PERCEPTIONS OF NURSING AS A PROFESSION OF STUDENTS GRADUATING FROM COLLEGE-BASED NURSING DIPLOMA PROGRAMS

By

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ABSTRACT

This study examined the perceptions of nursing as a profession of students graduating from college-based nursing diploma programs. To answer the research question, the Concept of Nursing Scale designed and tested by Valiga (1982) was administered to 101 students in British Columbia Colleges approximately four weeks prior to graduation. Demographic data were also obtained. The responses were coded and scored by hand and the data entered into computer files. The statistical package used for analysis consisted of the SCSS Conversational System (Nie, et al., 1980).

The concepts reflected in the Valiga Concept of Nursing Scale consist of: (a) boundaries of the profession, (b) recipient of the profession's service, (c) goals of the profession, (d) relationship of the profession to others, (e) independence of the practitioner, (f) responsibility of the practitioner, (g) scholarly component of the profession, (h) autonomy of the practitioner, (i) commitment of the practitioner, and (j) activities of the profession. Scores were high in the areas of definition, client, goals, and scholarship. These results indicated that: (a) the students surveyed had a clear definition of the scope of the profession, (b) they were able to identify the recipient of the profession's service and the goal of the profession, and (c) they recognized a scholarly component to the profession.

The scores in the areas of independence and commitment were marginally lower than in the four areas mentioned above. These findings implied that the students graduating from college-based nursing diploma

programs perceived nursing as functioning independently and that commitment was viewed as a characteristic of the nursing profession.

Finally, the scores in the areas of autonomy, responsibility, relationships, and activities were low. These results indicated that the students surveyed perceived nursing as having minimal control over its practice and did not view the members of the profession as being responsible and accountable for their own actions. In addition, these students did not have a clear understanding of the nature of nursing's relationship with other members of the health care team and were uncertain as to the activities of the nurse.

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CHAPTER 1

Introduction

Rationale for the Study

The goal of this study is to determine students' views about nursing as a profession upon completion of a college-based nursing diploma program. The process by which students learn the culture of a profession, thereby acquiring appropriate perceptions of the professional role, has been called professional socialization (Crocker & Brodie, 1974, p. 233). Professional socialization is assumed to be a dynamic, on-going process, most of which is accomplished by formal educational programs. Watson (1981) claims that "the acquisition and internalization of professional values occur within educational programs" (p. 19). Similarly, Simpson, Back, Ingles, Kerckhoff, and McKinney (1979, p. 3) and Cohen (1981, p. 14) attest to the fact that professional schools are charged with the socialization of their students. Jacox (1978) believes that nursing faculty are required to encourage in their students the development of professional attitudes and the acquisition of professional values (pp. 17-19). Thus, it is through the professional socialization process that the students' views about nursing as a profession are changed from those generally held by the lay public to those of the professional nurse.

Nurses who engage in the practice of nursing are expected to demonstrate professional behaviors consistent with the values and standards of the nursing profession. Valiga (1982) contends that professional

behaviors expected of nurses consist of the ability: (a) to assume responsibility, (b) to be self-directed, (c) to be self-governed, (d) to be intraceptive, (e) to analyze and synthesize data, and (f) to define the nursing role and articulate it clearly to clients/patients and professionals (p. 72). These behaviors reflect the expectations of the professional nurse held by the nursing profession (CNA, 1980a; ICN, 1973; RNABC, 1977).

It is the researcher's supposition that the behaviors observed in graduates of nursing programs are not always consistent with those identified by the profession. This phenomenon is well-documented in the literature. Obedience, according to Jacox (1978), is still seen as a desirable trait in those who are interested in becoming nurses (p. 12). Subordination is also viewed by some health professionals as essential to a harmonious nurse-doctor relationship (Kalish & Kalish, 1977, p. 5). Obedience and subordination are in direct conflict with autonomy and self-direction. In some health agencies, nurses' actions are governed by prescribed routine, policies, and doctors' orders rather than by the exercise of problem-solving and professional judgement (Jacox, 1978, p. 12). When faced with describing the scope of nursing practice and the services which nursing can offer, nurses experience difficulty in articulating the mission of nursing (Erickson, Tomlin, & Swain, 1984, p. 23). Few nurses engage in professional activities such as maintaining contact with and becoming involved in the affairs of their professional association ("Workshop considers," 1981).

