STAFF NURSES' PERCEPTIONS OF THE
PROFESSION OF NURSING

BY

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B.S.N., The University of British Columbia, 1983

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING

in
THE FACULTY OF GRADUATE STUDIES
(School of Nursing)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
October 1985
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ABSTRACT

In its struggle to be recognized as a legitimate profession, nursing has proceeded in several directions, promoting diversity of professional views among its practitioners. The many changes taking place in nursing supported the need for a study determining exactly how staff nurses view the profession of nursing. The criteria of a profession as defined by Valiga (1982): the boundaries, goals, and scholarly component of the discipline, the recipient of the discipline's service, the relationship of the discipline to others, and the independence, responsibility, autonomy, commitment, and activities of the discipline's practitioners (pp. 126-127), were the basis of the study. The views of the profession as held by the staff nurses were related to the variables of age, preparatory and/or additional nursing education, number of years worked since graduation, length of time in present employment, and the agency of employment.

The 600 subjects were randomly selected by computer at the Registered Nurses' Association of
British Columbia (R.N.A.B.C.). The Views About Nursing Questionnaire, developed by Valiga (1982), along with a background information questionnaire were sent to the subjects by the R.N.A.B.C. A total of 262 usable questionnaires were the basis of data analysis. Pearson product-moment correlations and analysis of variance were performed as appropriate. These analyses revealed that there was an inverse, but not statistically significant, relationship between age and number of years worked and scores on the Views About Nursing Questionnaire. There was no relationship between the scores and education and the scores and length of time in present employment. Because a large majority of respondents were employed in acute care hospitals, no analysis of the relationship of agency of employment and the scores was undertaken.

Conclusions and implications of this study are addressed and suggestions for further study are presented.
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ACKNOWLEDGEMENTS

The contributions of many individuals have made possible the completion of this thesis. I would especially like to thank my thesis committee members Dr. Helen Niskala, chairperson, and Dr. Marilyn Willman. In addition, the encouragement and help offered by Dr. Mark Starr in the data analysis is very much appreciated.

I appreciate the assistance of Claire Kermacks and the Registered Nurses' Association of British Columbia. A large debt of gratitude is also due to the members of the R.N.A.B.C. who completed the sets of questionnaires, especially those who enclosed notes of encouragement.

A special thanks also goes to Barbara Albertson for her unending patience and support as she typed, retyped and retyped again.

Finally, many thanks to my family and friends for their ongoing support and understanding. Thank you for listening and caring.
CHAPTER I

INTRODUCTION

As is true with many professions, nursing is in a state of transition. In fact, some authors still refer to nursing as an "emerging" profession. Social and technological changes have led to changes in the practice of nursing. As new models of nursing practice replace the old, educators, administrators, and practitioners alike are attempting to respond to the changes appropriately.

Although it is generally believed that all nurses who graduate from an approved school of nursing have been socialized into the attitudes characteristic of the profession, the objective measurement of these attitudes is not often carried out, especially after graduation.

After reading Valiga's study, entitled "The Cognitive Development and Perceptions About Nursing As A Profession of Baccalaureate Nursing Students," in which the findings indicated that senior students' views of nursing were more positive than the views of freshman students on the Views About Nursing
Questionnaire (1982, p. 194), the investigator was left wondering how nursing graduates might perceive nursing after practicing as staff nurses for a period of time. In fact, Valiga (1982) recommends that a longitudinal study following nurses in practice over a period of years would provide valuable information in relation to the effect of the environment on their attitudes. She also suggests that, since nursing educators espouse a responsibility for helping students develop an attitude toward and a commitment to nursing that is consistent with the characteristics of a profession, measures need to be instituted which provide evidence of the degree to which these attitudes have developed throughout various academic years and whether they continue to develop, regress, or stabilize over time.

Kramer (1974) identified the "reality shock" student nurses experience when they graduate and become practicing nurses. Research indicates that "reality shock" may, in fact, be due to a gap between nursing education and nursing practice (Meisenhelder, 1981; Olesen and Whittaker, 1968). In their research, Olesen and Whittaker (1968) found that in nursing, as in every other profession, there is "a gap between the culture of the profession transmitted in the teaching
institution and actualities of practice in sectors of the field" (p. 297). Olesen and Whittaker also state that students are not finished products at graduation, sliding in polished fashion from an assembly line, but are, in fact, mixtures of ability, acceptance of the professional role, and awareness. Students are in truth less than maximally socialized, but the authors suggest that less than maximum socialization allows for a certain flexibility and a certain give in the ongoing changes in the profession (p. 298). However, as much as flexibility can be a desirable trait, it can also be harmful in that it can leave a new graduate open to the acquisition of unprofessional attitudes and behaviors. If, in fact, there is a gap, as Olesen and Whittaker have said, it may be useful to determine the extent of the gap. This study is one step in that direction.

Since institutional staff nurses comprise the largest group of employed nurses, it is useful to determine how they view the essential characteristics of a profession. In this study, the characteristics of a profession are those defined by Valiga (1982): the boundaries of the discipline, recipient of the discipline's service, goals of the discipline, scholarly component of the discipline, the relationship
of the discipline to others, and the independence, responsibility, autonomy, commitment, and activities of the discipline's practitioners (pp. 126-127).

Problem Statement

Historically, the attributes of obedience, subservience, and devotion were associated with professional nursing practice (Greiner, 1981). Nurses were viewed as handmaidens to physicians and compassionate angels of mercy who followed orders (Muff, 1982). Over time, nursing has struggled to be recognized as a legitimate profession, and today is evolving as a scientific discipline.

In the struggle to be recognized as a legitimate profession, nursing and nurses have proceeded in several directions and continue to do so. Presently, attempts are being made in such areas as establishing the baccalaureate degree as the entry level for professional nursing practice, defining the boundaries of nursing practice, and engaging in scholarly activities designed to develop a body of nursing knowledge (Valiga, 1982).

In an attempt to assert its professional status,
nursing has focused much of its attention on the education of its future members where professional attitudes are believed to be formed. Unfortunately, the diversity created by different patterns and levels of education for the profession has produced many different types of nurses and now the groups threaten each other and fragment the profession (McCloskey, 1983). In fact, the diversity is so great that groups of nurses fall on opposite ends of a continuum. For some, nursing is "a profession that is autonomous, self-directed, requiring advanced preparation of its practitioners, and encompasses broad social responsibilities. For others, nursing is a personal service rendered by the nurse to the patient, under the supervision of the physician" (McCloskey, 1983, p. 53). Although the production of identical, robot-like individuals practicing nursing is not desirable, the essential characteristics of a profession as defined by Valiga (1982) and outlined previously, should be viewed similarly, if, in fact, nursing is pursuing professional recognition.

The investigator agrees with Conway (1983), in that:

Nursing is a profession which from a
socio-evolutionary perspective is still developing its professional identity. That is, it is continuing to define its parameters of practice and to delimit those parameters vis-a-vis other health professions. Thus, it seems appropriate -- even necessary -- to examine how nursing is proceeding in its pursuit of recognition as a fully qualified profession (p. 29).

