and commitment; recognition of expertise by the public and other health workers; unity promoted through professional organisations; and finally autonomy. These themes were in agreement with the concept of professionalism as published in the literature.

Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.



Signature

17th October 1990

Date

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Table of Contents

	Page No.
Abstract	ii
Declaration	iii
Acknowledgements	iv
Table of Contents	v
List of Tables	vii
List of Figures	viii
Report	
Need for the Study	1
Questions for Study	2
Definitions	2
Professionalism	2
Nurse	2
Perception	2
Objectives of the Study	3
Review of the Literature	3
A Phenomenological Approach to the Study	3
Assumptions	9
Method	9
Treatment of Data	9
Population	11
Sample	11
Interview Guide	13
Procedures	13
Ethical Considerations	14
Analysis and Results	15

Clinically practising nurses’ perceptions of professionalism	32
Discussion of the Findings	34
Clinically practising nurses’ perceptions of professionalism	34
Clinically practising nurses’ perceptions of professionalism and congruence with the published literature	37
Varied emphases in clinically practising nurses’ perceptions of professionalism	40
Literature Review	42
Conclusions and Implications	44
Nursing Research	45
Limitations of the Study	46
Summary	47
Appendices	49
Interview Guide	50
Demographic Information	51
Consent Form	52
Schedule of Information for Potential Participants	53
References	55

List of Tables

	Page No.
Table	
1 Participant Grouping	16
2 Theme Expertise - Identified Meanings and Examples of Significant Statements	19
3 Theme Caring - Identified Meanings and Examples of Significant Statements	21
4 Theme Image - Identified Meanings and Examples of Significant Statements	23
5 Theme Recognition - Identified Meanings and Examples of Significant Statements	25
6 Theme Unity - Identified Meanings and Examples of Significant Statements	26
7 Theme Autonomy - Identified Meanings and Examples of Significant Statements	28
8 Identified Meanings Listed According to Level within the Clinical Stream	31

List of Figures

Page No.

Figure

1	Data Analysis Procedure	18
2	Identified Themes of Professionalism	33

Clinically Practising Nurses' Perceptions of Professionalism

Need for the Study

In Australia nursing leaders, both industrial and professional, have led the way in pursuing recognition of nursing as a profession. Throughout the last two decades many changes have occurred in nursing. One of these changes was the introduction of the nursing process which provided an alternative means of documenting nursing practice. This represented an advance in nursing as it assisted in identifying unique components of nursing care by differentiating nursing practice from medical practice. A second change was the introduction of nursing research which intended to establish a theoretical knowledge base for clinical practice. A third change was the implementation of the nursing Career Structure in Western Australia and other states which has assisted in establishing credibility for the roles of clinician and researcher. A fourth change was the introduction of tertiary education for nurses which gained parity with other professions in regard to basic educational qualifications. These changes in nursing, combined with the changing role of women in society, have provided the environment for societal recognition of nursing as a profession.

Despite these changes, the researcher's experience and personal observation in the workplace suggests that clinically practising nurses have yet to define professionalism and to incorporate a concept of professionalism into their practice. In addition,

professionalism appears to be perceived differently by different nurses. In contrast, the perceptions of professionalism held by nurse managers and nurse educators are well reported in the literature. This study aims to describe perceptions of professionalism held by clinically practising nurses and to compare these perceptions with the characteristics of professionalism described in the literature.

Questions for Study

What are clinically practising nurses' perceptions of professionalism?

To what extent do these perceptions agree with the currently published concept of professionalism?

Definitions

Professionalism

For the purpose of this study professionalism is defined as "qualities or typical features of a profession or professionals." (Sykes, 1982, p. 821).

Nurse

Nurse is defined as any Registered Nurse licensed with the Nurses Board of Western Australia, practising clinical nursing in a teaching hospital.

Perception

Perception is defined as "intuitive recognition" of a concept (Sykes, 1982, p. 761).

Objectives of the study

1. To describe clinically practising nurses' perceptions of professionalism.
2. To identify the degree to which clinically practising nurses' perceptions of professionalism agree with the characteristics of professionalism as published in the literature.
3. To identify any differences in perceptions among clinically practising nurses related to years of practice, type of basic education, and further studies.

Review of the Literature

A literature review related to the concept of professionalism was not conducted until after data analysis to prevent the information in the literature from influencing the researcher's objectivity. This action is supported by phenomenological methodologists as noted in Burns and Grove (1987, p. 129). A literature review of the choice of research design and methodology was conducted and is presented in the following discussion.

A Phenomenological Approach to the Study

The principal task of this research project was to describe clinically practising nurses' perceptions of professionalism and therefore an interpretive methodology was required. Because the study sought to describe and interpret professionalism from the perspective of the lived experience of the participants a phenomenological approach was chosen.

Until very recently nursing studies have tended to use quantitative research methods. The use of quantitative research methods in nursing represents attempts to verify preconceived notions of reality despite the fact that "... nursing exists almost exclusively in the empirical social world." (Swanson and Chenitz, 1982, p. 241). In order to examine the social (lived) world of the nurse interpretive methodology would appear to offer a more appropriate approach (Swanson & Chenitz, 1982; Munhall, 1989). A qualitative approach was chosen as the preferred methodology because this study was attempting to assign meaning to the lived world of professionalism as perceived by the nurse. According to Munhall (1989) qualitative approaches are appropriate when the research seeks to understand and interpret, in contrast to quantitative research approaches which seek causal explanation, prediction and control.

Phenomenology is a qualitative research approach which places particular emphasis on the lived world. Munhall and Oiler (1986, p. 81) state "The aim of phenomenology... is to describe lived experience... [accomplished] through attention to the perceived world...". Freidson (1983, p. 27), a sociologist, supports the use of phenomenology to study professionalism because professionalism is determined by peoples' perceptions.

Phenomenology "... grew out of a critique of positivism (inappropriately) applied to human concerns." (Cohen, 1987, p. 31). The phenomenological tradition seeks to understand meanings and establish certain concepts as important to phenomenological research. Concepts important

to phenomenological research include phenomenological intuiting. Phenomenological intuiting, which involves logical insight based on careful consideration of representative examples, is the test of all knowledge (Cohen, 1987, p. 31). Phenomenological study begins with phenomena, the appearance of things, not theories, and studies "... the world of every day lived experience." (Cohen, 1987, p. 31). Advocates of phenomenology argue, since consciousness is in the world, the study of experience reveals consciousness. Another important concept of phenomenology is that the researcher is an integral part of the research process and must maintain a self conscious stance throughout the research project. This is achieved through bracketing (noting personal reflections alongside the data), a process which assists researchers to keep their own commitments and prejudices out of the study and enables phenomena to be seen as they are. Bracketing thus reduces the risk of phenomena being reflected through preconceptions of researchers (Cohen, 1987, p. 31).