The views held by nurses about nursing as a profession determine the

behaviors that they demonstrate in their practice. Because perception is a determinant of behavior and because eighty-six percent of the membership of the Registered Nurses' Association of British Columbia are graduates of diploma programs (Kazanjian, 1982, p. 34), it becomes important to demonstrate through research the perceptions of nursing as a profession acquired by diploma nursing students at the completion of their educational program. This study is an attempt to address that need.

Statement of the Problem

Professional socialization occurs mostly during the formal educational program. It is through this process that students learn to display behaviors consistent with professional behaviors as identified by the profession. However, it has been observed that graduates of nursing diploma programs do not consistently demonstrate professional behaviors. This observation suggests that these graduates may not have acquired perceptions of nursing as a profession that permit them to demonstrate the expected professional behaviors. Therefore, this study addresses the following question: What are the perceptions of nursing as a profession of students graduating from nursing diploma programs?

Purpose of the Study

The purpose of this study is to determine the perceptions of nursing as a profession of students graduating from nursing diploma programs. The specific objectives are to: (a) identify the students' responses to each statement included in the Valiga Concept of Nursing Scale, (b) examine the strength of responses between each category, (c) identify areas of

congruence or discrepancy between students' responses and the views held by the nursing profession, and (d) establish whether the process of socialization has equipped the students with the appropriate perceptions of the professional role.

Significance of the Problem

Fundamental to nursing is the belief that it is emerging as a bona fide profession. The stated position of the Canadian Nurses Association (1980a, p. 1) and the Registered Nurses Association of British Columbia (1977, p. 4) is that nursing is a profession and that nurses assume professional roles as either practitioners, educators, researchers, or administrators. The examination of perceptions of nursing as a profession held by students graduating from diploma programs as measured by an empirically developed instrument will identify congruence or discrepancy between the perceptions of a group of graduating students and the expectations of the profession. At the same time, it will yield to the profession basic information about some of the characteristics of some graduates of diploma programs entering the profession. It will provide guidance to nurse educators in making curriculum decisions about the teaching and evaluation of professional values and attitudes.

Definition of Terms

The terms used in this study are defined as follows:

NURSING DIPLOMA PROGRAM: College-based nursing program varying in length from 20 to 26 months leading to nurse registration and thus entry into the profession.

PERCEPTIONS OF NURSING AS A PROFESSION: The view of nursing and the role of the nurse which encompasses the following concepts: (a) boundaries of the profession, (b) recipients of the profession's service, (c) goals of the profession, (d) relationship of the profession to others, (e) autonomy of the practitioner, (f) responsibility of the practitioner, (g) scholarly component of the profession, (h) commitment to the profession, (i) independence of the practitioners, and (j) activities of the discipline's practitioners (Valiga, 1982, pp. 126-127).

PROFESSION: An occupational group characterized by the following: (a) a specialized body of knowledge and involvement in research and other scholarly activities to further develop the theory base; (b) a period of specialized education; (c) a professional body whose purposes are to establish standards of practice and education, to promote professional and educational advancement of its members, to control admission to the profession, and to delineate the boundaries of the profession; (d) a service orientation which includes a strong commitment to acting in the best interest of the clients and a strong commitment to expanding the specialized knowledge of the profession; and (e) autonomy (Jacox, 1978, pp. 10, 17; Moore, 1970, pp. 7-17).

PROFESSIONAL SOCIALIZATION: The process by which students learn the culture of a profession, thus acquiring appropriate perceptions of the professional role (Adapted from Crocker & Brodie, 1974, p. 233.).

Assumptions

The following assumptions are relevant to this study: (a) nursing is a profession, (b) diploma nursing programs are based on the premise that

nursing is a profession and thus the acquisition of perceptions of nursing as a profession is an integral part of the nursing curriculum, and (c) the instrument, the Valiga Concept of Nursing Scale, measures the variable "perceptions of nursing as a profession."

Limitations of the Study

The sample is a convenience sample drawn from the population of students graduating from college-based nursing diploma programs during the months of June, July, and August 1984. Therefore, findings cannot be generalized beyond that population.