It is especially appropriate at this time to focus a study on staff nurses who work in institutions because that is where the majority of nurses practice (Cunningham, 1980). Since it is difficult to determine retrospectively how staff nurses perceived nursing while they were in their respective educational settings, the study must be concerned only with current perceptions. The many changes taking place in nursing support the need for a study determining exactly how nurses view nursing in relation to those criteria defined as professional. The identification of similarities and differences in the views may suggest actions which should be taken in nursing educational or practice settings or may provide direction for further study. The problem which is the focus of this study,
then, can be stated as follows: What are staff nurses' perceptions of the profession of nursing? Using the components of professional nursing, as defined by Valiga, the perceptions of a group of staff nurses were studied.

**Purpose of Study**

The purposes of the study were:

1. To determine staff nurses' perceptions of the profession of nursing, as defined by Valiga.

2. To determine staff nurses' perceptions of nursing in relation to the variables of age, preparatory nursing education and/or additional preparation, number of years worked since graduation, length of time in present employment, and type of facility in which presently employed.

**Definition of Terms**

For the purpose of this study, the following definitions were used:

Staff nurse was defined as a person who is a graduate of an approved school of nursing, who is
registered as a member of the Registered Nurses' Association of British Columbia (R.N.A.B.C.) and licensed to practice nursing in British Columbia, and is currently employed full-time in an institution as a general duty nurse, having been so employed for a minimum of six months.

Institution was defined as an acute care hospital, an activation/rehabilitation hospital, a psychiatric hospital, or a long term care facility (personal, intermediate, extended care, and nursing homes).

The ten essential characteristics of a profession as defined by Valiga (1982) are:

**Boundaries of the Discipline:** The definition of the scope of the discipline is clear.

**Recipient of the Discipline's Service:** The object of attention of the discipline is unambiguous.

**Goals of the Discipline:** The reasons why members of the discipline do what they do are unambiguous.

**Relationship of the Discipline to Others:** Relations among real-world elements are explicit.

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

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

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

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

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

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

Assumptions  

The following assumptions are relevant to this study:  

1. The definition of a profession, as set
forth by Valiga, is valid and at least the major elements are agreed upon by a large number of nurses.

2. All subjects were socialized as students to espouse at least some of the professional characteristics identified by Valiga.

3. Respondents answered the questionnaire honestly and to the best of their ability.

4. Respondents had the ability to assess their perceptions accurately.

Limitations of the Study

Limitations of this study relate to the following:

1. Nurses who responded to the questionnaire may not be representative of all nurses and the generalizability of the results may therefore be limited.

2. The Views About Nursing Questionnaire has its limitations in measuring perceptions of the profession of nursing because it is a self-report instrument.

3. The study sample does not include nurses who work in institutions other than those specified.
4. Perceptions of the subjects are those held at this point in time. No attempt was made to study changes over time.
CHAPTER II

REVIEW OF THE LITERATURE

The aim of this literature review was to explore the theoretical perspective of professionalization as a background for the study of staff nurses' perceptions of the profession of nursing. A review of the literature relating to the concepts "profession" and "professionalization" as well as nursing research related specifically to the topic of this study was conducted and is presented here.

The Professions

Many authors have addressed the issue of professionalism and the characteristics or attributes of professions. Greenwood (1957) suggests that all occupations in society should be distributed along a continuum with the well-recognized and undisputed professions, such as medicine and law on one end, the least skilled and least attractive occupations on the other and the remaining occupations between the two poles. The occupations at the professional end of the continuum are seen to possess to a maximum degree the
attributes ascribed to professions.

For several decades, sociologists have attempted to define exactly the attributes of professions. Although many authors agree on some of the attributes, none agree on all. Lewis and Maude (1952) state that a profession should have a body of knowledge, education based on that knowledge, standards for professional qualifications, a standard of conduct, recognition of status, and the organization of the professional group. Greenwood (1957) believes that all professions possess the attributes of: (1) systematic theory; (2) authority; (3) community sanction; (4) ethical codes; and (5) a culture (p. 45). Johnson (1972) adds that professions follow a natural history, and describes professions in the United States as having passed through five stages, namely, (1) the emergence of a full-time occupation; (2) the establishment of a training school; (3) the founding of a professional association; (4) political agitation directed towards the protection of the association by law; and (5) the adoption of a formal code (p. 28).

McGlothlin (1960) identified the aims of professional education as being twofold: one, to supply enough professional people, and, two, to assure society
that the professionals are competent to practice their profession (p.2). He stated that professionals must possess the following attributes: (1) competence to practice the profession; (2) social understanding, with sufficient breadth to place their practice in the context of the society which supports it, and to develop capacity for leadership in public affairs; (3) personality characteristics that make possible effective practice and effective living; (4) zest for continued study which will steadily increase knowledge and skill required to practice; and (5) competence in conducting or interpreting research so that they can add to human knowledge either through discovery or application of new truths (pp. 7-22).

Valiga (1982) summarized the attributes of professions as follows: a body of specialized knowledge developed by members of the profession; education for entry into the profession occurring at the university level; the knowledge and skill necessary to provide help in a specialized area with problems that have unique and unpredictable elements; a code of ethics to guide practice; control over the practice of members of the profession; the exercise of discretion; commitment to the field; and the primary orientation
toward the community rather than self-interest (p. 75). From these, Valiga developed the ten essential characteristics of a profession utilized as the basis for this study.

Professionalization

Kergin (1968) believes that professionalization is the movement of a vocational group along the occupational continuum as its members develop more and more of those attributes that characterize the professional (p. 22). Johnson (1972) suggests that the process of professionalization is a dynamic one which is evident in many occupations when certain crucial characteristics are changed in an attempt to move the occupation further along the continuum, in the direction of professionalization (p. 22). Nurses in Canada are currently experiencing this dynamic process as they strive for professional identity.

Hughes (1960) points out that the study of professionalization is in part a study of two kinds of social advancement. "The first is a rise of the individual by getting into an occupation of high prestige, or by achieving success in his occupation.
The second is the collective effort of an organized occupation to improve its place and increase its power, in relation to others" (p. 56). Hughes (1960) also suggests that the four main methods of achieving professional status include: (1) requiring more schooling; (2) insisting that the members of the occupation and not some outside authority should define their work; (3) placing the routine duties associated with the job on the shoulders of subordinates; and (4) engaging in or supporting research activities (p. 57).

