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# Public health nurses' perceptions of professionalism

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**Hernandez, Rosemarie, M.S.**

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**PUBLIC HEALTH NURSES'  
PERCEPTIONS OF PROFESSIONALISM**

**A Thesis**

**Presented to**

**The Faculty of the Department of Nursing**

**San Jose State University**

**In Partial Fulfillment**

**of the Requirements for the Degree**

**Master of Science**

**By**

**Rosemarie Hernandez**

**May, 1993**

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## ABSTRACT

### PUBLIC HEALTH NURSES' PERCEPTIONS OF PROFESSIONALISM

by Rosemarie Hernandez

This descriptive study was based on Coffman's (1987) study to determine staff nurses' perceptions of professionalism. Coffman (1987) sampled acute care nurses, and this study used a sample of 63 staff public health nurses in a northern California county.

Data collection consisted of a 13 item questionnaire comprised of both open-ended questions and fixed response items. There were 10 categories identified as being important to professionalism. The data revealed that the nurses' perceptions of professionalism did not vary widely according to the demographic characteristics. The findings also indicated that the nurses' perceptions of professionalism did not vary widely according to their professional activities related to the practice of nursing.



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## TABLE OF CONTENTS

	Page
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
Chapter	
1. INTRODUCTION.....	1
Problem Statement.....	2
Research Question.....	3
Purpose and Need.....	3
Definition of Terms.....	4
Research Design.....	5
Scope and Limitations.....	7
2. CONCEPTUAL FRAMEWORK.....	9
Conceptual Framework.....	9
Related Literature.....	11
Summary.....	13
3. THE METHOD.....	14
Research Design.....	14
Data Collection.....	14
Analysis of the Data.....	15

Chapter	Page
4. ANALYSIS AND INTERPRETATION.....	17
Description of the Sample.....	17
Findings and Interpretation.....	18
Description of the Sample Population.....	24
5. DISCUSSION.....	30
Summary of Study.....	30
Conclusions.....	31
Scope and Limitations.....	32
Recommendations.....	32
REFERENCES.....	34
APPENDIXES	
A. Permission Letter for Instrument.....	39
B. Permission Letter for Data Collection.....	41
C. Approval from Institutional Review Board.....	43
D. Participant's Letter.....	45
E. Questionnaire.....	47
F. Supervisor's Instructional Letter.....	51

## LIST OF TABLES

Table	Page
1. Total Number of Responses Classified into Each Preset Category ( <u>N</u> = 641).....	20
2. Participant Identification of the Preset Categories ( <u>N</u> - 63).....	21
3. Total Number of Responses Classified into the Subcategories of Acknowledgement from Other Disciplines ( <u>N</u> = 641).....	23
4. Participant Identification of the Subcategories for Acknowledgement from Other Disciplines ( <u>N</u> = 63).....	24
5. Size of the Subsets, Percentage of Participants for Demographic Characteristics ( <u>N</u> = 63).....	25
6. Size of the Subsets, Percentage of Participants for Professional Activities ( <u>N</u> = 63).....	26

## LIST OF FIGURES

Figure	Page
1. A Conceptual Framework for Professional Nursing.....	10

## Chapter 1

### INTRODUCTION

This descriptive study examined public health nurses' perceptions of professionalism. Professionalism generates different meanings to nurses. Some nurses perceive it as meaning either knowledgeable or confident, while others consider it to refer to being capable or autonomous (Gulack, 1983).

According to Scott (1980), professionalism lies within the nurse and in the work place, with the people who are essential to the profession. Flaherty (1980) describes one of the characteristics of a professional nurse as dedication to the ideal of master craftsmanship. These definitions are only a part of how professionalism is viewed by nurses.

The core of a profession lies in its practice. Nursing practice sets standards for planning, implementing, and evaluating care. Public health nurses share in the goal of health promotion and prevention of illness. The major focus is education of clients and developing problem-solving strategies regarding health care issues. Since the lack of agreement among public health nurses about professionalism is not unique, the need to study their perceptions may lead to greater understanding of their practice (Field, 1983).

### Problem Statement

In order to understand nursing as a profession, it is important to study not only acute care nurses, but public health nurses as well. Since a descriptive study was completed using a sample of nurses in the acute care setting (Coffman, 1987), this study sought similar information from a sample of public health nurses. A survey on the perceptions from these nurses regarding professionalism will identify what is important to the public health nursing discipline.

No studies were found that reflect public health nurses' perceptions of professionalism. A Bachelor of Science degree in nursing and a Public Health Nurse Certificate are required for a registered nurse to work as a public health nurse in California. The nursing literature contains research on professional images within acute care staff nursing, but no studies have measured nurses' perceptions of professionalism in the public health setting.

Hammer and Tufts (1985) stated that nursing has made many gains relative to upgrading the profession's image. As public health nurses take on the challenge of serving an ethnically diverse population of clients and contributing to the health care of families, their recognition as health care providers and professionals merits the study of their perceptions of professionalism. Public health nurses are committed to attaining health for all

by the year 2,000 A.D. by their share of contributions in the health care services (Subhadra, 1986).

#### Research Questions

1. Do public health nurses' perceptions of professionalism vary according to their demographic characteristics?
2. Do public health nurses' perceptions of professionalism vary according to their involvement in professional activities related to the practice of nursing?