Summary

The process of socialization which occurs during a period of formal education equips the socializees with the necessary skills, attitudes, perceptions, and ways of thinking which will permit them to display behaviors acceptable to the professional group to which they belong. Thus, at the completion of nursing diploma programs, graduates should demonstrate professional behaviors which reflect the values of the nursing profession. However, it has been observed that professional behaviors are not consistently used by these graduates. As perceptions are determinant of behaviors, it is proposed that the perceptions of nursing as a profession of students graduating from diploma programs be examined. This research is based on the assumptions that nursing is a profession and that professionalism is a curriculum component of diploma nursing programs. It is suggested that the findings not be generalized beyond the population being studied due to the relatively small number of sampling units available for this study.

CHAPTER 2

Conceptual Framework

Overview

In this study, the notion "perceptions of nursing as a profession" is considered an indicator of the construct professional socialization. Therefore, a review of the literature on socialization is germane. The research question addresses nursing as a profession; therefore, it is necessary to review the concept of professionalism as a background for the study of the acquisition of perceptions of nursing as a profession of students graduating from college-based diploma programs. Both socialization and professionalism provide the conceptual framework for understanding the process of the development and the practice of the professional role.

Presented in two major sections, this review first explores socialization for the purpose of formulating a framework relevant to the research question. Because the study of socialization has emerged from different disciplines, no single theory or definition of socialization appears to be adequate for the theoretical structure of this study. Therefore, it is necessary to draw on existing theories and models and develop a framework consistent with the research question addressed in this study.

The second section discusses professionalism within the context of the research question. Elements of professionalism are extracted from the

literature for the purpose of developing a professional model which will serve as a framework for the discussion of professionalism in nursing.

Socialization

Generally, socialization has been studied in terms of the development of the individual as a social being and a participant in society. Traditionally, psychologists and anthropologists have focused on the process of childhood socialization and specifically on how the child becomes a functioning member of the society. Elkin (1960) in his work on the process of child socialization approaches socialization from the perspective of the individual. He describes it as "the process by which someone learns the ways of a given society or social group well enough so that he can function within it" (p. 3). Clausen (1968) views childhood socialization as "the social orientation of the child and his enculturation, first within the small social world of family and neighborhood and then in relation to the larger society and culture" (p. 4). Inkeles (1968) provides a summary of the current views of childhood socialization in which he describes the process as involving the acquisition of attitudes and values, ways of thinking, motives and feelings, and personal and social attributes which will characterize the individual in his/her next stage of development (p. 76).

It is to be noted that there are two basic elements in these definitions of socialization as outlined above. One focus is on the process of acquisition, the input aspect, and refers to what is "done" to the child (Inkeles, 1968, p. 77). This entails a continuous interaction between the child and those who attempt to influence him/her as well as

developmental change as learning involves change. The other element emphasizes the results of the socialization process, the output aspect, in the form of an individual who has learned the several roles and skills, the language and norms, and the ideas and beliefs that make it possible for him/her to get along in and contribute to a group or society of which he/she is a member (Clausen, 1968, p. 6; Inkeles, 1968, p. 77).

The process of socialization is not limited to the child and has been viewed by many social scientists, especially sociologists, as an ongoing process continuing throughout adulthood, indeed a lifelong process (Brim, 1968, p. 84; Elkin, 1978, p. 35; Mortimer & Simmons, 1978, p. 421). The growing interest in life stages and life span development (Erickson, 1982; Baltes & Warner, 1973), in the mid-life crises (Levinson et al., 1978), and aging (Birren, 1964; Lewis, 1982) point toward a growing emphasis on adult socialization. It is clear that the only significant experiences for an individual are not restricted to childhood. The occupational demands and the statuses and roles that become known to adults only after they have reached adulthood are part of the socialization process which is experienced as an adult (Brim, 1968, p. 184; Elkin, 1978, p. 10; Mortimer & Simmons, 1978, p. 422).