As nursing continues to struggle for professional identity, it is useful to occasionally evaluate its current position. Stuart (1981) studied the degree of professionalization of nursing in the United States. She found that, although nursing is a well-established occupation with a clear service orientation and has an organization representing the profession, the membership in the professional organization is low; there are few with a life-long commitment to the profession; individual autonomy is limited because of bureaucratic work settings; and, although great strides are being made in the education of its members, the profession remains weak because of its variety of educational programs (p. 23).
Smith (1958) describes the problems surrounding attempts at professionalization and advises that when members of a profession are spearheading moves to change its status, they must take account of the possible resistances within their own profession. Members may be content with the success or recognition of their present skills. Drastic changes in the system may invite new competition or require more education, possibly threatening individuals (p. 412). Obviously the changes presently occurring in the nursing profession may affect some of its members in this way.

Nursing Research Related to The Problem Under Study

Very few studies have investigated nurses' perceptions of the profession. Of the few that have been done, the majority have involved students. The literature suggests that education, age, time since graduation, length of time in the current area of employment, and the agency in which nurses are currently employed may influence their perceptions of the profession of nursing.
Variables Under Study

Nursing Education

Research indicates that education is a vital influence on a nurse's perception of the profession. Kergin's study (1968) of 719 Ontario nurses confirmed this, in that, except for the variable identifying satisfaction with career choice, education was found to be the most important variable of the twelve identified attributes of the highly professionalized nurse. Rottkamp (1980) also found that 96.5% of the graduate nursing students she surveyed agreed with the definition of professional nursing set forth by the New York Nurses' Association, believing that "nursing is a profession that is autonomous, self-directed, requiring advanced preparation of its practitioners, and encompasses broad social responsibilities" (p. 32). A study of baccalaureate nursing students, done by Davis and Olesen (1964) and replicated by Brown, Swift, and Oberman (1974), revealed that students modified their original lay conceptions so as to accord more closely with the professional views and attitudes of their teachers and preceptors. As the educational process continued, students' consensus with regard to values
increased for both groups studied, but the educational process did not increase the positive perceptions of the profession of either group. Corwin and Taves (1962) studied the role conceptions of 124 staff nurses and 71 junior and senior nursing students with diploma and degree training from seven midwest metropolitan area hospitals and four schools of nursing. It was concluded that the professional role conception, including a commitment to knowledge as a basis of the profession, the ability to use judgement, and authority to make suggestions about nursing care and procedures is high among baccalaureate-prepared nurses and remains relatively high after graduation in spite of the lack of opportunity to fulfill it. This was less true of diploma-prepared nurses.

Age

Another factor identified as having an influence on how nurses perceive the profession of nursing is age, yet few studies have assessed the influence of this variable. Kergin (1968) found that as age increases so does the occupational commitment. Tetreault (1976) found that students between the ages of 24 and 26 years had more positive attitudes towards
nursing than did younger students.

**Number of years worked since graduation and length of time in present employment**

Although the literature is limited, it does suggest that the number of years worked since graduation and the length of time in the current area of employment influence nurses' perceptions of their profession. Kramer (1966) studied a group of 45 staff nurses who had graduated from three California colleges at least three months earlier and were now employed in their first job. She found that, although there were bureaucratic draw-backs, such as rigid routines that made work stifling, uncreative, and confining, and unpleasant work schedules, the young graduates seemed more oriented and loyal to the profession of nursing than to any particular place of employment. Two years later, when she repeated the study with the same nurses, she found that, after continued employment, nurses who initially held high professional role conceptions showed a significant decline in these values (Kramer, 1969).
Agency of Current Employment

Evidence indicates that the attitudes of staff nurses employed in institutions are very much affected by the agency in which they are employed. Kramer (1970) maintains that "the neophyte professional nurse encounters difficulty with her professional role orientation almost immediately upon employment" (p.435). Quint (1967) also implies this in her discussion of students meeting conflicts when observing role models in the educational setting that differ from role models in clinical settings. Simpson (1979), on the other hand, found that the students' orientations to activities of the nursing role can persist unchanged and even develop in the directions initiated during education, regardless of the type of work organization.

Few studies have been done on practicing nurses' perceptions of their profession. Obviously, when the subjects of the study are all nursing students, either undergraduate or graduate, findings are more likely to indicate positive perceptions of the profession since these subjects are still influenced by their educational environment. The nurses who need to be examined are those away from the academic setting and in the workplace where they are no longer influenced by
their educational environment, but are influenced by many other variables.

**Instruments**

After examining the literature, it became evident that there were very few appropriate instruments available to measure nurses' perceptions of their profession. Rottkamp (1980) designed a questionnaire to assess the extent to which student nurses agreed or disagreed with the definition of professional nursing practice, the degree to which certain identified impediments really exist in professional nursing practice, and the solutions for these impediments. The questionnaire asked respondents to choose a response between agreement or disagreement, rate each of the eleven items according to importance as an impediment, and outline solutions to impediments of most importance. Davis and Olesen (1964) looked at characteristics that individuals found important to both themselves and their picture of nursing, including such things as clear lines of authority, originality, creativity, hard work, skill, and clearly defined work tasks. Using a questionnaire
entitled Images of Nursing, the respondents were asked to check the listed characteristics that were very important to them. Other researchers, such as Kramer (1966), have obtained information about nurses' perceptions of the profession by interviewing subjects.

Because there are few objective instruments available to study perceptions of the profession, Valiga (1982) developed the Views About Nursing Questionnaire. Since Valiga's questionnaire was based on the criteria of a profession that the investigator agreed with, the investigator chose to use it.
CHAPTER III

METHODOLOGY

This study was a descriptive survey of perceptions of the profession of nursing held by staff nurses. The methodology included the use of the Views About Nursing Questionnaire and a background information questionnaire. These are described as is the sample and method of data collection.

Instruments

Views About Nursing Questionnaire

The Views About Nursing Questionnaire (see Appendix A) was selected for measurement of perceptions of the profession of nursing. The questionnaire was developed by Valiga in 1982 and consists of 25 statements to which subjects respond by using a five point scale ranging from strongly agree to strongly disagree. A score of +2 is given for each item with which they Strongly Agree, a +1 for each item with which they Agree, a 0 for each item about which they are Unsure, a -1 for each item with which they
Disagree, and a -2 for each item with which they
Strongly Disagree. The scoring scheme is reversed for
those statements which are intended to be "negative"
(Items 9, 12, 13, 15 and 21). The minimum possible
score then, is -50 and the maximum score possible is
+50 (pp. 131-132). According to Valiga (1982),
"content validity was established through a panel of
experts" (p. 125). Valiga (1982) states that:

Generally, the experts agreed on their overall
responses to each item; that is, 75% either
agreed or strongly agreed with a statement which
was intended to be a positive/desirable activity
of the professional nurse and 75% either
disagreed or strongly disagreed with those
statements which were intended to be a
negative/undesirable activity of the
professional nurse (p. 126).