Lynch - Sauer (1985, p. 94) suggests that human science, as the antithesis of the natural sciences, is a paradigm well suited to nursing. Phenomenology offers a methodology that can systematically explicate human experiences and human science paradigms. The phenomenologist invites participants to collaborate in the construction of descriptions in order to understand and analyse meanings participants have assigned to phenomena (Lynch - Sauer, 1985, p. 94). Porter (1989, p. 98) concurs, making the distinction that qualitative research

paradigms which seek discovery are more appropriate to nursing.

The purpose of the study fits well with the human science paradigm and the use of phenomenology in that it attempted to discover the meaning of professionalism as attributed by clinically practising nurses.

The different paradigms of quantitative and qualitative research require different means of establishing reliability and validity. Many authors recognise that traditional means of establishing reliability and validity related to quantitative studies are not always suitable in qualitative studies (Ammon - Gaber & Piantanida, 1988; Lather, 1986; Miles & Huberman, 1984a; Sandelowski, 1986). Sandelowski (1986, p. 30) argues "the true value of qualitative investigation resides in the discovery of human phenomena" and as such "truth is subject oriented rather than research defined." Guba and Lincoln (cited in Sandelowski, 1986, p. 30) suggest that credibility, fittingness, auditability and confirmability are the criteria against which the value of qualitative research is evaluated rather than reliability and validity as it is used in quantitative research.

A qualitative study is credible when the descriptions identified from the study are presented in such faithfulness that participants in the study immediately recognise the descriptions as their own. Lather (1986, p. 67) describes this same process as a means of establishing face validity. Another factor contributing towards credibility in qualitative research is when researchers describe and interpret their own experiences and behaviours

in relation to the experiences and behaviours of participants. (Sandelowski, 1986, p. 30). The bracketing of a priori explanation about phenomena is an essential element in establishing construct validity (Lather, 1986, p. 67).

Fittingness takes into consideration that sampling in qualitative research is typically small, and is based upon participants' abilities to describe the phenomenon rather than statistical quotas. Fittingness as a criterion is met when the findings of the qualitative study "... "fit" into contexts outside the study situation and when its audience views the findings as meaningful and applicable in terms of their own experiences." (Sandelowski, 1986, p. 32). Descriptions identified from the study must also "fit" the data from which they are derived and reflect typical and atypical elements. (Sandelowski, 1986, pp. 31 - 32).

Auditability appreciates that in qualitative research, the uniqueness of human situations and the importance of experiences are valued for their variations. Unlike quantitative research, where replication of testing procedures does not alter the study, qualitative research is not able to be validated through replication. Auditability relates to the consistency of qualitative findings. Auditability is established when another researcher can clearly follow the procedural steps and decisions made by the researcher. Also, another researcher should be able to arrive at the same or similar results given the researcher's data, perspective and situation. (Sandelowski, 1986, p. 33).

Confirmability represents freedom from bias in the research process and findings in qualitative research. In quantitative research, objectivity measures freedom from bias. However, in qualitative research, subjectivity is valued with emphasis placed on subjective reality and the meanings participants give to phenomena. Freedom from bias is established in qualitative research by confirmability. Confirmability is achieved when credibility, fittingness and auditability are established. (Sandelowski, 1986, pp. 33 - 34).

The validity of qualitative research findings is enhanced by the use of triangulation of data sources, method and researchers (Lather, 1986, p. 67; Mathison, 1988; Miles & Huberman, 1984a, p. 28; Porter, 1989, p. 101). Data triangulation involves the use of alternative data sources. Researcher triangulation involves the use of more than one investigator in the research process or collaboration by other researchers. Methodological triangulation involves the use of multiple methods in the examination of phenomenon. (Mathison, 1988, p. 14). In quantitative research, triangulation is based on convergence of data. Convergence occurs when data from different sources or collected by different methods or researchers agree. This strengthens validity. Convergence does not always occur in qualitative studies as they are designed to look for disconfirming evidence. Triangulation may result in inconsistency, counter patterns or contradictions (Lather, 1986; Mathison, 1988). Therefore triangulation becomes "... a technique which provides more and better evidence from which researchers can construct

meaningful propositions about the social world." (Mathison, 1988, p. 15).

Assumptions

Because of assurances of confidentiality and the development of trust between researcher and participants, the assumption is made that participants responded to questions honestly and openly. Although no two nurses can hold the same perception of professionalism, and each participant would be influenced by their own lived experience, it was assumed that there is an essential structure that could be extracted and interpreted from the participants' descriptions of professionalism. The researcher identified her own preconceptions of professionalism and their relationship to participants perceptions. The researcher felt the participants descriptions of professionalism may not be congruent with the published literature. The identification of the researchers own perceptions assisted in the bracketing process.

Method

Treatment of Data

Riemen (1986, chap. 3) conducted phenomenological analysis using the procedural steps developed by Colaizzi. The same procedural steps were used for data analysis in the present study. These are aligned with Miles and Huberman's suggested tactics to assist in drawing and verifying conclusions in qualitative research (1984b, chap. VII).

First, the dialogue from each interview was transcribed verbatim. The transcripts were then analysed using Colaizzi's and Miles and Huberman's guidelines. The procedure was as follows:

1. All participants' descriptions were read from the transcripts in conjunction with listening to the recording in order to acquire an understanding of them.
2. Significant statements were extracted from each description, including each phrase and sentence that directly pertained to the investigated phenomenon (professionalism). Significant statements were split into components to allow more detailed examination and differentiation of the processes that were occurring. For example, participants described appearance, decorum and professional attitudes in one significant statement. These were split into components and later grouped under the identified meaning of professional persona.
3. Meanings were identified by examining the meaning of each significant statement and its component parts. In this process, particulars were subsumed into the general, which involved establishing whether or not a particular element was an instance of a more general class. This process enabled identification of meanings held by the participants related to the phenomenon (professionalism).
4. General characteristics were drawn from the examination of meanings. From this clusters of themes emerged. These themes were compared to the original descriptions to see whether the clusters proposed anything which was not in the original descriptions. At this point the researcher noted similarities as well as contradictions in the patterns and

themes in order to remain open to disconfirming evidence and to examine the plausibility of conclusions. Finally, clusters of themes were examined for patterns relating to the various groups in the sample to ascertain if emphases varied between groups.

5. An exhaustive description of the phenomenon (professionalism) resulted from the integration of steps 1 to 5.

6. The exhaustive description of professionalism appeared to represent an unequivocal statement of the essential structure of the phenomenon. (Riemen, Munhall & Oiler, 1986, pp. 94 - 95; Miles and Huberman 1984b, chap. VII)

Population

The population for this study was comprised of Registered Nurses who currently practised clinical nursing in a large metropolitan hospital.