While Mortimer and Simmons (1978) view adult socialization as occurring after the completion of general education whether secondary school or college, Brim (1968) describes it as "the process by which one learns to perform his various roles adequately" (p. 186). Brim and Wheeler (1966) identify role acquisition as an extremely important, if not the most important, component of adult socialization which represents a shift from

an emphasis on values and motives stressed in childhood socialization to an emphasis on overt behavior. Rosow (1965) views adult socialization as the process of inculcating new values and behaviors appropriate to adult positions and group memberships (p. 35).

Two central themes can be found in discussions of adult socialization. The first concerns the basic elements identified in childhood socialization - the input and output aspects - which are also found in adult socialization. The second relates to the characteristics of adult socialization. These are: (a) the content of what is learned in adult socialization involves more overt behaviors and specific norms and behaviors than in childhood socialization (Brim & Wheeler, 1966, p. 5), (b) the content learned involves the synthesis of previously learned material (Clausen, 1968, p. 2-17), (c) the process may involve the unlearning of old norms and values, (d) adults may in some instances initiate specific socialization experiences (Brim, 1968, p. 189), (e) adults may offer resistance to change in the new contexts for they are not so easily malleable as are children, and (f) much socialization occurs after the socializee has assumed full incumbency of the adult role (Mortimer & Simmons, 1978, pp. 423-24).

Professional socialization

Jacox (1978) describes professional socialization as "the internalization of the values and norms of a professional group into one's own behavior and self-conception" (p. 10). According to Moore (1970), the process involves "the acquisition of knowledge, skills, and sense of occupational identity, and the internalization of occupational norms

typical of the fully qualified practitioner" (p. 71). Similar views have been expressed by Watson (1981) and Crocker and Brodie (1974). By definition, as in childhood socialization, the process entails learning by the individual. It also assumes by implication an interaction between the learner and the teacher. Finally, these definitions suggest that the product of professional socialization must be a person who has both the technical competencies and the internalized values, attitudes, and beliefs demanded by the profession and expected by the public at large. Thus, professional socialization has elements in common with adult socialization.

The objectives of professional socialization have been identified by Watson (1982) as being to "inculcate the novice or person being socialized with both roles values and consequent behaviors" (p. 28). Cohen (1981) describes four goals of the socialization process. They are to:

> (a) learn the technology of the profession - the facts, skills and theory; (b) learn to internalize the professional culture; (c) find a personally and professionally acceptable version of the role; and (d) integrate this professional role into all other life roles. (p. 15)

Given that the ultimate goal of professional socialization is to equip individuals with necessary knowledge, skills, and dispositions to enable them to use appropriately behaviors reflective of the values and norms of the professional group to which they belong, it would be appropriate to examine the process whereby this transformation takes place.

Models of socialization

Various authors have offered models of socialization which identify the stages an individual must go through to learn the culture of a given group. Common to these models is an attempt to explain what is learned in each phase, how it is learned, and what the expected outcomes are.

Simpson's (1967) pattern of socialization into professions involves a sequential process consisting of three task-oriented, distinct phases (pp. 47-50). The first stage, transition to task orientation, consists of transforming "the person's lay conceptions about the occupation into technical orientations of the insider" (p. 48). The second stage involves the attachment of significant others in the work milieu while the third phase is hypothesized to be the internalization of professional values.

Although Simpson's (1967) theory encompasses phase-specific learning of cultural content of the role and some self-identification with it, it portrays the individual as rather passive, not exerting a substantial influence on the course of the process and does not take into account personal differences. Furthermore, she views the process as rather predictable. However, Simpson's model strongly suggests the presence of role models as crucial for the learning of desired professional behaviors and illustrates the important role that "hospital nurses" play in the socialization process of nursing students. As students develop an attachment to significant others (nurses) within the work setting, they attempt to seek acceptance as professional colleagues (p. 51). This process implies the use of behaviors on the part of the student that are acceptable to significant others. Students will internalize the values and norms espoused by the nursing profession only to the extent to which these have been adopted by the significant others.

Kelman's (1967) theory of social influence helps explain the acquisition of the values and norms of a professional group. He postulated three processes that play an important role in the socialization process:

compliance, identification, and internalization (p. 455). Although identifiably different, these processes are not mutually exclusive nor do they "generally occur in pure form in real life" (p. 459).