#### Purpose and Need

Professionalism offers advancement and growth to service oriented disciplines according to certain visible attributes which characterize the work group (England, 1985). A descriptive study of staff nurses' perceptions of professionalism in nursing was conducted in the acute care setting (Coffman, 1987). The purpose of this study was to determine public health nurses' perceptions of professionalism. Enhancing nursing's professional status is essential to the profession's survival (Lancaster, 1986). The study sought to reveal how public health nurses' perceptions of professionalism vary according to demographic characteristics and involvement in professional activities related to nursing practice.

Patients are being discharged earlier from the hospital with medical devices and equipment that require monitoring by public health nurses



(D. A. Gennette, personal communication, June 12, 1992). Job expectations of public health nurses are evolving in order to meet the needs of the increasing technical and sometimes complex demands of the client in the community. In order to deliver quality health care and retain and recruit public health nurses, public health care administrators must recognize the impact that is being created and how public health nurses are perceiving their professionalism.

Public health nurses are working with an increasing number of immigrant populations who have diverse health care needs, do not speak English and who are from non-Westernized countries. Translators and extra time with clients is needed on home visits. As budget decision makers streamline delivery of health care services, they must acknowledge the need to financially support public health nursing in order to retain qualified nurses that deliver effective care to the community (Mercury News Staff Report, 1992).

#### Definition of Terms

For the purpose of this study, the following definitions applied:

1. Perception is the view by his/her own perspective in a unique manner. Perception cannot be measured directly; it can be observed in a behavior or by asking a person what he or she is thinking or feeling (King, 1968).
2. Professionalism characterizes a profession. The wider society grants autonomy and control to the members of the profession. Services are highly

standardized and become part of a contract or bargain by which the profession guarantees its expertise to the community (Schrock, 1987).

3. Public health nurse refers to nurses who work in a field of practice that synthesizes the knowledge and skills of nursing with those of public health science to promote the health of specific populations or aggregates (Spradley, 1986).

### Research Design

This study utilized a descriptive design to determine public health nurses' perceptions regarding the nature of professionalism in public health nursing. The findings will add to the present body of knowledge and could serve as a basis for increased funding and support. The results will also serve as an impetus for further research.

A survey method was used. Permission to use the questionnaire was given by Beverly J. Coffman (Appendix A), and the study was approved by the director of a northern California county public health nursing department (Appendix B). The San Jose State University Institutional Review Board also reviewed and approved the proposal. An exemption from human subjects was requested due to lack of risk to the subjects involved (Appendix C).

A cover letter to the participants (Appendix D) was enclosed with the research instrument (Appendix E) to assure anonymity. The cover letter explained the research and emphasized the importance of their cooperation,

and it included a time frame for return of the questionnaire. The cover letter also expressed gratitude to the subjects for their participation.

Data were collected from a convenience sampling of 110 staff public health nurses in six district offices in a northern California county. The survey packets were distributed to the supervisors of each public health district office. A cover letter to the supervisors (Appendix F) described the rationale for the study and the instructions for distribution, safe keeping, and collection of the survey packets on the day after distribution. Anonymous and voluntary participation was emphasized during a meeting and in the cover letters to the supervisors and participants.

The participants's cover letter also explained the study and the supervisor's role in the distribution, collection, and safe keeping of the survey packets. Both the supervisors and participants were given access to telephone numbers of the researcher and were told where to take questions or complaints about their rights. No informed consents were necessary in order to participate in the study.

The questionnaire was developed by Beverly J. Coffman specifically for her thesis on staff nurses' perceptions of professionalism in nursing. It was composed of both open-ended and fixed alternative questions. This particular design of the questionnaire allows for the collection of data which are both subjective and objective in character.

The questionnaire was not tested extensively for validity and reliability, but Coffman did take some measures to test for content and face validity. Several drafts were administered to qualified staff nurses meeting the selection criteria, and revisions were made on the questionnaire. These revisions, according to Brink and Wood (1988), establish a form of content and face validity.

The data were collected and stored in a sealed manila envelope. All data were subjected to descriptive statistical analysis, similar to that used by Coffman. The analysis and data interpretation were done with the assistance of a statistician.

#### Scope and Limitations

This descriptive study involving 110 public health nurses in one northern California county limits the generalization of the results. Larger random samples that would include other counties would be more representative of the population and render more accurate results (LoBiondo-Wood & Haber, 1990).

The questionnaire presented limitations with regard to data collection by assuming that the subjects understood each question and could give a straightforward answer. If random sampling techniques are not used, a biased sample may be acquired (Brink & Wood, 1988). When randomization is employed in the research process, it reduces the risk to internal validity from selection bias. Since a nonrandom method of convenience sampling was

utilized for selecting the subjects in this study, there was the "potential of introducing bias into the research data" (Oyster, Hanten, & Llorens, 1987, p. 127).

## Chapter 2

### CONCEPTUAL FRAMEWORK

The conceptual framework from Coffman's (1987) study was adapted for this study. The framework is composed of a set of interrelated concepts about professionalism derived from the literature, and the major feature is seven categories of attributes consistently associated with nurse leaders' and theorists' perceptions of professionalism. The seven categories are:

(a) autonomy, (b) an extensive education, (c) a unique body of knowledge, (f) a service orientation, and (g) a commitment to the profession (Styles, 1982a).

Coffman (1987) viewed this framework of professional attributes as having a synergistic relationship. Therefore, when all seven attributes are present and interrelated, professionalism will be enhanced (see Figure 1). As professionalism is enhanced, so will the perceptions of professionalism among nurses of their professional strength be enhanced.