Sample

The sample consisted of ten Registered Nurses who were licensed with the Nurses Board of Western Australia, practised clinical nursing, were employed at a major teaching hospital in Western Australia, and gave informed consent to be interviewed and tape recorded. Purposive sampling was utilized to ensure that a range of clinical nursing positions within the population were included. The following categories were sampled: (a) two Clinical Nurse Specialists, one whose educational preparation was a hospital-based diploma or whose experience included 10 years or more of clinical practice, and one with a nursing

related degree or who was currently studying towards one; (b) four Clinical Nurses, one with a hospital-based diploma, one with a nursing related degree or studying towards one, one with 0 - 10 years of practice, and one with 11 or more years of practice, and (c) four Registered Nurses Level 1, two with a hospital-based diploma and two with a nursing related degree or studying towards one. Years of practice was not thought to be an essential characteristic to consider with the Registered Nurse Level 1 group as this category qualified for a Clinical Nurse position after six years of practice.

The participating hospital was requested to provide a list of names of potential participants who met the criteria and fitted the categories. Theatre Suite employees were excluded as they were personally well known to the researcher and it was anticipated that familiarity may have introduced an element of researcher reactivity or bias in their responses. Ten potential participants were selected from the hospital rosters and approached by the researcher to obtain informed consent. The sample size was small for two reasons. Firstly, the time that was involved in transcribing and analysing the data from the participants inhibited utilizing a larger sample within the given timeframe. Secondly, as the study was descriptive in nature, representativeness was not an issue, and no claim is made for generalization to the total population of nurses. This would require additional studies utilizing different methods.

Interview Guide

An interview guide was developed to collect data (see Appendix A). A list of open ended questions was generated by the researcher and circulated amongst nursing colleagues for discussion. Several revisions were made. The final interview questions reflect the universe of concern. Each participant was asked every question.

Procedures

Potential participants were approached by the researcher and asked if they would participate in a research project regarding professionalism in nursing which involved an interview and tape recording of the interaction. Once verbal consent was given a written consent form (see Appendix B) was signed. All those approached agreed to take part in the study. Individual interviews were conducted utilizing the open ended questions developed in the interview guide. Every effort was made to create an atmosphere where mutual trust and rapport was established with participants. The interviews were 30 to 35 minutes duration. They were conducted at mutually agreeable times within the working day. A pilot interview was conducted to assist the researcher in ensuring the interview process was conducive to open discussion. The pilot test interview was included in the data as no substantive changes in interview techniques were needed. A variety of techniques were used to encourage participants to continue talking freely. These included verbal encouragement, positive body language and attempting to situate the interview in a relaxed environment.

Participants were encouraged to continue talking on particular dimensions of the topic under discussion until their intended meaning was fully understood by the researcher. One interview had to be repeated due to mechanical failure of the tape recorder. Data collection involved a one month period.

Ethical Considerations

Participants were included in the study once the researcher had obtained informed verbal and written consent. A Schedule of Information for Potential Participants (see Appendix C) was utilized to obtain informed consent. It informed participants of the research activity, its purpose, the means by which nurses were selected, the interview procedure, description of potential benefits, means of assurance of confidentiality, means of resolving questions, and the option to withdraw. No risks to the participants were identified. However, they were informed that the interview may cause them to talk about some things they were unaccustomed to discussing. Written consent (see Appendix B) was part of the consent procedure. Confidentiality was maintained by the use of codes to identify tapes and demographic information. The name index for the codes was securely locked in a separate location from the data. The transcripts were confidential and only made available to two nursing colleagues who assisted in the process of data analysis. At the completion of the study, tapes were erased and the name index destroyed. Participants were sent a summary of the findings and will

have access to the full report through the hospital library.

Analysis and Results

Participants' descriptions were read while listening to the tape recording which allowed the researcher to appreciate voice connotations when acquiring an understanding of the transcripts. Participants' descriptions were grouped according to their level within the career structure, clinical experience and type of basic education. Significant statements were extracted from each participant's description. The following conventions were used. As significant statements were extracted they were coded by the use of a letter P, representing participant, followed by the participant's number (see Table 1). This allowed for identification of level within the career structure, years of clinical practice and type of basic education in later levels of data analysis. During extraction of significant statements it became apparent there were slightly varied emphases according to levels within the clinical stream. A random check of the significant statements was performed by the student's supervisor to ensure each significant statement reflected the essence of the participants' description of the topic under discussion. Significant statements became the raw data for analysis.

Table 1**Participant Grouping**

	Level 3	Level 2	Level 1
Criteria	CNS	CN	RN
Nursing related Degree or studying toward one	P10	P6	P9 P2
Hospital Based Diploma or 10 years or more clinical practice	P4		
Hospital Based Diploma 0 - 10 years clinical practice		P1 P5 P11	P8 P7
11 or more years clinical practice		P3	

Key. CNS = Clinical Nurse Specialist

CN = Clinical Nurse

RN = Registered Nurse

Figure 1 illustrates the data analysis procedure described in the following discussion. Significant statements were grouped together under common responses within each level of the clinical stream. Meanings were identified from the grouped significant statements within each level of the clinical stream. Meanings were identified from repeated reading and reflection upon the significant statements. Identified meanings were referred back to the original transcripts to ensure the meaning did not sever the connection to the original descriptions.

Identified meanings were then categorised into clusters of themes. A group involving the researcher and two nursing colleagues was established to categorise themes from the identified meanings. These themes include the following: expertise, caring, image, recognition, unity and autonomy. The themes are presented in tables 2 - 7.