The first process, compliance, occurs when an individual accepts influence from an agent be it a group or a person in an attempt to obtain a favorable response from that influencing agent. The induced behavior is not adopted on the basis of conviction but rather as a way of getting a reward such as social approval or a promotion.

Kelman's (1967) second process, identification, occurs when an individual adopts the behavior of an influencing agent because he wishes to establish a satisfying, self-defining relationship with another person or a group. During this phase, the individual self-concept is not at stake for the new values and behaviors are not integrated within the individual's value system. Finally, internalization takes place "when an individual accepts influence because he believes in the content of the induced behavior" (p. 457). The behaviors adopted are integrated with the individual's value system.

Kelman's (1967) theory views the socializee as taking a more active role in the process than Simpson's (1967). However, he gives insufficient consideration to individual variability. As with Simpson's (1967) model, Kelman's (1967) is useful in explaining the external factors that affect the socialization process especially as it relates to the influence of the socialization agents on the socializee. Of the three phases, internalization is the most important because it implies that the socializees (students) have accepted the influence because they believe in

it and are thus willing to demonstrate professional behaviors to which they have been oriented.

Cohen (1981) proposes a four stage developmental model of professional socialization that is based on Piaget's work on cognitive development (pp. 16-18). The first stage, complete reliance on and acceptance of authority, is spent primarily on listening to and accepting material presented by instructors. Stage two consists of cognitive rebellion. Students begin to question the information presented to them. In addition to learning the ability to question, students gain a sense from faculty of what can be changed and what must remain unchanged in terms of certain ways of doing things, certain manners, and certain materials. During this phase, students search for ways to make the professional values and norms more acceptable to them. The third phase marks the developing capacity for evaluative thinking and the incorporation of others' ideas into one's own thoughts and judgements. During this phase, students work out a compromise between the value systems of the profession and their own values and expectations. The last phase, integration of autonomy and mutuality, consists of the integration of the professional role with other life roles or other aspects of the self-concept.

According to Cohen (1981), these stages build on each other. Normally, students move through the stages in a sequence although there are times when this does not occur. However, one feels comfortable in the professional role when each stage is experienced in sequence (p. 16). Unlike Simpson's (1967) and Kelman's (1967) models, Cohen's (1981) focuses on the cognitive processes and the internal changes that individuals

experience in the different stages as they acquire the values and norms of the group. In this instance, the socializee is viewed as playing an active part in the socialization process.

From a role perspective, Thornton and Nardi's (1975) theory of role socialization comprises four stages: anticipatory, formal, informal, and personal (pp. 870-880). Role is defined as "a set of expectations impinging on an incumbent of a social position" (p. 870). Therefore, each stage is influenced by the variety of sources, content, and forms of expectations present, by the degree of consensus on the expectations, and the individual's reaction to them. The anticipatory stage consists of the period which precedes the enactment of the role. The informal stage involves "encounters with unofficial or informal expectations and ways of doing things" (p. 878). Finally, the personal stage involves the modification of role expectations to fit the individual's personality.

Thornton and Nardi's (1975) theory views the socializee as taking an active part in the process and considers individual variability as a factor influencing the process. Emphasis is placed on complex interactional learning. Unlike the previous models, this model suggests that the process of socialization occurs during the anticipatory stage of role acquisition (p. 875); the remaining stages are viewed as occurring after incumbency in a social position (p. 876).

For the purpose of this study, the elements identified in the above models will be combined as appropriate and the following model of professional socialization will be posited as a framework for this study. This model involves a sequential process of three phases, orientation,

reaction, and assimilation. Each phase is characterized by the "expected behavior(s)" which individuals recognize as important and involves interaction between the individual and the expected behavior(s).

Orientation is a phase during which concepts, principles, skills, norms - the technology of the field and the values and standards of the profession - are learned while practice is postponed until mastery of certain basic skills is achieved. During this phase, students accept the material presented to them and conform to the demands placed on them as they do not have the knowledge nor the experience to question content and at the same time they wish to gain the approval of faculty for the opinions expressed and the behaviors displayed.

The second phase, reaction, consists of a period of turmoil. During this phase, students experiment with the new material particularly as it relates to the concepts embodied in the notion of perceptions of nursing as a profession, by questioning the material, rejecting certain manners and ways of doing things, weighing the importance of the material, trying on new behaviors, and testing the limits. This is done in an attempt to meet the expectations of faculty and to search for ways of coming to terms with the views of the profession.