The conceptual framework uses the structural characteristics of a wheel with spokes as an analogy. The hub represents professional growth and is the driving force of the wheel. According to the framework, the profession's power comes from professional growth.

The rim serves as the contact with the environment and is analogous to the profession's attributes. If any portion of the rim is weakened, the strength

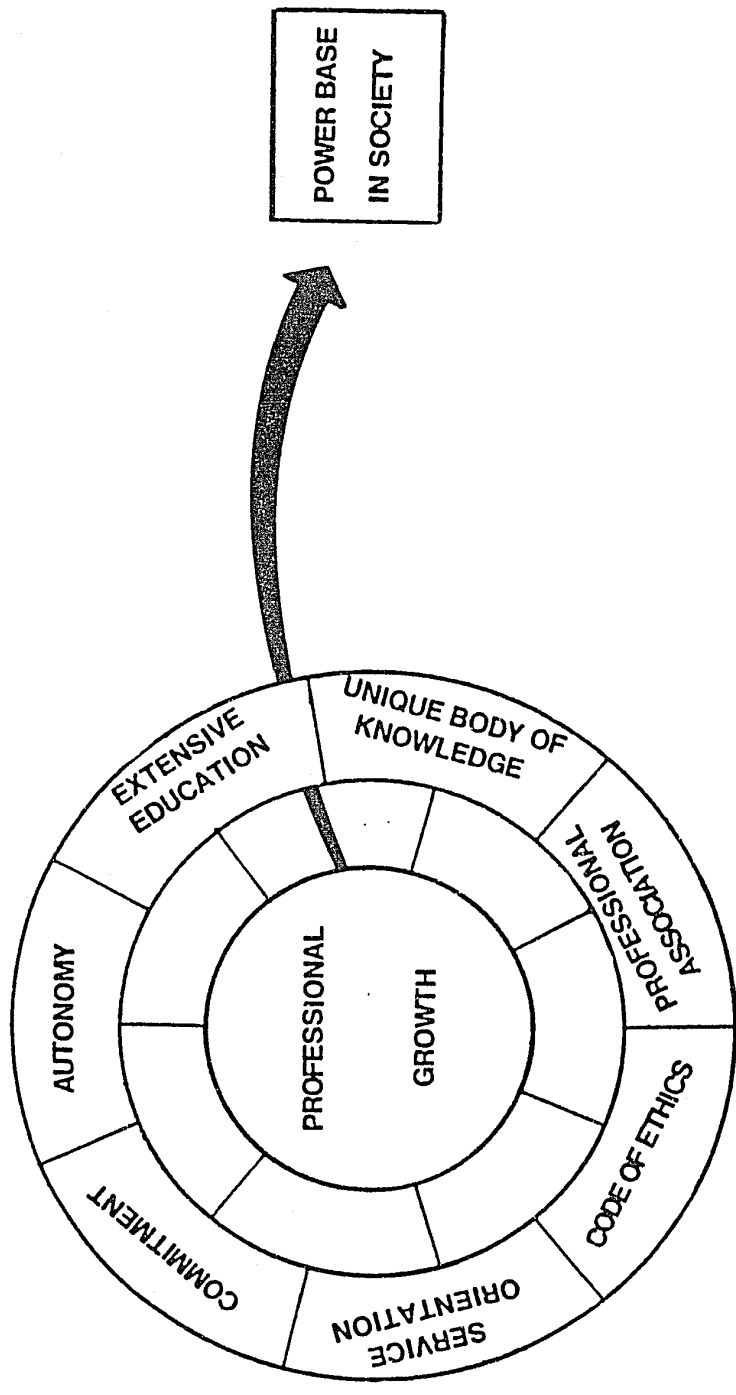


Figure 1. A Conceptual Framework for Professional Nursing.

of the entire wheel is affected. Therefore, when one attribute is weak, the professional growth is diminished, and professional power is impaired.

Further, the spokes are analogous to the strategies used to strengthen the individual professional attributes. The spokes must be synchronous, because when there is a change in one spoke, the others are affected. In this conceptual framework, when a strategy is developed or changed, the modification will affect all other strategies and/or attributes.

Coffman's (1987) framework provides a set of concepts with which nurses' perceptions of professionalism can be compared with those in the literature. When the comparison is done, Coffman (1987) suggests that the framework can provide direction for explaining findings and strategies which can reduce and/or eliminate differences between nurses' perceptions of professionalism and those of nursing leaders and theorists.

Coffman (1987) and this researcher agree that it is not known what attributes of professionalism nurses perceive, and whether their perceptions are consistent with the literature. If the attributes are not perceived to be important to professionalism or are inconsistently recognized among the nursing profession, professional growth within the profession will be impeded.

#### Related Literature

Public health nurses' perceptions of professionalism are not well documented in the literature. Since this is a replication study, this researcher



utilized the same conceptual framework developed by Coffman (1987). This framework served as a guide in answering the research question and with interpreting results (Polit & Hungler, 1983).

"Public health nurses as professionals have developed a philosophy and policies which advocate the inclusion of a population-based health promotion strategy as an integral part of public health practice" (Chambers, Underwood, & Halbert, 1989, p. 315). As public health nurses become impacted by the nursing crisis from staffing shortages, health education program cutbacks, and other budget constraints, their perceptions of professionalism could reflect changing images in professionalism.