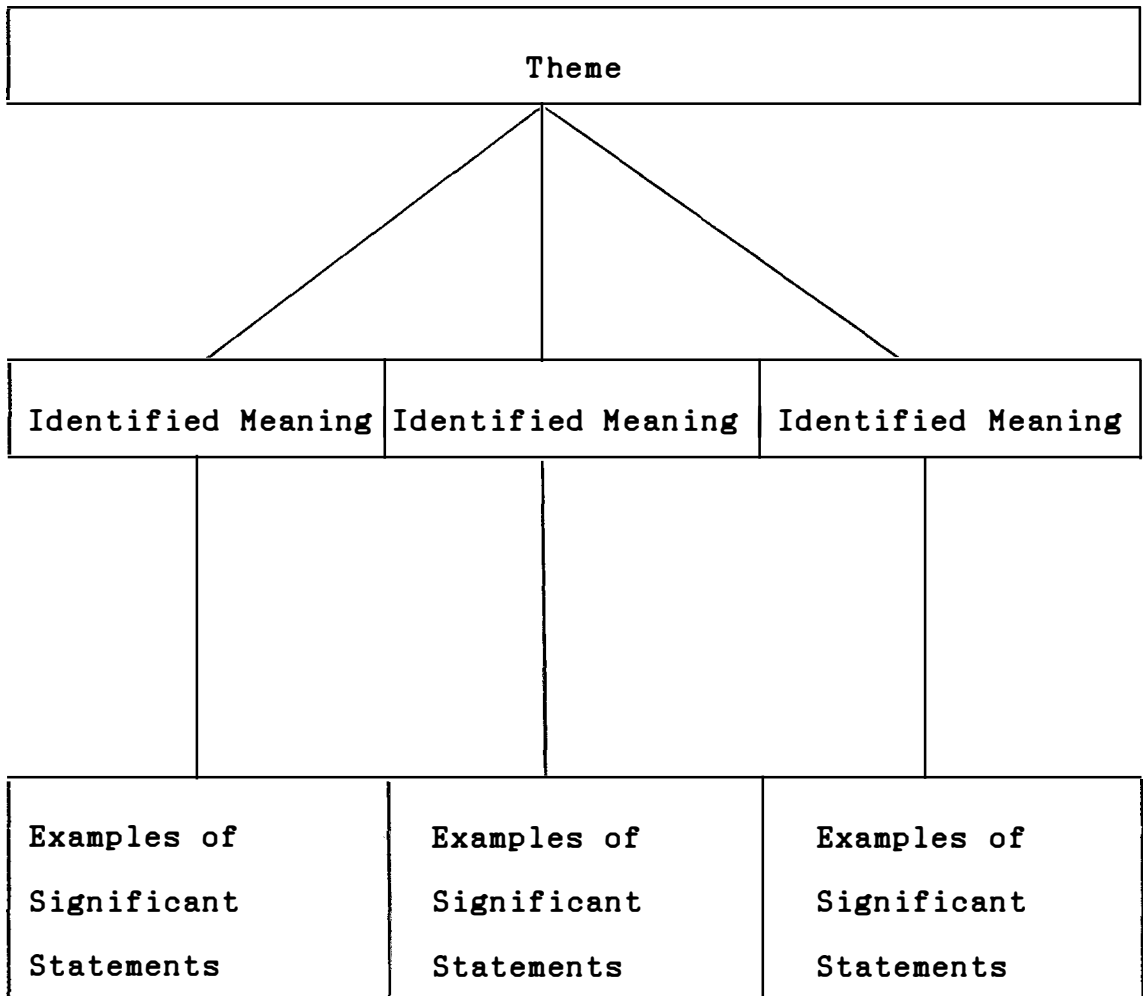


Figure 1. Data Analysis Procedure.

Table 2

Theme Expertise - Identified Meanings and Examples of Significant Statements

Identified Meaning	Examples of Significant Statements
1. Scientific knowledge base	Body of knowledge (P1) Education qualification (P10) Trained in chosen field to certain standard (P8) Must understand the whys (P3) Knowledge (P6 P4 P11) Without the knowledge you don't have the skill (P9)
2. Clinical skills	Apply knowledge well (P3) Expert in field (P4 P7) Improve skills (P11) Use experience effectively (P10) You need the skills (P6) Maintain your clinical skills (P9) Its a skill (P5)
3. Ongoing education	Keep up to date with knowledge (P3) Update knowledge and skill constantly (P4) Keep up to date with current literature (P9) Maintain certain knowledge (P8)

- Study (P10)
- Keeping own information up to date (P6)
- Good knowledge (P11)
- Continue to learn (P1)
4. Tertiary education - greater clinical experience
- College, spend more time in hospital (P11)
- Degree, more clinical (P5)
- College with a larger clinical component (P7)
- Tertiary education, more clinical time (P10 P4 P3)
- Tertiary education, more clinical (P6 P2)
5. Maintenance of standards of practice
- Quality assurance standards (P9)
- Find out what not known (P1)
- Adhere to standards (P4)
- High achievers (P6)
- Maintain certain standard of care (P8)
- Policies & Procedures set standards (P10 P11)
- Unforgiving of mistakes (P3)
6. Career plans
- Finish my degree (P10)
- A clinical nurse (P6 P5 P2)
- Bedside nurse (P7 P3)
- A degree (P11)
- Part time work (P4)
-

Table 3

Theme Caring - Identified Meanings and Examples of Significant Statements

Identified Meaning	Examples of Significant Statements
1. Communication	Ability to communicate (P11) Communication (P6 P2 P1 P3) Communicates really well (P7) Interpersonal skills (P4) Good listener (P10)
2. Unique mutual trust and respect	Responsive, receptive (P7) Listening to beliefs (P11) Off load problems on the nurse not on others (P3) Compassionate (P10) Relates well to patients (P4) Interested in patients (P1) Way we deal with patients (P9) Being with a person when they need you (P6)
3. Personality attributes	Nurses born not made (P4 P11) Want to care for someone (P7) Caring, something you've got or haven't got (P3) Way we approach people (P10) Sensitivity (P2) Personality involved (P1) Type of person (P6)
4. Ethical code and	Personal ethics, ethics

- personal values as a nurse (P7 P11)
 influence care Have own code and
 of the patient professional one (P9 P3)
 Know own values (P10)
 Stand up for what is right
 (P6)
 Code, one of those individual
 things (P1 P4)
 5. Nondiscriminatory Right to free, equal care
 care (P10)
 There to care, not judge (P8)
 Not make judgements (P3)
 Any patient must have the
 best care (P4)
 Provide the best service you
 can for patients (P11)
 Everyone is entitled to a
 fair share (P1)
 Don't let standards lack (P9)
 Patient advocate (P6)
 6. Holism Working together (P3)
 Not just sickness (P9)
 Approach a person with
 a problem (P10)
 Nurturing not smothering (P6)
 Holistic care (P4 P7)
 Complete caring role (P11)
 Assisting people to do the
 right thing (P1)
-

Table 4

Theme Image - Identified Meanings and Examples of Significant Statements

Identified Meaning	Examples of Significant Statements
1. Professional persona	<p>Professional attitude, appearance, decorum (P4 P10)</p> <p>Maintain a standard of behaviour that is acceptable (P8 P11)</p> <p>Professional manner, the way you look & dress (P6 P2 P3)</p> <p>Attitudes & conduct (P1)</p>
2. Expert in field	<p>We have more to offer patients (P11)</p> <p>Feel being nursed by someone trained in their field (P4 P8)</p> <p>Being acknowledged for the experience you have (P10)</p> <p>Recognition of knowledge (P1)</p> <p>Patients identify with us, we're more important in care (P9)</p> <p>The nurse is the pivot of the patient (P3)</p> <p>Ability to be anything and everything to patient (P6)</p>

3. Commitment

Actively involved, profession
and institution (P10)

Participate in questionnaires
and inservice (P7)

Objectives of what you're
trying to achieve,
commitment (P11)

Taking interest in nursing
itself (P6)

Commitment and involvement
(P9 P4)

Give 100%, commitment (P1)

United body of nurses, same
aims (P3)

Table 5

Theme Recognition - Identified Meanings and Examples of Significant Statements

Identified Meaning	Examples of Significant Statements
1. Recognition of expertise	<p>Acceptance, given credence for knowledge and expertise (P10)</p> <p>A degree, its status and parity (P6 P3)</p> <p>A degree, maintain autonomy (P9)</p> <p>Its the way the public perceive you, nursed by someone trained in their field (P8)</p> <p>Important patient gets appearance of professionalism, nurse knows what she is doing (P4)</p> <p>Expect to be listened to because of my expertise (P1)</p> <p>Provision of best service provides recognition of professionalism (P11)</p>