Assimilation parallels Kelman's (1967) concept of internalization and Simpson's (1967) third phase of internalization of professional values. This phase consists of the integration of the newly acquired perceptions of nursing as a profession within the student value system and the adoption of behaviors prescribed by the profession.

The following assumptions are implicit in this model: (a) The three

stages are not mutually exclusive although they are identifiably different steps; (b) the stages build on each other; (c) the timing and rate of progress through the stages vary with different individuals; (d) students do not always progress through the stages in order; however, the last stage, assimilation, will take place only if stage II, reaction, has been resolved; (e) the model does not imply that the entire socialization process is complete at the end of the educational program; it can be hypothesized that students may reach the third stage in relation to some aspects of the culture of the profession while they may be at stage I or II in relation to other aspects; (f) the socializee is actively involved in the shaping of situations in which the acquisition of professional norms and values occurs; (g) behavioral models are required in order to learn the desired professional behaviors; and (h) faculty members and staff nurses influence the socialization process and thus their perceptions of nursing as a profession have a direct impact on the students' development and acquisition of own perceptions of nursing.

The model of professional socialization to be used in this study serves to explain the process whereby an individual acquires the skills, attitudes, perceptions, and ways of thinking that will permit him/her to display behaviors acceptable to the profession. All professional groups have developed expectations of the behaviors of their members and many propositions have been advanced in an attempt to distinguish professional activities from activities of an occupational nature. The literature on professionalism identifies elements characterizing professions and their expectations of professional behaviors.

Professionalism

Selected writings on professionalism are reviewed for the purpose of developing a professional model to serve as a framework for the selection of the research instrument and for the discussion of the findings.

Sociologists and others have devoted many hours to the definitions and characterizations of professions. Some have identified discrete elements that must be present to justify the attainment of professional status by an occupation (Carr-Saunders, 1966; Flexner, 1915; Goode, 1969). Others have conceptualized a continuum or scale model of professionalization along which an occupation may be placed and moved (Greenwood, 1966; Moore, 1970; Pavalko, 1971).

Flexner (1915) identified six criteria that a work group must possess to be recognized as a profession. These include: (a) intellectual operations, (b) activities based on a substantial body of knowledge transmissible to students, (c) a practice component involving the application of knowledge, (d) a teaching component for the dissemination of knowledge and skills, (e) a strong internal organized group completely engaged in their work, and (f) altruism (p. 581). Flexner's (1915) criteria are idealistic and perhaps unrealistic as few members of any work groups could fulfill exactly every criterion (Bernhard & Walsh, 1981, p. 2).

In 1928, Carr-Saunders (1966) discussed the development of what he called professionalism. He defined a profession in terms of: (a) an occupation based upon specialized intellectual study and training, (b) the application of fee or salary, and (c) the use of a code of ethics governing

professional practice. These criteria can be more easily met by various work groups than Flexner's (1915).

Goode (1969) has reduced the basic characteristics of a profession to two central generating qualities: a basic body of abstract knowledge and the ideal of service (p. 277). All the other characteristics are derived from these basics.

In his study of the elements of professionalization, Greenwood (1966) maintains that all professions seem to possess: (a) a systematic body of theory, (b) professional authority, (c) sanction of the community, (d) regulative code of ethics, and (e) a professional culture sustained by a professional association (p. 10). However, he finds that there are no clear-cut distinctions between professions and non-professions. Rather, he suggests that we "think of the occupations in a society as distributing themselves along a continuum" (p. 10). The concept of an occupation-profession continuum model is a useful one especially for the emerging professions as their position on the continuum can be readily measured and progress can be easily monitored.