Nurses "are becoming increasingly capable of exercising a domain of professional expertise and are demanding a new role for themselves that includes greater authority, autonomy, and self-regulation with regard to the conditions of work" (Bloom, O'Reilly, & Parlette, 1979, p. 43). Public health nurses usually have support from a nursing administrator to exercise their autonomy regarding nursing in the community. When the profession is affected in practice as a result of scarce financial resources, then quality of care becomes limited in community based nursing.

In developing the professional image of nursing, perceptions should be examined. Nurses "must change the image of nursing from within" (Zander, 1985, p. 43). As nurses begin to share their expertise, trust, and respect for

one another, they will not need to wait for others to acknowledge them as professionals.

### Summary

In summary, there is insufficient literature that investigates the perceptions of professionalism among public health nurses. Professionalism is a nursing characteristic that is valued by nurses, nursing faculty, students, leaders and theorists, and the community. More research is needed to examine professionalism among registered nurses in areas of practice other than acute care. These areas can include but not be limited to administration, research, education, nurse practitioners, nurse midwives, and nurse anesthetists.

## Chapter 3

### THE METHOD

This chapter describes the research method of the study. The research design, data collection, and analysis of the data are included.

#### Research Design

This study utilized a descriptive design. Staff public health nurses from a northern California county were surveyed using a 13 item questionnaire comprised of both open-ended questions and fixed response items (Appendix E).

#### Data Collection

Data were collected from a convenience sample of 63 staff public health nurses in six district offices in a northern California county. Prior to administering the survey packets, the researcher obtained approval from the San Jose State University Institutional Review Board-Human Subjects to proceed with the study (Appendix C). Approval was obtained from Coffman (1987) to use the instrument (Appendix A). Permission for data collection was granted in writing by the Director of the Public Health Nurses (Appendix B). Subjects' rights were outlined in a cover letter (Appendix D) that was attached to the questionnaire (Appendix E).

There were a total of 94 survey packets distributed to the supervisors of the staff public health nurses on December 16, 1992. Instructions were provided, verbally and in writing, to the supervisors regarding voluntary and anonymous participation and rationale for the study. Information was also given on the distribution, safe keeping, and collection of the survey packets (Appendix F). The survey packets were distributed by the supervisors to the staff public health nurses during a staff meeting held in each district office on December 17, 1992. On December 18, 1992, 63 survey packets were collected by the researcher.

#### Analysis of the Data

According to Coffman's (1987) model, the staff nurses' perceptions of professionalism were analyzed for content and grouped into preset categories based upon the seven categories of professionalism compiled from the literature. Four of Coffman's (1987) colleagues judged the reliability of the coding process after reading the literature review of the study and the definitions of the categories. The unstructured data were analyzed using the Attributes Identification Score (AIS) that was developed for Coffman's study. Each questionnaire was scored according to the number of preset categories. When the participants responded more than once to the classified category, the response was counted as 1 in the scoring process. The AIS for each questionnaire ranged from 0-7. For demographic data analysis, means and

sample standard deviations were tabulated using the AIS calculated for each participant.

The data analysis was done similar to Coffman's (1987) study. Three demographic characteristics obtained from the participants included educational preparation, years of nursing experience, and age. Each of the demographics was divided into subsets that identified the category within that characteristic. Educational preparation included three subsets, years of nursing experience were five subsets, and age was divided into five subsets.

The same methodology for involvement of professional activities was utilized to obtain the means and sample standard deviations. The data analysis process of Coffman's (1987) study assisted this researcher with the descriptive statistics gathered from the unstructured data. The findings from the data analysis are presented in Chapter 4.

## Chapter 4

### FINDINGS AND INTERPRETATION

The findings and interpretation from a survey of public health nurses' perceptions of professionalism are presented in this chapter. Demographic characteristics of the sample respondents are also described.

#### Description of the Sample

Data were collected from a convenience sample of staff public health nurses in a northern California county. Of the 110 data collection questionnaires that were simultaneously distributed to six public health district offices, 63 nurses responded, a return rate of 57%. The survey questionnaires were distributed to the supervisors of each public health district office with specific instructions for distribution, safe keeping, and collection on the day after distribution (see Appendix F). The supervisors informed the investigator that many public health nurses were on Christmas vacation or ill.

The participants were asked questions to determine general demographic information and involvement in professional activities. Seven categories of professional attributes from Coffman's (1987) study, derived from the nursing literature, were used as the basis for comparison. The research questions were:

1. Do public health nurses' perceptions of professionalism vary according to the demographic characteristics?
2. Do public health nurses' perceptions of professionalism vary according to their involvement in professional activities related to the practice of nursing?

The data were analyzed by the researcher. The analysis and interpretation were similar to Coffman's (1987) study in the following order: (a) the findings and interpretation of the open-ended question pertaining to public health nurses' perception of professionalism, and (b) a description of the sample population.

#### Findings and Interpretation

Coffman (1987) selected four colleagues to judge the reliability of the coding process. The colleagues assessed the seven categories by reading the study's literature review and the definitions of two additional categories that emerged from Coffman's (1987) data. The questionnaire was self-administered, and the participants were asked to list 10 words or phrases that represented their views of professionalism in nursing (see Appendix E).