Table 6

Theme Unity - Identified Meanings and Examples of Significant Statements

Identified Meaning	Examples of Significant Statements
1. Advisory, regulatory function of organisations	<p>Like the mother, watch over us (P9)</p> <p>Act as a controlling body (P7 P11)</p> <p>Regulation (P4)</p> <p>Disseminating knowledge (P6)</p> <p>Make decisions about what you can and can't do (P5)</p> <p>Educational standard (P10 P3)</p>
2. Unifying role of organisations	<p>Keep nurses together (P4)</p> <p>Resolve any problems (P10 P3)</p> <p>Strong united front (P11)</p> <p>Give us unity (P6)</p> <p>Identify everything that goes on (P9)</p> <p>Aware of what's going on in the wider stream of things (P1)</p> <p>Balance of opinion (P7)</p>
3. Leadership role of organisations	<p>Can identify what's going on in nursing - help, support (P9 P3)</p> <p>Represent nurses, give national, global picture (P6 P1)</p>

- Some one to organise the standards (P4)
- Support for nurses (P8)
- Stabilizing force (P11)
- Setting best standard to give optimal care (P10)
4. Advocacy for the profession
- Looking after our interests (P6)
- Responsive to wants and changing needs of nurses in society (P7)
- Actively involved, working toward this major goal (P10)
- Commitment to profession (P9)
- Regulate what happens to nurses (P4)
- Making it easier for nurses (P5)
- Commitment, encourage transfer of information (P11)
- Advice, impact on more than nursing (P3)
-

Table 7

Theme Autonomy - Identified Meanings and Examples of significant Statements

Identified Meaning	Examples of Significant Statements
1. Autonomy related to confidence which is achieved through years of practice and resultant expertise	Self regulation comes with experience and age (P4) New nurses take a little while, they haven't got confidence in their actions (P6 P11 P3) Slow to start off when you first come out (P9 P1 P7) Nurses with a few years experience have greater autonomy (P10)
2. Accountability	We're directly responsible and accountable (P2 P3) Self discipline, self reliant (P1) Control own situation (P8) Responsible for care (P10) Must practice within limitations (P11) Practice accountability and autonomy (P6) Take responsibility for own actions (P4)

3. Control over individual practice
- Make decisions with confidence (P10)
 - Responsibility to maintain knowledge (P4)
 - Regulate ourselves (P7 P3)
 - Internal control over what we do (P1)
 - Make own decisions (P6 P2)
 - Adherence to policies and Procedures (P11)
4. Acceptance of responsibility
- Own up to mistakes (P3)
 - Nurses are hard on themselves (P6)
 - Prepared to take consequences if they make a mistake (P4)
 - You are your own man as such (P1)
 - Accept the responsibility (P10)
 - You are responsible for patients (P2 P8)
 - If not up to standard would do something about it (P11)
-

Analysis of significant statements and identified meanings did not reveal any differences related to years of practice, type of basic education, and further studies. Tables 2 - 7 demonstrate that identified meanings and themes were common to all participants in relation to years of practice, type of basic education and further studies. However, different levels within the clinical stream had slightly varied emphases relating to each theme in addition to those common to all levels. Further analysis was undertaken to identify meanings common within one or more levels within the clinical stream. The identified meanings related directly to the themes common to all participants' descriptions. The identified meanings are presented in Table 8.

Table 8

Identified Meanings Listed According to Participants' Level within the Clinical Stream

Identified Meaning	Level 1	Level 2	Level 3
Nursing Expertise			
Secondary education	-	X	X
Limitations of practice	-	X	X
Caring expertise	X	X	-
Caring			
24 hour contact	X	X	-
Intimate circumstances	X	X	-
Patient advocacy	-	X	-
Remain a bedside nurse	X	X	-
Image			
High achievers	-	X	-
Caring	X	X	-
Recognition			
By public	X	-	X
Unity			
Sharing knowledge	-	X	-
Caring for each other	X	X	-
Teamwork	X	-	X
Autonomy			
Quality control	X	X	-
Peer pressure	X	X	-
System limitations	-	X	-

Key. (-) indicates identified meaning not present

(X) indicates identified meaning present

Identified meanings and themes were referred back to the original descriptions. This was done to ensure that there was nothing in the original descriptions that was not accounted for in the themes and identified meanings, and to ensure the identified meanings did not propose anything which was not in the original descriptions.

A description of the phenomenon (professionalism) resulted from the identified meanings and themes derived from the analysis of data. The description of clinically practising nurses' perceptions of professionalism is presented in the following discussion.

Clinically practising nurses' perceptions of professionalism.

Professionalism is perceived by clinically practising nurses as involving six key components: expertise which is based upon a sound education, continued learning, and clinical skill; caring which involves advanced communication skills, unique mutual trust and respect, and personal values and ethics which promote caring for all patients in a nondiscriminatory holistic manner; professional image of the nurse which reflects a professional persona, expertise, and commitment to nursing; recognition of expertise by the public, patients, and other health care workers; unity within nursing, by means of nursing organisations, which provide an advisory, regulatory function, leadership, and advocacy for the profession; finally, autonomy which is related to expertise and years of practice, and is reflected in

individual control over practice and acceptance of accountability and responsibility (see figure 2).

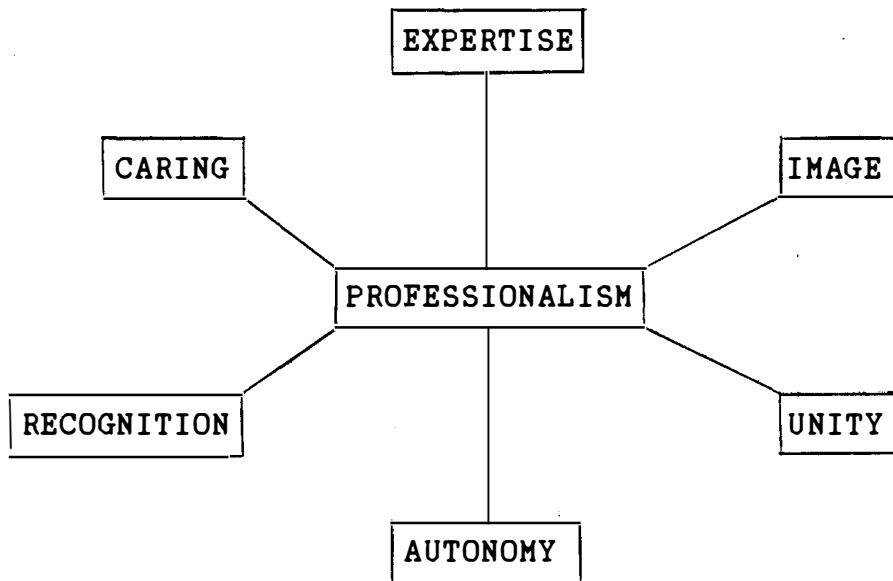


Figure 2. Identified Themes of Professionalism.