In a pilot study, conducted by Valiga, the
criterion of internal consistency was applied to the
scale by using the coefficient alpha. Based on the
reliability coefficients, alpha was computed to be
0.86. The reliability of each item was determined by
calculating the correlation coefficient of each
statement for the total population (Valiga, 1982).
Since Valiga's (1982) study was designed to describe cognitive development and perceptions about nursing as a profession, the change in each of these variables which occurs over the span of an academic year, and the relationship between these variables for students at all four levels of baccalaureate nursing programs, no description of the meaning of the scores was included. The scores obtained on the Views About Nursing Questionnaire were simply used as a mode of comparison both over time and between stages of cognitive development.

Since the purpose of this study is to determine only the current perceptions of the profession of nursing held by a large population of staff nurses in relation to a specified group of variables, a method of interpreting the scores was established. The midpoint of scores ranging from -50 to +50 is 0, so 0 was defined as the division line between agreement and lack of agreement with Valiga's definition of the profession of nursing, and +25 (75%) was defined as the division between agreement and a very high level of agreement with Valiga's definition.
**Background Information**

A questionnaire was designed by the investigator to collect background information about the staff nurses in the study. The subjects were asked to provide the following information: age, preparatory and additional education, time worked since graduation, length of time worked in present employment, and type of agency in which presently employed (see Appendix B).

**Sample**

The population for this study consisted of 12,913 staff nurses who were registered with the R.N.A.B.C. on March 1, 1984. A random sample of 600 was drawn from this population.

The R.N.A.B.C. sends out yearly registration forms to its members that must be returned by March 1. The registration forms require the nurse to answer a variety of questions, including such things as place of employment, position in the organization, and whether employment is on a casual, part-time, or full-time basis. Since this registration information is stored in a computer at the R.N.A.B.C., it was easily retrieved to establish the study population.
Ethics and Human Rights

Names of staff nurses were randomly selected by the computer at the R.N.A.B.C. The participants' anonymity and confidentiality of responses was assured in that an employee of the R.N.A.B.C. sent out the coded questionnaires with a letter (see Appendix C) from the investigator stating the purpose of the research and requesting the subject's participation in the study. The participant's reply indicated consent.

Procedure For Data Collection

The 600 sets of coded questionnaires together with the explanatory letter and addressed, stamped envelopes were mailed by the Registered Nurses' Association of British Columbia in early January, 1985. After a period of four weeks had passed, 400 sets of questionnaires had not yet been returned. A second set of questionnaires together with the explanatory letter and addressed, stamped envelopes was then sent by the R.N.A.B.C. to the 400 subjects who had not responded. The second mailing elicited 136 added responses making a total of 336, a return rate of 56%.
Questionnaires were coded and scored and the data were entered into computer files for the analysis to follow.
CHAPTER IV

DATA ANALYSIS AND DISCUSSION OF FINDINGS

Introduction

The purposes of the study were: 1) To determine staff nurses' perceptions of the profession of nursing; and (2) To determine staff nurses' perceptions of nursing in relation to the variables of age, preparatory nursing education and additional preparation, number of years worked since graduation, length of time in present employment, and type of facility in which presently employed.

Presentation of the results of the analysis of the background information and responses to the Views About Nursing Questionnaire is followed by a discussion of the findings.

Response Rate

Of the 600 questionnaires sent out, 336 (56%) were returned. Of these, 74 (12.3%) were returned unanswered. A total of 23 (3.8%) respondents indicated they did not meet the criteria because they were no
longer employed full-time or they had been promoted. Questionnaires returned without explanations totalled 51 (8.5%). Background information questionnaires with two or more questions unanswered were omitted from the analysis. If more than five responses were omitted on the Views About Nursing Questionnaire, the questionnaire was excluded from the analysis. Thus, of the total of 600 questionnaires mailed out, 262 (44.6%) were potentially useful.

Analysis of Background Information

The background information in this study was analyzed by computer, and then, to determine how closely the sample was representative of the population, where possible and appropriate, the sample was compared to the population of staff nurses (12,620) employed in British Columbia as described in 1983 statistics from Statistics Canada (1984 statistics were incomplete). Although the sample consisted of 262 respondents, missing data have caused a different total number to appear for some of the variables.
Age

The ages represented in the sample are summarized in Table I as are corresponding percentages for the population.

The respondents ranged anywhere from 21 to 64 years of age with a mean of 35.5 years. The majority of respondents (65.4%) were in the age group 25 to 39. The percentage distributions of the respondents generally matched the distributions in the population. Any discrepancies noted are minor. It can, therefore, be said that in regards to age, the respondents are representative of the population of staff nurses under study.

Nursing Education

The highest level of nursing education completed by the respondents is summarized in Table II along with corresponding percentages for the population.

Educational preparation of respondents markedly differed from that of the population. In the population the number of nurses with a diploma in nursing was 49.7%. The sample deviated from this in that 213 (81.3%) of the respondents held a diploma in nursing, with 79 (30.2%) having been prepared in
Table I

Frequencies by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Sample</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>under 25 yrs.</td>
<td>17</td>
<td>6.6</td>
</tr>
<tr>
<td>25 - 29 yrs.</td>
<td>65</td>
<td>25.3</td>
</tr>
<tr>
<td>30 - 34 yrs.</td>
<td>54</td>
<td>21.0</td>
</tr>
<tr>
<td>35 - 39 yrs.</td>
<td>49</td>
<td>19.1</td>
</tr>
<tr>
<td>40 - 44 yrs.</td>
<td>26</td>
<td>10.1</td>
</tr>
<tr>
<td>45 - 49 yrs.</td>
<td>17</td>
<td>6.6</td>
</tr>
<tr>
<td>50 - 54 yrs.</td>
<td>18</td>
<td>7.0</td>
</tr>
<tr>
<td>55 yrs and over</td>
<td>11</td>
<td>4.3</td>
</tr>
<tr>
<td></td>
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<td></td>
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</table>

a Statistics Canada (1983)
community college programs, and 134 (51.1%) in hospital programs. On the other hand, 9.9% of the population had a baccalaureate degree as their highest level of preparation in nursing education, but 37 (14.1%) of the respondents had a baccalaureate degree, 20 (7.6%) of these being post-basic and 17 (6.5%) being generic. The percentage of respondents who held a master's degree or higher, however, was very similar to that in the population. Specifically, one (0.4%) of the respondents and 0.1% of the population fell into this category. Those respondents who were working toward or had already obtained education in areas other than those specified differed greatly from the population. Of the respondents, 11 (4.2%) fell into this category with 4 (1.5%) with nursing administration courses, 2 (0.8%) with post-basic operating room courses, 3 (1.1%) with post-basic psychiatric courses, and 2 (0.8%) with post-basic critical care courses. The population differed significantly in that 40.3% had attained a post-basic diploma/certificate. In all cases, the sample was not representative of the population in terms of educational preparation.
Table II

Frequencies by Highest Nursing Education Attained

<table>
<thead>
<tr>
<th>Nursing Education</th>
<th>Sample Number</th>
<th>Sample Percentage</th>
<th>Population Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Community College</td>
<td>79</td>
<td>30.2</td>
<td>combined</td>
</tr>
<tr>
<td>(2) Hospital Based</td>
<td>134</td>
<td>51.1</td>
<td>49.7</td>
</tr>
<tr>
<td>Post-basic Baccalaureate</td>
<td>20</td>
<td>7.6</td>
<td>combined</td>
</tr>
<tr>
<td>Generic Baccalaureate</td>
<td>17</td>
<td>6.5</td>
<td>9.9</td>
</tr>
<tr>
<td>Master's or Higher</td>
<td>1</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>Other (post-basic diploma/certificate)</td>
<td></td>
<td></td>
<td>40.3</td>
</tr>
<tr>
<td>Nursing Administration</td>
<td>4</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Post-basic O.R.</td>
<td>2</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Post-basic Psychiatric</td>
<td>3</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Post-basic Critical Care</td>
<td>2</td>
<td>0.8</td>
<td></td>
</tr>
</tbody>
</table>

a Statistics Canada (1983)
Number of Years Worked Since Graduation

Reports of the number of years worked since graduation are presented in Table III.