The universal themes of professionalism described in Chapter 2 were utilized as preset categories. Five hundred and seventy-two of the 641 responses fell into these preset categories. Similar to the preset categories of Coffman's (1987) study, the word "autonomy" was observed on five answers,

and terms such as "decision-maker," "independent," and "self-direction" were observed on other questionnaires.

Words or phrases were classified into the category named code of ethics. "Commitment," "dedication," and "loyalty" were grouped into the category, commitment to the profession. The word "education" occurred eight times; also, responses such as "knowledgeable," "advanced degrees," and "rational thinking" were grouped into the category called extensive education.

Responses such as "unity" and "member of a professional organization" were identified with the category called professional organization. Terms such as "patient's advocate," and "skillful, compassionate care for people" were grouped into the category named service orientation. Basic body of knowledge, research based knowledge, and theory development were categorized under unique body of knowledge. The frequency of responses classified into each preset category are seen in Table 1. Service orientation was the highest category with 121 responses, and commitment to profession was the lowest category with 7 responses.

After the findings were compiled, tabulations were done for each preset category to determine the frequency with which they were identified by the participants. Since more than one response could be classified into the same category, multiple responses classified into the same category counted only



Table 1

Total Number of Responses Classified into Each Preset Category (N = 641).

Preset Category	Number of Responses
Service Orientation	121
Extensive Education	116
Code of Ethics	82
Autonomy	51
Unique Body of Knowledge	23
Professional Association	19
Commitment to Profession	7

Note: The sum of responses is equal to 572 rather than 641 as a result of participants' freedom to list responses that did not fit into any of the preset categories.

once (see Table 2). The highest number of responses for perceptions of professionalism was 52 (82.5%) for the category, unique body of knowledge. Conversely, the lowest number of responses was only 4 (6.3%) for the category, commitment to the profession.

Three additional categories emerged from the remaining 69 of the 641 responses. Thirteen of the 69 responses expressed the idea of working cohesively, 40 responses listed acknowledgement from other disciplines, and 16

responses stated community awareness of health issues as phrases representing staff public health nurses' views of professionalism in

Table 2

Participant Identification of the Preset Categories (N = 63).

Preset Category	Number of Participants	Percentage Participants
Unique Body of Knowledge	52	82.5
Extensive Education	49	77.8
Professional Association	37	58.7
Service Orientation	32	50.8
Autonomy	27	42.9
Code of Ethics	23	36.5
Commitment to Profession	4	6.3

Note 1. The preset categories are mutually exclusive in that they are unique as to meaning, and participants were permitted to identify more than one preset category in response to the question.

Note 2. Percentages are rounded to one decimal.

nursing. "Working together," "camaraderie," and "team work" were categorized under working cohesively. Responses such as "interdisciplinary respect" and "professional courtesy from other disciplines" were categorized under acknowledgement from other disciplines. "Knowledge of terminal illnesses" and

"epidemiology updates" were categorized under community awareness of health issues. The results of this study suggest that public health nurses view three additional categories as important to professionalism.

From the data, four subcategories emerged that were grouped into a broader category of acknowledgement from other disciplines. These four subcategories are defined according to Webster's Dictionary (1986) as follows:

1. Courtesy: Courteous behavior; gracious politeness.
2. Respect: To show consideration for; avoid intruding upon or interfering with.
3. Collaboration: To work together; cooperate.
4. Consultation: The act of consulting; meeting to discuss, decide, or plan something and keeping in mind while acting.

Responses such as "courtesy," "politeness," and "amiable" were grouped into the subcategory, courtesy. Responses that focused on "regard," "consideration," and "esteem" fell into the subcategory of respect. Eighteen of the 24 responses that used the words "cooperation" and "collaborate" were classified into the subcategory, collaboration. The remaining 6 out of the 24 responses used "concur," "synchronize," and "coordinate." The subcategory, consultation, was developed from responses such as "contribute," "discuss," and "confer." Table 3 reveals the total number of responses which were classified into each subcategory. Table 4 displays the frequency with which

each subcategory was identified by the participants. The highest subcategory was collaboration, with 33.3% of participants responding, and the lowest subcategory was respect, with 4.8% of participants responding.

Table 3

Total Number of Responses Classified into the Subcategories of Acknowledgement from Other Disciplines (N = 641).

Subcategories	Number of Responses
Collaboration	24
Courtesy	7
Consultation	5
Respect	4

Note: The sum of responses is equal to 40 rather than 641 as a result of participants' freedom to list responses that did not fit into any of the subcategories.

In summary, Coffman's (1987) study indicated 7 categories for perceptions of professionalism based upon the literature review. Two new categories emerged from the study. However, in this study, three new categories emerged from the conceptual framework that were separate and distinct. Therefore, a total of 10 categories resulted from this study.

### Description of the Sample Population

Tables 5 and 6 present the sample's demographic data. The percentages for Tables 5 and 6 were calculated on the sample size of 63, except for clinical experience where there were multiple areas of experience reported. Each of the demographic characteristics and professional activities was each divided into subsets. Table 5 reveals that out of 63 responses

Table 4

Participant Identification of the Subcategories for Acknowledgement from Other Disciplines

(N = 63).

Subcategories	Number of Participants	Percentage of Participants
Collaboration	21	33.3
Courtesy	5	7.9
Consultation	4	6.3
Respect	3	4.8

Note 1: The subcategories are mutually exclusive in that they are unique as to meaning, and participants were permitted to identify more than one subcategory in response to the question.

Note 2: The percentages are rounded to one decimal.