Credibility or face validity was established by returning to eight of the participants (three of the eleven were unavailable) and asking them to read and reflect upon the description of clinically practising nurses' perceptions of professionalism. Comments were then sought from the participants about the description. The participants stated that the description they read was recognised as their own and contained the essence of their perceptions.

Fittingness was established by repeated referral to the original descriptions to ensure significant statements, identified meanings and themes fitted the data from which they were derived and by ensuring nothing new was proposed in the identified meanings and themes.

Triangulation was also used to a limited degree to enhance validity. The purposive sample was carefully chosen to ensure a range of clinical nursing positions within the population were included. This allowed for multiple data sources. The researcher collaborated with two colleagues in the data analysis procedure. Random checks of the extraction of significant statements was performed by a nursing colleague and the categorisation of themes was done in collaboration with two nursing colleagues.

Discussion of the Findings

Clinically practising nurses' perceptions of professionalism.

The major objective of the study was to explore clinically practising nurses' perceptions of professionalism. The phenomenological analysis identified six themes common to all the participants' descriptions of professionalism. Expertise was clearly identified as an important component of professionalism. Of particular interest was the stated need for tertiary education as the preferred type of basic education leading to initial registration. Although each participant stated a greater clinical component was required in tertiary education for nurses, tertiary education was accepted as the best means of providing a sound knowledge base for clinical practice. Another facet of expertise identified by participants was the maintenance of standards of practice as a means of identifying expertise.

The caring role of the nurse was identified by participants as a unique component of professionalism in nursing.

Communication in particular was stressed as a very important aspect of the caring role. When discussing the caring role and ethical conduct with participants, the nurse usually associated ethical conduct with ethical dilemmas. It was only after further discussion that the participants talked about general codes of behaviour and personal values. The participants identified that personal values and ethical codes influence the nursing care of patients. The focus on ethical dilemmas was attributed to the fact that the hospital in which the study was conducted had developed an ongoing educational program to assist staff in the resolution of ethical dilemmas. Another contributing factor to the focus on ethical dilemmas was the very nature of the types of procedures performed at the hospital which often express conflicting values in society. Nonetheless the common response was that both personal and professional values constituted ethical conduct.

Image and recognition were also themes common to all participants' descriptions. These themes were closely linked. The participants viewed their own image as that of a committed expert whose behaviour established a professional persona. The professional image of the nurse was seen as one means of obtaining recognition of expertise by the public, patients, and other health workers.

Unity was perceived to be achieved through nursing organisations which could provide a regulatory, advisory function, leadership, and advocacy for the profession.

The final theme was autonomy. Participants identified a clear relationship between autonomy and years of practice and expertise. This relationship identified experience and expertise as a precursor to autonomous practice.

When conducting the interviews it was apparent to the researcher that the participants found the questions difficult to answer. This would suggest that the participants did not have a clearly defined perception of professionalism or that it was taken for granted. This suggestion was supported by the participants who commented that professionalism was not a subject they had given much thought to or verbalised prior to the interview. Although themes common to all participants' descriptions or themes common to levels within the clinical stream were included in the results, individualistic expressions about components of professionalism were not included in later levels of analysis because they were not present to a degree where common themes could be identified.

Another trend was evident when discussing the long term plans of participants in regard to career development and employment. There were nurses in the beginning or middle of their career who had identified the necessary steps to meet specific career objectives. However, those approaching the end of their career had limited objectives, planning either reduction in work commitments or maintenance of current positions. This is understandable because their careers were ending and career objectives would not be as extensive in this phase of a career as those just beginning in nursing.

Clinically practising nurses' perceptions of professionalism and congruence with the published literature.

The second objective of the study was to determine to what degree clinically practising nurses' perceptions of professionalism agreed with the characteristics of professionalism as published in the literature. To achieve this it was necessary to examine the concepts of professionalism, which is best illustrated in the sociology literature. There is no generally accepted definition or theory of professionalism (Forsyth & Danisiewicz, 1985; Freidson, 1983, pp. 19 - 37). Freidson (1983, p. 21) discussed the two most common approaches in attempting to reach a definition. That is, the use of characteristics to describe a profession and an examination of the process of professionalization. In 1915, Abraham Flexner (cited in Moloney, 1986, p. 8) identified the following specific characteristics to identify the ideal profession:

1. It is basically intellectual, carrying with it high responsibility.
2. It is learned in nature, because it is based on a body of knowledge.
3. It is practical rather than theoretical.
4. Its techniques can be taught through educational discipline.
5. It is well organised internally.
6. It is motivated by altruism.

Since then, many sociologists have continued to use characteristics as a common means of describing professionalism (Moloney, 1986, pp. 9 - 13). The literature in nursing and sociology elucidate a description of professionalism which is best reflected in the six

characteristics of American Professions adapted from the 1964 Wilensky study (cited in Canada, 1986, p. 3):

1. Strong level of commitment.
2. Long and disciplined education process.
3. Unique body of knowledge and skill.
4. Discretionary authority and judgement.
5. Active and cohesive professional organisation.
6. Acknowledged social worth and contribution.

Within the nursing literature writers generally use characteristics to define professionalism (Miller, 1988; Moloney, 1986, p. 11; Rosenfeld, 1986; Tiffany, 1982). Barbara Miller (1988, pp. 18 - 23) put forward a model with the purpose of gaining a consensus for the interpretation of professionalism in nursing. Her model depicted two critical characteristics, education in a university setting and a scientific backdrop for nursing. These critical characteristics were supported by other characteristics that were inherent in the behaviours of a professional nurse. These were: adherence to a code for nurses; theory development, use, and evaluation; research development, use and evaluation; community service; continuing education, competence; self regulation, autonomy; professional organisation, participation; publication and communication. This model succeeds in incorporating most of the characteristics used to describe professionalism in the nursing literature.

Examination of the findings of this study demonstrated that some, although not all, of the characteristics of a profession, as adapted from the Wilensky study (1986, p. 3), were present in the participants' descriptions. A strong level of commitment, both to the profession and to the maintenance of expertise in individual practice, was

evident in the descriptions. A long and disciplined education process was positively affirmed through recognition of a scientific knowledge base and commitment to tertiary education as fundamental components of expertise. Unique knowledge and skills were referred to by the participants as the caring role of the nurse although when they were asked to elaborate upon the caring role, the participants found it difficult to describe. Discretionary authority and judgement was alluded to in the theme of autonomy; however, this was not clearly stated. The participants clearly perceived an active and cohesive role for professional organisations. Although public recognition of expertise was seen as a major theme of professionalism there was not common acceptance that this in fact had occurred and that society had acknowledged the social worth and contribution of nursing.