The number of years that the respondents had worked since graduation ranged from a minimum of 0.5 years to a maximum of 37 years, with a mean of 11.2 years. A total of 199 (76.2%) respondents had worked 15 years or less since graduation.

Table III

Frequencies by Number of Years Worked Since Graduation

<table>
<thead>
<tr>
<th>Number of Years Worked Since Graduation</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>.5 yrs. - 5 yrs.</td>
<td>64</td>
<td>24.5</td>
</tr>
<tr>
<td>6 yrs. - 10 yrs.</td>
<td>82</td>
<td>31.4</td>
</tr>
<tr>
<td>11 yrs. - 15 yrs.</td>
<td>53</td>
<td>20.3</td>
</tr>
<tr>
<td>16 yrs. - 20 yrs.</td>
<td>29</td>
<td>11.1</td>
</tr>
<tr>
<td>21 yrs. - 25 yrs.</td>
<td>17</td>
<td>6.5</td>
</tr>
<tr>
<td>26 yrs. - 30 yrs.</td>
<td>14</td>
<td>5.4</td>
</tr>
<tr>
<td>31 yrs. and more</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>one response missing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Length of Time in Present Employment

A summary of the respondents' reports of length of time in current place of employment are shown in Table IV.

Of the 261 respondents, the majority (62.1%) had worked three or more years in their current jobs.

Table IV

Frequencies by Length of Time in Present Employment

<table>
<thead>
<tr>
<th>Length of Time In Present Employment</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 mos. - 1 yr.</td>
<td>20</td>
<td>7.7</td>
</tr>
<tr>
<td>1 yr. - 3 yrs.</td>
<td>79</td>
<td>30.2</td>
</tr>
<tr>
<td>3 yrs. - 5 yrs.</td>
<td>67</td>
<td>25.7</td>
</tr>
<tr>
<td>more than 5 yrs.</td>
<td>95</td>
<td>36.4</td>
</tr>
<tr>
<td>one response missing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agency of Employment

The background information indicating the agencies in which the respondents were currently employed is summarized in Table V. Corresponding
percentages for the population are also included.

Table V

**Frequencies by Agency of Employment**

<table>
<thead>
<tr>
<th>Agency of Employment</th>
<th>Sample Number</th>
<th>Sample Percentage</th>
<th>Population Percentage a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Hosp.</td>
<td>236</td>
<td>90.0</td>
<td>83.6</td>
</tr>
<tr>
<td>Activation/Rehab. Hospital</td>
<td>2</td>
<td>0.8</td>
<td>Hospitals combined</td>
</tr>
<tr>
<td>Psychiatric Hosp.</td>
<td>7</td>
<td>2.6</td>
<td></td>
</tr>
</tbody>
</table>

**Long Term Care Facility**

<table>
<thead>
<tr>
<th></th>
<th>Sample Number</th>
<th>Sample Percentage</th>
<th>Facilities combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care</td>
<td>2</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>1</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Extended Care Nursing Home</td>
<td>12</td>
<td>4.6</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

**Other:**

<table>
<thead>
<tr>
<th>Psychogeriatric Facilities</th>
<th>Sample Number</th>
<th>Sample Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>0.8</td>
</tr>
</tbody>
</table>

a Statistics Canada (1983)
The majority of the respondents (90%) worked in hospitals, as do the majority (83.6%) of the population. Only 2 (0.8%) of the respondents worked in facilities other than those specified. Both of these respondents worked in psychogeriatric facilities.

In summary, the sample consisted of staff nurses ranging in age from 21 to 64 years, the majority (81.3%) of whom held a diploma in nursing, and had worked anywhere from 0.5 years to 37 years since graduation. The majority of the sample (62.1%) had worked 3 or more years in their current job and 90% of the respondents worked in acute care hospitals. Generally speaking, the sample deviated from the population in all areas of comparison, except for their ages.

Scoring of the Views About Nursing Questionnaire

In completing the Views About Nursing Questionnaire, respondents indicated whether they Strongly Agreed (SA), Agreed (A), were Undecided or Unsure (U), Disagreed (D), or Strongly Disagreed (SD) with each statement. A score of +2 was assigned to the Strongly Agree category, a +1 to the Agree category, a
0 to the Unsure category, and a -1 and a -2 to the Disagree and Strongly Disagree categories respectively. Scoring was reversed for statements 9, 12, 13, 15, and 21, since they were intended to be "negative." This resulted in a possible range from -50 to +50. A 0 was assigned to statements for which no response was given. A total of 33 statements on 23 instruments fell into this category. No respondent omitted responses to more than 3 statements. Item analysis of responses indicated that the missing responses were generally for different items.

Reliability of the Views About Nursing Questionnaire

In selecting Valiga's (1982) Views About Nursing Questionnaire it was recognized that the instrument had been used only once. Valiga (1982) analyzed for internal consistency to determine reliability at the time of construction of the instrument, and, based on the reliability coefficients of all of the items, computed alpha to be 0.86 (p. 140).

Polit and Hungler (1983) discuss various methods used to determine instrument reliability and describe the coefficient alpha as "perhaps the single most
useful index of reliability available" (p. 391). Using Cronbach's alpha to determine the reliability of the Views About Nursing Questionnaire with this sample resulted in a coefficient alpha of 0.73. Polit and Hungler (1983) recommend a coefficient of 0.60 to 0.70 as sufficient for group level comparisons (p. 393). The coefficient alpha for this sample is, therefore, within the acceptable range.