65.1% of the participants have a baccalaureate degree, 17.5% have a master of science degree in nursing, 6.3% have a master of science degree in public health, and another 6.3% have a master of science degree in health science,

psychology, counseling, nutrition, or social work. Only one public health nurse had a doctorate degree; this doctorate was in nursing science.

The highest and lowest percentages per demographic characteristic of the sample population showed that 44.4% had between 20-29 years of nursing experience, and only 4.8% had less than 9 years of nursing experience. In the subset, 47.6% of the nurses were between 50-59 years of age, and no nurses were under 29 years of age.

Table 5

Size of the Subsets, Percentage of Participants for Demographic Characteristics (N = 63).

Demographic Characteristics	n	Percentage
<u>Education Preparation</u>		
Baccalaureate in Nursing	41	65.1
Master of Science in Nursing	11	17.5
Master of Science	4	6.3
Master of Public Health	4	6.3
Doctorate of Nursing Science	1	1.6
<u>Years of Nursing Experience</u>		
< 9	3	4.8
10-19	18	28.6
20-29	28	44.4
30-39	10	15.9
> 40	4	6.3
<u>Age</u>		
20-29	0	0
30-39	6	9.5
40-49	20	31.7
50-59	30	47.6
> 60	7	11.1

In Table 6, clinical experience was reported by multiple areas of expertise, so no percentages could be calculated. The highest and lowest categories for expertise showed that 66 nurses reported having had clinical experience in the emergency room, operating room, recovery room, psychiatry, and public health. Only 12 reported having had critical care experience that

Table 6

Size of the Subsets, Percentage of Participants for Professional Activities (N = 63).

Professional Activities	n	Percentage
<u>Clinical Experience<sup>a</sup></u>		
Medical	25	n/a
Surgical	16	n/a
Maternal/Child	31	n/a
Critical Care	12	n/a
Other <sup>b</sup>	66	n/a
<u>Clinical Certification</u>		
Certified	11	17.5
Not Certified	52	82.5
<u>Association Affiliation</u>		
Member	57	90.5
Not Member	6	9.5
Active	38	60.3
Not Active	25	39.7

Note: <sup>a</sup>The sum of subsets is greater than 63 because the participants reported multiple areas of experience.

<sup>b</sup>Other included Emergency Room, Operating Room, Recovery Room, Psychiatry, and Public Health.

Table 6 (Continued)

Size of the Subsets, Percentage of Participants for Professional Activities (N = 63).

Professional	n	Percentage
<u>Reading Habits: Journals</u>		
0	11	17.5
1	24	38.1
2	12	19.0
3	11	17.5
>4	5	7.9
<u>Reading Habits: Books</u>		
0	26	41.3
1	21	33.3
2	9	14.3
3	3	4.8
>4	4	6.3
<u>Attendance at Seminars</u>		
Attended Seminar(s)	34	54.0
Did Not Attend Seminar(s)	29	46.0
<u>Knowledge of California's Nurse Practice Act</u>		
Have Read	48	76.2
Have Not Read	15	23.8
<u>Knowledge of ANA's:<sup>a</sup></u>		
Code for Nurses		
Have Read	5	7.9
Have Not Read	58	92.1
Social Policy Statement		
Have Read	9	14.3
Have Not Read	54	85.7
Standards of Practice		
Have Read	19	30.2
Have Not Read	44	69.8



Table 6 (Continued)

Size of the Subsets, Percentage of Participants for Professional Activities (N = 63).

Professional Activities	n	Percentage
<u>Working Environment</u>		
Positive	36	57.1
Negative	4	6.3
No Response	23	36.5

Note: <sup>a</sup>American Nurses' Association.

included intensive care and coronary care. The item concerning clinical certification revealed that 82.5% were not certified, and 17.5% were certified. Affiliation with associations showed 90.5% with membership and 9.5% without membership. Of these, 60.3% were active, while 39.7% stated they were not active.

Also in Table 6, the highest and lowest categories for reading habits showed 24 nurses (38.1%) reading at least one nursing or professional journal regularly, and 5 nurses (7.9%) reading four or more journals regularly. The participants revealed that 26 nurses (41.3%) had read no nursing or professional books within the last year, while only 3 nurses (4.8%) had read three books within the last year. The nurses wrote comments on the margins stating that family and educational responsibilities were the reasons they did not read. Attendance at seminars was reported as 34 nurses (54%) attending and

29 nurses (46%) not attending. Further comments written on the margins included that there was no time from daily responsibilities at work and home. Also included was lack of interest in the topics offered.

Furthermore, in Table 6, knowledge of the American Nurses Association's Code for Nurses, Social Policy Statement, and Standards of Practice disclosed that an average of 82.5% of the participants have not read any of these publications in the last 3 years, with the exception of 76.2% who had read the California Nurse Practice Act in the last 3 years. The working environment as it relates to encouraging professionalism showed a 57.1% positive response, a 6.3% negative response, and a 36.5% no response. Even though it was the last question, over one-third of the participants did not respond to this question.

## Chapter 5

### DISCUSSION

This chapter summarizes the study. Conclusions, scope and limitations, and recommendations are presented.

#### Summary of Study

This descriptive study was conducted at a northern California county public health department. The purpose was to determine perceptions of professionalism in nursing among staff public health nurses. The research questions focused on whether public health nurses' perceptions of professionalism vary according to their demographic characteristics and involvement in professional activities related to the practice of nursing.