Comparison with Miller's model of professionalism (1988, pp. 18 - 23) indicated that nurses' perceptions of professionalism in this study could be explained similarly to Miller's model (refer tables 2 - 8). Recognition in the researchers study was given to the need for education in a university setting, provision of a scientific backdrop for nursing, and the need for ongoing education to maintain competence. The participants mentioned an established behavioural code for nurses although individual values played an important role. Self - regulation and autonomy were common themes to all participants' descriptions. The role of professional organisations was clearly visualized although reference to individual participation was infrequent. The need to utilize the current literature to

keep up to date was one common theme among participants which identified the importance of publication and communication. The characteristics that were not addressed were the role of theory development, research, and community service. Although a body of knowledge was clearly identified, theory development and research were not mentioned by participants as a component of knowledge. The participants did place emphasis on the caring role of the nurse. However, this role was not seen by the participants as a community service representing the altruistic nature of nursing.

The nurses' perceptions of professionalism were in general agreement with the characteristics of professionalism as published in the literature. Contrary to the researcher's initial expectations, there was general agreement between participants perceptions of professionalism and perceptions of professionalism as published in the literature.

Varied emphases in clinically practising nurses' perceptions of professionalism.

The final objective of the study was to determine any differences in the nurses' perceptions of professionalism related to years of practice, type of basic education, and further studies. During analysis of data it was apparent that there were no substantive differences in these areas. There were, however, meanings common to one or two levels within the clinical stream. Nurses in Level 2 and 3 positions identified a need for a science - based secondary education. One explanation for this is that nurses in

these more senior positions, by virtue of needing at least six years practice, were older and did not have the same educational background as their younger colleagues who required a science - based secondary education for entrance into a tertiary institution to be educated as a nurse. Senior nurses, who did not have the same educational background, may have identified a personal knowledge deficit. Nurses in Level 2 and 3 positions also identified a need to acknowledge limitations of practice. This may be related to their seniority, which would promote a greater awareness of the consequences of going beyond one's individual limitations of practice.

Level 1 and 2 nurses placed much greater emphasis on the caring role of the nurse. This common theme was expanded at these levels to include appreciation of the fact that the nurse is with the patient twenty - four hours a day and often has to care for the patient in very intimate circumstances. Nurses at these levels expressed a desire to remain a bedside nurse. This may have been owing to the fact that Level 1 and 2 nurses maintained a direct patient care role whereas Level 3 nurses did not have the same degree of direct patient contact. The caring role at Level 1 and 2 was extended to include caring for colleagues and incorporated the team work concept at Level 1. Level 1 and 2 nurses also clearly identified peer pressure to take responsibility for their patient care and quality control of practice as two additional components of autonomy. This may be a reflection of greater team work amongst direct care givers.

Level 2 nurses identified the sharing of knowledge as a part of unity within nursing. This may well relate to the importance of the teaching role expected of a Level 2 position. Another interesting facet regarding Level 2 nurses' descriptions was the clear perception that autonomous practice was limited by 'systems'. Conformity to hospital protocols and function under the direction of medical practitioners were seen by the participants to limit the expression of autonomous practice.

Level 3 nurses also identified recognition by the public as another characteristic and placed emphasis on team work as a part of unity, possibly a reflection of the Level 3 position's leadership responsibility.

Literature Review

There are many studies in the nursing literature that deal with a number of aspects of professionalism. However, after an extensive search of ERIC (1980 - 1989), NURSING INDISK (1962 - 1989), MEDLINE (1989 - July 1990), PSYCLIT (1983 - 1989), and CINAHL (1983 - 1989) data bases, only one paper which directly referred to nurses' perceptions of professionalism could be located.

Critzer and Groeneweg (1988) examined the perceptions of 22 Registered Nurses, students studying a Baccalaureate Degree in Nursing, by means of a questionnaire. Registered Nurses at the beginning of the Baccalaureate Degree had only vague ideas about professionalism, they were unable to articulate specific behaviours and attitudes of professional nurses, and they were job or task oriented. The evoked responses varied greatly and only those that

could be categorised into characteristics of professionalism as published in the literature were counted. Of the 22 nurses surveyed, in describing their concept of professionalism, only 12 mentioned education, 8 mentioned accountability, 3 mentioned expertise and skill. Autonomy, decision making skills, and maintaining a standard of care were mentioned by 2. However, at the end of the course, changes in the perceptions of professionalism were noted to be positively affected by the educational process. The nurses were more articulate in relating traits and behaviours of professionals as substantiated in the nursing literature. Moore and Boyd (1985) lend support to Critzer's and Groeneweg's findings. These authors found college graduate nurses, both at graduation and one year afterwards, viewed themselves as competent in determining factors that influence health status, maintaining competence by attending educational activities, meeting ethical standards, being a client advocate, and understanding the roles of a professional nurse. However, these nurses did rate themselves as incompetent in regard to: improving nursing services through participation in organised professional activities, securing support for professionals by advocating professionalism in nursing, and striving for resolution of nursing and health related issues. These findings are alluded to in other studies. Katzman (1989) and Weiss (1983) found nurses failed to identify skills and responsibilities unique to their profession.

The present study is not representative of other studies as noted in the literature review. However, the

researcher was unable to locate any study that directly addressed the phenomenon of clinically practising nurses' perceptions of professionalism. A common theme throughout the review of the literature was that education positively impacted on nurses' attitudes towards professionalism. In recent years in Western Australia, as a result of the implementation of the career structure and industrial pursuit of professional rates of pay, professionalism in nursing practice has been a very topical issue. This has resulted in journal articles, debate, and educational activities which reflect upon what is meant by professionalism. One consequence of this may have been, even though unplanned, that the information available to nurses in Western Australia raised their awareness of professionalism in nursing practice. This could explain why the results found in this study were not similar to other studies as noted in the review of the literature.

Conclusions and Implications

The findings of this phenomenological study contribute to identifying clinically practising nurses' perceptions of professionalism. Expertise, caring, image, recognition of expertise, unity, and autonomy are common themes expressed as components of professionalism. Because the study is qualitative in nature, it aims to describe nurses' perceptions of professionalism, and does not make any claims for generalization to the total population of nurses. However, the findings do have implications for nursing in the area of research.

Nursing Research

The findings of this study have provided a description of clinically practising nurses' perceptions of professionalism. The description may be used as a foundation for further studies to assess the representativeness of the identified themes to the total population of nurses.

This study also identifies the need for further studies to examine specific components of the identified themes. Tertiary education was clearly identified as the most suitable means of educating nurses. However, a greater clinical component was perceived as necessary. This implied that newly registered nurses are expected to be immediate experts without any novice phase. If these findings were validated by other studies, it would be beneficial for nursing leaders to promote a change in expectations of clinically practising nurses to increase support for the concept that an initial novice period for newly graduated nurses is a reasonable expectation.

Another facet that may require further research relates to a behavioural code for nurses. The nurses' knowledge of a professional code of behaviour was limited in this study. If this limited awareness of a professional code of behaviour is reported in other studies, greater emphasis may need to be placed on this aspect of professionalism.