Views About Nursing

The views about nursing elicited from the staff nurses were determined by adding the scores on each questionnaire. The scores for the sample are summarized in Table VI. The findings indicate that the minimum score obtained was 0 and the maximum was 45, with a mean of 23. All respondents viewed nursing as meeting Valiga's professional criteria and 94 (35.9%) agreed very strongly with her definition, receiving scores above 25 (75%).
Table VI

Frequencies By Scores On Views About Nursing Questionnaire

<table>
<thead>
<tr>
<th>Score (-50 - +50)</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>-50 to -1</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>0 - 5</td>
<td>5</td>
<td>1.9</td>
</tr>
<tr>
<td>6 - 10</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>11 - 15</td>
<td>37</td>
<td>14.1</td>
</tr>
<tr>
<td>16 - 20</td>
<td>53</td>
<td>20.2</td>
</tr>
<tr>
<td>21 - 25</td>
<td>67</td>
<td>25.6</td>
</tr>
<tr>
<td>26 - 30</td>
<td>48</td>
<td>18.3</td>
</tr>
<tr>
<td>31 - 35</td>
<td>35</td>
<td>13.4</td>
</tr>
<tr>
<td>36 - 40</td>
<td>7</td>
<td>2.7</td>
</tr>
<tr>
<td>41 - 45</td>
<td>4</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Analysis of Variables in Relation to Scores

In determining if, in fact, the specified variables of age, education, years worked since graduation, length of time in present employment, and the agency of employment, had any relationship to the scores obtained on the Views About Nursing
Questionnaire, a variety of statistical analyses were performed. All results were tested at a .05 level of significance.

Age

In determining the relationship between the age of the respondents and the scores obtained, a Pearson product-moment correlation was used. With a sample of 257, a coefficient of -.0621 with a $P = .161$ was obtained.

Nursing Education

For the purpose of analyzing the relationship between level of education and the scores on the Views About Nursing Questionnaire, the sample was divided into three groups instead of six, since there were so few respondents who had any more than a diploma in nursing. The three groups consisted of those respondents who held a diploma from a community college, those who held a diploma from a hospital program, and those who held any education beyond that of a basic nursing diploma. The scores of the respondents of the three different groups were tested with a $3 \times 1$ ANOVA design. The findings of an
F = 1.291 and P = 0.277, indicate that level of education is not significantly related to the scores obtained on the questionnaires. The findings may, however, be misleading since the group of nurses with any advanced educational preparation in nursing was 49 (18.7%) and included all types of advanced preparation such as a baccalaureate or master's degree, as well as post-basic preparation in clinical specialty areas. No distinction was made between advanced academic preparation and post-basic clinical courses. To determine if master's preparation develops professional attitudes more consistent with Valiga's, further study is needed.

The information published by Statistics Canada (1983) indicates that there are proportionately more staff nurses in this study who have baccalaureate preparation in nursing than there are in the population. The sample had 14.5% (38), compared to the population, which has 10%.

Number of Years Worked Since Graduation

In determining the relationship between the number of years worked since graduation and the scores obtained on the Views About Nursing Questionnaire, a
Pearson product-moment correlation was used. With a sample of 261, a coefficient of \(-.0591\) with a \(P = .171\) was obtained. The findings suggest that there is an inverse relationship between the scores and the number of years worked since graduation, indicating that as the number of years increases, the score decreases. The results are, however, not statistically significant.

**Length of Time in Present Employment**

For the purpose of analyzing the relationship between the length of time in present area of employment and the scores obtained on the Views About Nursing Questionnaire, the scores of the respondents of the four different groups were tested using a \(4 \times 1\) ANOVA design. An \(F = 0.817\) with a \(P = 0.486\), indicate the length of time in the current area of employment is not significantly related to the scores obtained on the questionnaire.

**Agency of Employment**

In determining the relationship between the agency in which the respondents were currently employed and the scores obtained on the Views About Nursing
Questionnaire, the sample was divided into two groups, namely, those who worked in acute care hospitals and those who worked in any of the other agencies specified. The division was necessary simply because those nurses that worked in acute care hospitals made up the majority (236 or 90%) of the sample, leaving only 26 (10%) in the second group. Results obtained by any statistical means would be misleading, therefore, no statistical tests were performed on this variable.

In summary, the study indicates that all 262 respondents support Valiga's definition of a profession. The study also suggests that as age and number of years worked since graduation increase the scores decrease, although the findings are not statistically significant. The findings also demonstrate no relationship between education and the scores, or between the length of time in their current place of employment and the scores. Due to the fact that such a large majority of the sample worked in acute care hospitals, no statistical tests were performed on the difference between the two groups.
Discussion

In comparing the scores obtained by the respondents on the Views About Nursing Questionnaire, with the post-test scores obtained by the students in Valiga's (1982) study, it was found that they were very similar. The scores in Valiga's study ranged from 10 to 38 for freshman students, from 14 to 40 for sophomore students, from 10 to 42 for junior students, and 14 to 42 for senior students (p. 153). Although the scores of the respondents went as low as 0, only 11 (4.2%) obtained scores between 0 and 10, indicating that both the students and the respondents scored at or above the midpoint, which was defined as 0.

After examining the relationship of the specified variables to the scores obtained on the Views About Nursing Questionnaire, several possible explanations arise, as do other questions. First, although the findings are not statistically significant, they suggest that there is an inverse relationship between the scores and age, indicating that as the age increases, the scores decrease. The lower scores mean that perceptions of the profession are less congruent with Valiga's views than are the
perceptions of those who received high scores. Older nurses are more likely to have been educated in programs that reflected the traditional attitudes of subservience, obedience and devotion (Greiner, 1981). Some of the concepts included in Valiga's questionnaire may be new and somewhat difficult to assimilate. The idea of making their own decisions and being responsible, accountable and independent must be very difficult, after being socialized into thinking that only physicians behave in this manner, and that nurses simply function as handmaidens to them.

Although few studies have examined age as a variable which may influence nurses' perceptions of the profession, the findings were opposite to those suggested in this study. For example, Kergin (1968) found that as age increased so did occupational commitment, and, although Tetreault's (1976) study involved students, she found that older students had more positive attitudes towards nursing than did younger ones.

Since the Views About Nursing Questionnaire was designed and used with students who were familiar with current terms such as nursing diagnosis, nursing theory and evaluating nursing care, older nurses may be less
familiar with them, and perhaps rewording of the statements in the questionnaire would help clarify terminology.

Second, a variable closely related to age, and with similar results in relation to the score obtained on the questionnaire, was that of the number of years worked since graduation. Although the results are not statistically significant, they do suggest an inverse relationship between the number of years worked and the scores, indicating that the longer nurses worked, the lower their scores were. The lower scores mean that their perceptions are less consistent with Valiga's professional views than are those of respondents with high scores. Again, the more years that nurses have worked, the older they are, and the more likely that their educational preparation emphasized traditional values and attitudes toward the profession of nursing. Those nurses, on the other hand, who graduated many years ago, but then took time out to be homemakers for some years before returning to practice, have essentially only worked for short periods of time. Perhaps exposure to the new trends in nursing that nurses would receive in refresher programs would make them more receptive to the changing attitudes in
nursing than their counterparts, who graduated many years ago with traditional views and then became employed in and stayed employed in organizations that may have held to more traditional views of nursing over the years.