A survey questionnaire consisted of both open-ended and fixed alternative questions. The design of the questionnaire by Coffman (1987) allows for collection of data both subjective and objective in character. A total of 63 staff public health nurses participated in the survey. Public health nurses' perceptions of professionalism in nursing are not well documented in the literature. Professionalism was addressed but not clearly defined in current nursing journals.

## Conclusions

The results indicate that the public health nurses' perceptions of professionalism did not vary widely according to the demographic characteristics and their involvement in professional activities related to the practice of nursing. The demographic characteristics were similar for most staff public health nurses. Further study is needed to explore these implications.

The findings are not similar to Coffman's (1987) study. Only 7 of the 10 categories, identified as being important to professionalism, matched the literature review. The literature review did not sufficiently examine professionalism at the public health nursing level.

Most nurses in the public health nursing department were educationally prepared at or beyond the baccalaureate level. It is salient that over one-third of the nurses did not respond to whether the working environment is related to encouraging professionalism. Was there a time limit on completing the questionnaire during the staff meeting? Is there apathy among the nurses and speculation in describing something negative with regard to encouraging professionalism at work?

Also, do the seven professional attributes sufficiently represent most staff nurses' views of professionalism in nursing? How do the three new categories emerging from the conceptual framework in the study compare to acute care

staff nurses' perceptions of professionalism in nursing? Are the results skewed due to budget cuts and restructuring of this public health department?

#### Scope and Limitations

The current literature review was limited in describing and clarifying the meaning of professionalism. The questionnaire presented limitations with regard to data collection by assuming that the subjects understood each question and could give a straightforward answer. It was difficult to accurately analyze data with responses that included both subjective and objective data. Responses were categorized by age and education which were easy to interpret but more difficult when multiple answers could be given for describing working environment and views of professionalism, and nursing or other professional journals and books read. While attempting to replicate Coffman's (1987) study, it was noted that a refinement and expansion of the conceptual framework would be necessary for evaluating concepts in other settings besides staff nurses in acute care.

#### Recommendations

The conceptual framework needs to be revised and updated with current nursing literature to include all nurses or be specific to only staff acute care nurses. Future research on comparing staff nurses in acute care with staff public health nurses for purposes of determining perceptions of professionalism in nursing can clarify and validate these descriptive results. Several geographic

areas should be included to obtain a larger sample and determine any variance according to demographic characteristics and professional activities.

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## APPENDIXES

**APPENDIX A**

**Permission Letter for Instrument**

Oct. 13, 1992

40

Dear Rose,

I just received your request to use my instrument for your research project. I am gratified that you have chosen this research topic, which is so needed to further nursing's professional status.

I am honored to give you permission to use my instrument. Assuming you will need a more formal consent, you can send the form to me at P.O. Box 5097, Bear Valley, CA 95223.

If I can be of any further assistance to you please call me at (209) 753-2881.

I would be glad to answer any questions you might have.

Also I would be interested in the results of your study.

Sincerely,

Beverly J. Coffman

**APPENDIX B**

**Permission Letter for Data Collection**

645 South Bascom Ave.  
San Jose, CA 95128

Rosemarie Hernandez, R.N., BSN

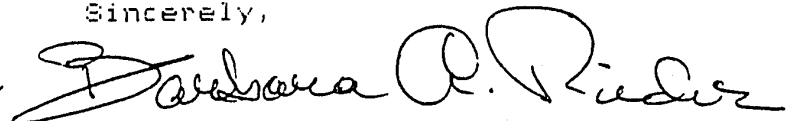
Dear Ms. Hernandez,

You have permission to utilize the Santa Clara Valley Medical Center's Public Health Nurses for your proposed research project. I will inform my staff that participation is on an anonymous and voluntary basis and that refusal to participate will have no detrimental effect on their job.

Date: \_\_\_\_\_

Oct 8, 1992

Sincerely,



Barbara A. Rieder, R.N., MSN  
Director of Public Health Nursing  
Santa Clara Valley Medical Center

**APPENDIX C**

**Approval from Institutional Review Board**





A campus of The California State University

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Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research  
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Rosemarie Hernandez

From: Serena W. Stanford *Serena W. Stanford*  
AAVP, Graduate Studies and Research

Date: January 4, 1993

The Human Subjects-Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Public Health Nurses' Perceptions of Professionalism"

Provided that there are no changes in the procedure proposed, you may proceed with this study without further review by the Human Subjects-Institutional Review Board. You must notify the Human Subjects-Institutional Review Board of any changes in the subject population or procedure for this study

I do caution you, however, that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

If you have questions, please contact me at 408-924-2480.

CC: Virgil Parsons

**APPENDIX D**  
**Participant's Letter**



A campus of The California State University

College of Applied Sciences and Arts • Department of Nursing  
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX 408/924-3135  
COVER LETTER FOR PARTICIPANTS IN PUBLIC HEALTH NURSES STUDY

December 17, 1992

Dear Participant:

I am a student at San Jose State University working towards a Master of Science degree in Nursing Administration. I need your help in conducting a study on Public Health Nurses' perceptions of professionalism in Santa Clara County. The results of this study should help to provide the Santa Clara County Valley Medical Center Public Health Nursing Division with a greater understanding of the Public Health Nurses' perceptions of professionalism. Your Director, Barbara Rieder, MSN supports my efforts in this study.