Theory development and testing was not mentioned by any of the participants. If nurses are unable to relate theories to nursing practice as a means of predicting

patient outcomes, nursing theories are unlikely to gain acceptance among clinically practising nurses. How prevalent is this deficit amongst nurses? Further research is needed to examine this question.

The findings of this study have identified that the participants viewed the caring role as unique to nursing practice. Although other professions are involved in caring, further studies are needed to clearly define the knowledge and skills incorporated into nursing's caring role.

Research which further defines autonomy in nursing practice would be of value. There is a need to identify the scope and boundaries of autonomous nursing practice. The extent of nursing autonomy would be more easily recognised by further defining the areas of nursing practice where the nurse requires medical direction. For example, assistance in carrying out the medical plan of care in such functions as the drug regimen.

Although this study did not attempt to explore public perceptions of the professional status of nursing, recognition of expertise was a theme common to all participants. To what extent the public recognise nursing expertise and professionalism generally in Western Australia is an unknown factor and research in this area would be beneficial.

Limitations of the Study

The questions used in the interview guide may be seen as overly directive; however, these questions were developed to explore the many facets of professionalism as

perceived by clinically practising nurses. The use of multiple questions enabled further discovery of participants' perceptions of the phenomena. Throughout the interview participants responded to the questions within their own lived experience. For example, when asked about autonomy most participants originally stated that nurses were not practising autonomously but then each went on to qualify their statements. They explained autonomy as having been achieved through confidence which accrues through years of practice and resultant expertise.

A further limitation may have been the influence of the practice environment. As the study was conducted in one hospital the participants lived world may have been influenced by the hospital's philosophy and culture. It would be interesting to determine whether similar results would be found in other hospitals and health agencies.

Summary

This study sought to understand and explore the clinically practising nurses' perceptions of professionalism, identify the degree to which those perceptions agreed with current nursing literature, and to identify if any difference emerged related to years of experience, type of basic education, and post basic studies.

Phenomenological methodology was chosen as the most appropriate means of identifying nurses' perceptions of professionalism and to answer the research questions. Guidelines developed by Colaizzi (Rieman, 1986, pp. 94 - 95) and Miles and Huberman (1984b, chap. VII) were used for

data analysis. Particular care was taken to ensure that the themes were true to the original descriptions and did not propose anything that was not in the original transcripts.

The findings of the study produced a description of eleven clinically practising nurses' perceptions of professionalism.

The study is relevant to nursing in that it provides a description of professionalism as perceived by clinically practising nurses. At the time this study was conducted there was no published literature which specifically examined clinically practising nurses' perceptions of the phenomenon (professionalism). Therefore, the study contributed to an understanding of professionalism as perceived by clinically practising nurses.

Appendices

Appendix A
INTERVIEW GUIDE

The following instructions must be given to each participant:

* You may stop the interview at any time and withdraw from the study.

* I would like to reiterate that confidentiality will be maintained.

* Please do not stop talking until you have fully discussed your thoughts as completely as possible.

Interview Questions:

1. Tell me about your perception of professionalism in nursing.

2. Tell me about what you see as your long term plans regarding employment and career development.

3. What type of education, leading to initial registration, do you believe to be appropriate to nursing and why do you think this?

4. Tell me about what is unique to nursing in regard to knowledge and skill.

5. Tell me about in what ways do nurses practice self regulation and autonomy.

6 Tell me about the role of professional organisations in regard to nursing.

7. Tell me about what is involved in the ethical conduct of a nurse.

8. Tell me about what components of nursing you value the most or hold in esteem.

Code: _____

DEMOGRAPHIC INFORMATION

Please complete this information at the conclusion of the interview.

Indicate the correct answer by marking an X in the appropriate box.

Years of practice

00 - 10 years []

11 - 20 years []

21 - 30 years []

31 - 40 years []

Type of training which lead to registration

Hospital Based Diploma [] Year of Completion 19

College Based Diploma [] Year of Completion 19

Post Graduate Qualifications

	Not Applicable	Completed	Currently studying
Degree in nursing or related field	[]	[]	[]
Post Graduate Diploma	[]	[]	[]
Masters or higher	[]	[]	[]
Post basic course(s)	[]	[]	[]

Specify: _____

Appendix B**CONSENT FORM****Clinically Practising Nurses' Perceptions of
Professionalism.**

Investigator: Diane E. Twigg, Nurse Manager.

Miss Twigg is a Registered Midwife studying nurses' perceptions of professionalism. Her purpose is to provide information about nurses' perceptions of professionalism. I understand that identifying my perceptions may cause me to discuss things I may be unaccustomed to. I realize the study will take approximately 30 - 60 minutes of my time and will involve being interviewed and tape recorded by the investigator.

I know that my participation in this study is strictly voluntary. I know I have the right to withdraw at any time and that my employment shall not be affected.

If I have any questions about the study or about being a participant I know I can call Miss Twigg. I may reach her at 3401559 (work) or 4482916 (home).

I agree to participate in this study and I have received a copy of this consent form. I have been assured that my identity will not be revealed at any time, while the study is being conducted or when the study is reported. I have also been assured that my name will not be revealed on the tape cassette and that the tape will be erased once the study is completed.

Participant's Signature: _____

Investigator's Signature: _____

Witness Signature: _____

Date:

Appendix C

SCHEDULE OF INFORMATION FOR POTENTIAL PARTICIPANTS

A study on nurses' perceptions of professionalism is being conducted by Diane Twigg, R.N., R.M., a Bachelor of Health Science (Nursing) Honours student at the Western Australian College of Advanced Education. The investigator would appreciate your participation in this study.

The purpose of the study is to provide information about clinically practising nurses' perceptions of professionalism. The study will be conducted over a four week period, your time commitment will involve 30 - 60 minutes.

You were selected as a potential participant as a nurse who has met selected criteria. That is, you are currently registered with the Nurses Board of Western Australia, employed at the selected hospital, and you are practising in the clinical stream.

If you agree to participate in the study it will involve an interview which will be tape recorded. The interview is expected to last 30 - 60 minutes. You will be asked to describe various aspects of your view of professionalism. There is no need to undergo any preparation for the interview.

You may find the interview causes you to discuss some

things which you are unaccustomed to, however your views are important and there are no right or wrong answers. The interview will be conducted in a private setting at a mutually agreed time convenient to nursing management. The benefit to you in participating is you have the opportunity to express your thoughts about professionalism, which will be incorporated into the findings of the study. This will contribute to the study of the professionalism of nursing.

All responses given in the interview will be kept confidential. The tape recording of your interview will be identified by a code only. The index of names to the code will be kept locked at all times. Once the study is completed the name / number code will be destroyed and the tape will be erased. Your identity will remain anonymous when the research report is written.

You may contact the investigator at any time to ask questions regarding the study or your rights as a participant. I may be contacted at 3401559 (work) or 4482916 (home).

Your participation in the study is voluntary; you may refuse to participate without being penalized. You also have the right to withdraw from the study at any time without penalty.

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