Third, in an attempt to increase its professional status, nursing has leaned heavily on education, believing that higher levels of nursing education develop attitudes to the profession of nursing that are congruent with those identified by Valiga. The findings in this study, however, suggest that there is no significant relationship between level of education and the scores obtained on the questionnaire. Possible explanations for these findings may include the fact that the majority (81.3%) of the population had a similar nursing education, namely a diploma. One might expect nurses with similar education to have similar perceptions of the profession. To determine if, in fact, education does make a difference in the perceptions of nurses, a longitudinal study should be carried out, periodically examining students' perceptions of the profession throughout diploma and baccalaureate programs, and then after some time in practice. Perhaps it is not so much
education, but variables in the work environment that are responsible for forming lasting perceptions. Although few longitudinal studies have been done, Corwin & Taves (1962) found that baccalaureate-prepared nurses continued to value the professional role conception highly after graduation, in spite of the lack of opportunity to fulfil it. They found this to be less true of diploma-prepared nurses.

Fourth, although the literature is limited, it does suggest that the length of time in the current area of employment influences nurses' perceptions of the profession. The results of this study do not support this belief, as the findings indicate that there is no relationship between the time in the current area of employment and the scores obtained on the questionnaire. Again, since the questionnaire has only been used once before with students who were familiar with the terms utilized, maybe there were some differences of interpretation in the statements on the questionnaire. To truly find the influence that time in an area of employment has on nurses' perceptions, a longitudinal study should be carried out in which nurses' perceptions are examined, beginning in the academic setting and then every several years in
practice. In a longitudinal study carried out by Kramer (1966, 1969), it was evident that after two years of continued employment, nurses who initially held high professional role conceptions showed a significant decline in these areas. Are these changes due to bureaucratic practices, as Kramer suggests, or are they due to some other variables?

Finally, since a large majority of the respondents worked in acute care facilities, any statistical analyses in relation to the agency of employment and the scores obtained on the questionnaire, would be inappropriate.

Although the literature is limited, the findings are conflicting. Some (Kramer, 1970, Quint, 1967) literature suggests that the agency of employment makes a large impact on nurses' professional perceptions, while other (Simpson, 1979) findings suggest that it does not. Comparing the perceptions of the nurses working in different types of institutions could provide useful information for both nursing educators and administrators. Since acute care facilities are generally more influenced by medicine than some of the others, it would be interesting to determine if nurses' professional perceptions are different in those
facilities.

Since all types of facilities are used in the education of students, the identification of environmental influences on their professional attitudes and behavior would be useful. The findings might suggest direction for educators, in that students need to be made aware of some of the environmental influences and taught appropriate methods of coping with them. Awareness of environmental influences on professional attitudes and behavior may give direction to nurse administrators in helping them provide work environments that permit nurses to develop professional attitudes congruent with those set forth by Valiga.

In summary, the findings strongly suggest the need for a longitudinal study, beginning in the educational setting and continuing over time in practice settings, to compare students and graduates from different types of educational programs. A further study to demonstrate environmental influences on professional attitudes and behavior should also be carried out. Since the Views About Nursing Questionnaire has not had wide usage in research, further studies should be done utilizing it, to ensure reliable use with nurses in all areas of the profession.
CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS
AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

The purpose of this study was to determine staff nurses' perceptions of the profession of nursing. Since nursing is currently in a state of transition, attempting to develop its professional identity, it is of interest to examine how nursing is proceeding in its pursuit of recognition as a fully qualified profession. The lack of research in the area was a stimulus for investigation of these concerns.

The concepts of "profession" and "professionalization," and the variables identified in the literature as possibly influencing nurses' perceptions of the profession, age, education, number of years worked since graduation, length of time in present employment, and agency of employment were used to form the basis for this study.

The study was a descriptive survey of the perceptions of the profession of nursing held by staff
nurses in British Columbia. A random sample of 600 staff nurses who had practiced full-time as general duty nurses for at least six months in institutions anywhere in British Columbia were included in the study. The nurses were sent explanatory letters and addressed, stamped envelopes, a coded Views About Nursing Questionnaire, and a background information questionnaire. The 600 sets of questionnaires were sent out from the R.N.A.B.C. in early January, 1985. After a second mailing a total of 336 (56%) were returned. Some questionnaires were returned unanswered. Others were partially completed and were omitted from analysis. Thus, of the total 600 sets of questionnaires mailed out, 262 (44.6%) were potentially useful.

The sample consisted of staff nurses who ranged in age from 21 to 64 years, the majority (81.3%) of whom held a diploma in nursing, and had worked anywhere from 0.5 to 37 years since graduation. The majority of the sample (62.1%) had worked 3 or more years in their current jobs, of which 90% were in acute care hospitals. The sample deviated from the population significantly in all areas of comparison, except for that of age.

The Views About Nursing Questionnaire was used
to measure perceptions of the profession of nursing. The questionnaire consists of 25 statements to which subjects respond by using a five point scale ranging from strongly agree to strongly disagree. To interpret the scores, the midpoint of a minimum, of -50 and a maximum of +50 is 0 and was defined as the division between agreement and lack of agreement with Valiga's definition of the profession of nursing, and +25 (75%) was defined as the division between agreement and a very high level of agreement with Valiga's definition.

The minimum score on the Views About Nursing Questionnaire, was 0 and the maximum score obtained was 45, with a mean of 23. These findings indicate that all of the respondents support Valiga's conception of a profession since all received scores at or above the midpoint of 0, and that 94 (35.9%) agree very strongly with Valiga since they received scores above 25 (75%).

In determining the relationship between the scores obtained on the Views About Nursing Questionnaire and the specified variables, a variety of statistical analyses was performed. All results were tested at a .05 level of significance.

Pearson product-moment correlations were utilized to examine the relationships between the
scores and age and scores and number of years worked since graduation. Both relations were found to be inverse, but neither was statistically significant.

Analysis of variance was used to examine the relationships between scores and education and scores and length of time in present employment. No statistically significant relationship was found in either case.

Because the large majority of respondents (90%) were employed in acute care hospitals no analysis of the relationship of agency of employment and scores was undertaken.

Conclusions

The following are conclusions to be drawn from the findings of the study:

1. The comparison of the background information of the sample to the general population of staff nurses in British Columbia indicated that the sample was significantly different from the population in all areas of comparison except for age, so the findings cannot be generalized to the population.

2. All of the respondents scored at or above
the midpoint of scores ranging from -50 to +50, indicating a high level of agreement with Valiga's conception of the profession of nursing. The similar scores may be due to the fact that the group is generally very similar in their educational background, as well as their place of employment, since the majority of respondents indicated that their highest level of nursing education was a diploma, and 90% were employed in acute care hospitals.

3. Although none of the variables studied was significantly related to the scores obtained on the Views About Nursing Questionnaire, it cannot be concluded that they may not have an effect on how nurses perceive the profession of nursing.