I am asking for the cooperation of your supervisor in distributing and collecting the following information. Included is a 13-item questionnaire asking information about demographics and perceptions of professionalism. Will you please spend 15 minutes to complete the form as soon as possible and deposit it into a labeled manila envelope that is provided? DO NOT SIGN YOUR NAME ANYWHERE ON THE QUESTIONNAIRE. I do appreciate your assistance. This sealed manila envelope will be stored safely in your supervisor's office and I will pick them up on the following day.

You should understand that your participation is voluntary and that choosing not to participate in this study, or in any part of this study will not affect your relations with the Santa Clara County Valley Medical Center Public Health Nursing Division. Your anonymity is assured regarding this study.

There are no risks and/or benefits anticipated by participating in this study. The results of this study may be published, but any information that could result in your identification will be kept confidential.

If you have any questions about this study, I am available to talk with you. If you have questions or complaints about research subjects' rights, or in the event of a research related injury, please contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480. Thank you for your time, it is appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Rosemarie Hernandez'.

Rosemarie Hernandez, R.N., PHN  
Master of Science degree candidate

RH/ck

**APPENDIX E**  
**Questionnaire**

## QUESTIONNAIRE

1. Please list ten words or phrases that represent your view of professionalism in nursing. (i.e. What characteristics, attributes, or qualities do you perceive to be essential to establish, maintain, and/or enhance a professional status in nursing?)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

G. \_\_\_\_\_

H. \_\_\_\_\_

I. \_\_\_\_\_

J. \_\_\_\_\_

2. Please complete any of the following that apply to you (including other than nursing):

_____	A D	Year graduated	_____	
_____	Diploma	Year graduated	_____	
_____	B S	Year graduated	_____	Major _____
_____	M S	Year graduated	_____	Major _____
_____	Other	Year graduated	_____	Major _____

Formal education not resulting in an academic degree:  
 No. of years \_\_\_\_\_ Major emphasis \_\_\_\_\_

Current enrollment in an academic program:  
 Semester \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

3. How many years have you practiced nursing? \_\_\_\_\_

4. Please indicate your age group:

20-29 \_\_\_\_\_ 30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_

50-59 \_\_\_\_\_ 60+ \_\_\_\_\_

5. Please indicate your area/s of clinical experience/s:  
(PUT AN \* AFTER CURRENT AREA)

Medical\_\_\_\_ Surgical\_\_\_\_ Maternal/Child\_\_\_\_ ICU/CCU\_\_\_\_  
ER\_\_\_\_ OR\_\_\_\_ Recovery Room\_\_\_\_ Psych\_\_\_\_ Other\_\_\_\_\_

6. Have you obtained national certification in your clinical area from the American Nurses' Association or your specialty association? (i.e. ACCN, NACOG, AORN, EDNA, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Please list any professional organizations/associations which you have had membership in within the last five years:  
(PUT AN \* BEFORE ASSOCIATIONS WHICH YOU ARE ACTIVE IN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list any nursing or other professional journals which you read regularly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please list any nursing or other professional books which you have read within the last year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please list any seminars/classes which included topics related to professionalism in nursing which you have attended within the last two years:

\_\_\_\_\_

11. Please check any of the following which you have read within the last three years:

\_\_\_\_\_ California Nurse Practice Act  
\_\_\_\_\_ American Nurses' Association's Standards of Practice  
\_\_\_\_\_ American Nurses' Association's Code for Nurses  
\_\_\_\_\_ American Nurses' Association's: Nursing, A Social Policy Statement

12. Please indicate the nursing care delivery systems with which you have experience:

(PUT AN \* NEXT TO THE ONE YOU ARE CURRENTLY PRACTICING)

Primary nursing care\_\_\_\_\_ Team nursing care\_\_\_\_\_  
Total nursing care\_\_\_\_\_ Functional nursing care\_\_\_\_\_  
Modular nursing care\_\_\_\_\_

13. Please describe your working environment related to encouraging professionalism:

**APPENDIX F**

**Supervisor's Instructional Letter**





A campus of The California State University

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College of Applied Sciences and Arts • Department of Nursing  
 One Washington Square • San Jose, California 95192-0057 • 408/924-3130 • FAX 408/924-3135

December 16, 1992

Dear Public Health Nursing Division Supervisor:

I am a student at San Jose State University working towards a Master of Science degree in Nursing Administration. I have permission from your Director, Barbara Rieder, MSN to survey your staff of Public Health Nurses and collect data on their perceptions of professionalism. Will you please distribute the cover letter and 3 page, 13-item questionnaire to each staff Public Health Nurse during your December 17, 1992, staff meeting? It will take only 15 minutes to complete the questionnaire and it is to be done as soon as possible. Your staff's participation is to be voluntary and anonymous. A sealed manila envelope will be provided to keep the questionnaires anonymous. I need these materials to be kept in a secure place in your office and I will collect them the following day. I appreciate your assistance with the distribution and collection of the questionnaires. Thank you very much for your time. If you have any questions or concerns about this study, I am available to talk with you.

Sincerely,

A handwritten signature in cursive script that reads 'Rosemarie Hernandez'.

Rosemarie Hernandez, R.N., PHN  
 Master of Science degree candidate

RH/ck

cc: District Offices of the Santa Clara County Valley Medical Center  
 Public Health Nursing Division

South County  
 Milpitas  
 Narvaez  
 East Valley  
 Fair Oaks  
 Downtown West