Implications

While the focus of this study was on staff nurses working in institutions, the findings have implications for nursing educators as well. These include:

1. Although not significant, the inverse relationship between the number of years worked since graduation and the scores obtained on the Views About
Nursing Questionnaire, as well as age in relationship to the scores, should alert educators in universities that when nurses who have graduated some years ago return to school to further their education, they may require a different approach and perhaps more time than more recently educated nurses in adopting the professional values taught in a baccalaureate program. Administrators in practice settings should also keep this in mind when they ask nurses to be more autonomous, independent and responsible in providing nursing care.

2. The data presented indicate that all of the staff nurses in the sample have professional perceptions congruent with those held by Valiga. Whether these perceptions were developed in the educational setting or in the work environment is unknown. Nursing educators must, however, continue to help students develop attitudes that are consistent with the characteristics of a profession, while those in practice settings must provide work environments that foster the development of these attitudes, if these positive attitudes are to continue over time.

3. The results of the study reflect the views of the professional status of nursing held by a sample
of staff nurses in British Columbia. Since the study concerned issues similar to those dealt with in the professional Code of Ethics, the results of the study may provide the professional association with direction for promoting widespread adoption and use of the Code by professional nurses.

Recommendations for Further Study

The findings of this study and the interpretation of the data are all sources of stimulation for future research about perceptions of the profession of nursing. The recommendations include:

1. A longitudinal study beginning while nurses are still in the educational setting and continuing over time and into the practice setting. This type of study should yield valuable information about the perceptions about the profession developed in school, and if, in fact, they remain the same or change over time.

2. A study comparing students in different types of nursing programs, to determine if, in fact, the particular type of education makes a difference in the perceptions students have of the profession.
3. A study comparing staff nurses in different institutions to provide information about the influence of the environment on views of nursing.

4. Further development of the Views About Nursing Questionnaire, utilizing a simple, reliable method and standard for scoring and interpreting results.
REFERENCES


APPENDIX A
Views about Nursing Questionnaire
Form B

Directions to the Respondent. Through the following statements, I am attempting to ascertain the ideas which you currently hold about nursing as a profession, the role of the nurse, and the relationship of the nurse to the client/patient and to the physician and other health team colleagues. Read each of the statements below carefully. Then, for each statement, please indicate whether you Strongly Agree (SA), Agree (A), are Undecided or Do Not Know (U), Disagree (D), or Strongly Disagree (SD) with the statement. Circle the one response that best expresses your opinion, and please be certain your response to each statement is clearly marked. There are no right or wrong answers, so please respond openly and honestly.

Thank you

1. Nurses must be willing to enter with clients/patients those health-related situations which they cannot face alone. SA A U D SD

2. Nursing is concerned with helping people maximize their health potential in their particular life situation. SA A U D SD

3. Overt action, directed by logical thought, toward meeting the client's/patient's needs for help constitutes the practice of clinical nursing. SA A U D SD
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.</strong> Nurses must assume responsibility for diagnosing and treating human responses to actual or potential illness.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> The independent functions of nurses include supervising the care of clients/patients observing and recording, supervising non-professional personnel, and health teaching.</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Nursing must be concerned equally with the prevention of disease and the conservation of health.</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Nursing is an expression of one's commitment to others.</td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Nurses must be involved actively in professional organizations.</td>
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<td><strong>9.</strong> There is definitely a right and wrong way to do things and approach nursing situations.</td>
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<td><strong>10.</strong> Nurses should make written or verbal contacts with all appropriate persons to assure continuity of nursing care for clients/patients.</td>
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<td>11. The uniqueness of nursing lies in the reasons for what nurses do in society, rather than in the specific tasks they perform.</td>
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<td>12. Nurses should be concerned primarily with giving physical care to the clients/patients as directed by the physician.</td>
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<td>13. There should be only one nursing theory.</td>
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<td>14. Evaluation of the work of their peers and other nursing personnel should be the responsibility of nurses.</td>
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<td>15. Nurses must follow doctor's orders without questions.</td>
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<td>16. Nurses should be free to practice nursing as they define it within the scope of professional autonomy.</td>
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<td>17. Nurses should assume responsibility for the total nursing care of a caseload of clients/patients.</td>
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<td>18. Nurses should update their knowledge through lifelong continuing education.</td>
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<td>19. Nurses must control and direct their own practice</td>
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<td>20. Nurses should be responsible for conducting nursing care conferences routinely.</td>
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<td>21. Nurses must be aware that the people who require their assistance are helpless and dependent and usually need to be told what to do.</td>
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<td>22. Nurses have a responsibility for discussing the proposed medical plan of care with the physician so that it can be adjusted, if possible, to be more acceptable to the client/patient.</td>
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<td>23. Nurses must assume responsibility for reviewing and evaluating care provided by nursing peers.</td>
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<td>24. Nurses must take deliberate action to attain independence in nursing situations.</td>
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<td>25. Nurses must not hesitate to assume the role of leader of the health care team when the client's/patient's problems are best met by nurses.</td>
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</table>

Permission granted by Valiga for use of this questionnaire.
APPENDIX B

Background Information

The background information is requested for statistical analysis only. Please check whichever description applies to you and fill in the requested information.

A. **Age** __________ (years)

B. **Nursing Education**

Please check the highest level completed.

1. Diploma Program
   (a) Community college or institute based program
   (b) Hospital based program __________

2. Post-basic baccalaureate program __________

3. Generic baccalaureate program __________

4. Master's program or higher __________

5. Others (be specific)____________________

C. **Length of Employment**

Years working since graduation. __________(years)

D. **Length of Time at Present Employment**

6 months to 1 year __________
1 to 3 years __________
3 to 5 years __________
more than 5 years __________
### Place of Employment

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Acute Care Hospital</td>
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<tr>
<td>Activation/Rehab. Hospital</td>
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<tr>
<td>Psychiatric Hospital</td>
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<tr>
<td>Long Term Care Facility</td>
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<tr>
<td>Personal Care</td>
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<tr>
<td>Intermediate Care</td>
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<td>Extended Care</td>
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<tr>
<td>Nursing Home</td>
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<td>Other (please specify)</td>
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</table>
APPENDIX C
Explanatory Letter

Dear Colleague:

My name is Helen Redekopp. I am a registered nurse and a graduate student at the University of British Columbia School of Nursing. I would like to invite you to participate in a study that focuses on staff nurses' views of the profession of nursing. It is anticipated that the findings will be helpful in identifying similarities and differences in views related to professional issues and may suggest directions for action or further study. Approximately 15 minutes will be required to complete the questionnaire.

The completion of the questionnaire will be taken as your consent to participate in the study. Participation in the study, or your refusal, will not jeopardize you in any way. All information is confidential and you are not required to identify yourself in any way. If you are no longer employed as a full-time staff nurse, please return the questionnaire in the envelope provided.

Upon completion of the study, an abstract will
be available from the researcher upon request.

Thank you for your time,

Helen Redekopp