Moore's (1979) conceptualization of professionalism is similar to Greenwood's (1966) in that he proposes that "professionalism should be regarded as a scale rather than a cluster of attributes, and thus that attributes commonly noted have differing values" (p. 5). The characteristics he describes are not of equal value and the order in which they are presented represents their increasing level of importance and complexity in achieving professionalism. They are: (a) professionals are employed full time in an occupation which comprises the principal source of

their income, (b) professionals are committed to their occupation, (c) professionals are identified with their peers in formalized organization, (d) professionals possess useful knowledge and skills acquired through a long period of specialized education and training, (e) professionals are distinguished by a service orientation and are expected to perceive the needs of their clients that are relevant to their competence and to attend competently to those needs, and (f) professionals enjoy autonomy (Moore, 1970, pp. 7-17).

From a similar perspective, Pavalko (1971) describes eight characteristics that can be considered crucial in differentiating occupations from professions (pp. 18-20). It is the degree to which each characteristic is possessed by a particular group that determines the group's position on the continuum. Six of these attributes have already been discussed. The other two, relevance to basic values and motivation, add a new dimension to the concept of professionalism, and therefore, deserve some attention.

Pavalko (1971) views the relationship of an occupation to the central values of society as a differentiator of occupations from professions (p. 18). Professions tend to justify their existence by identifying themselves with abstract values (eg. life, liberty, health) on which there is widespread consensus. Professionals attempt to maximize the realization of such values in their relationships with clients.

Motivation "involves the juxtaposition of service and self-interest as motivational bases for work" (Pavalko, 1971, p. 20). The issue is not what motivates individuals to work but rather the extent to which the work

groups are governed by the desire to best serve their clients rather than by self-interest and the desire for monetary gain. In essence, this attribute is closely related to the ideal of service identified by Goode (1969) and altruism identified by Flexner (1915).

There are five basic elements upon which there appears to be consensus among the scholars cited above as constituting the distinguishing attributes of a profession. These are included in the following model characterizing professions that is posited as a framework to be used in this study (see Table I). This framework elaborates upon and adds to these attributes using ideas from the works reviewed above. In this framework the element of autonomy is central to all other elements and thus to the profession.

Professionalism in nursing

The professional status of nursing has been and continues to be an area of discussion within the nursing profession and among outside observers. The nursing literature, however, points toward the acceptance of professional status for nurses. This literature will be discussed within the context of the Professional Model illustrated in Table I (see page 22) for the purpose of exploring the area of professionalism in nursing, of clarifying some of the ideas which have been expressed, and of identifying concepts relevant to the examination of professionalism in nurses.

The first element identified in the Professional Model consists of a systematic body of knowledge on which practice is based. The acquisition of such knowledge involves intellectual activities as well as practical

Table I

The Professional Model

Body of knowledge

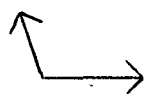
-acquired through formal education in an academic and practice setting

-generated through the application of the scientific method to the service-related problems of the profession

Client-professional relationship

-based on service orientation and commitment

-consistent with basic societal values and enhances the attainment of such values

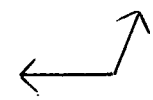


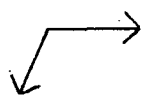
Autonomy

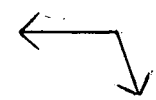
-represents legitimate control over professional behaviours which is established through consensus by the members in the group

-based on the mastery of a knowledge field

-maintained through relations with society and the group







Ethics

-essentials are described in terms of client-professional and colleague-colleague relations

-influenced by society and the profession

-includes professional standards of conduct

Culture

-sustained by a professional association

-reflects the common identity and destiny of the group

-characterized by a high degree of colleagueship and commitment

-sets standards of practice

experiences. This knowledge base is not entirely derived from scientific research; however, to provide a sound basis for professional practice, it is necessary to generate knowledge through the application of the scientific method to the investigation of clinical problems.

Nursing has made significant advances in generating and utilizing a body of knowledge which is on the intellectual level of higher learning (Ahad, 1981, p. 58; McCloskey, 1981, p. 41; Schlotfeldt, 1981, p. 296). A shift toward actively engaging in serious development of nursing knowledge can be traced. Authors such as Dickoff, James, and Wiedenbach (1968), Ellis (1968), Hardy (1974), and Johnson (1974) have made a case for theory construction and development in nursing. Stages of development of scientific theory have been delineated and criteria for evaluating theories developed. Some nurse theorists have proposed formulations and have attempted to validate them (Gill & Atwood, 1981; Hesook, 1983; Rogers, 1970). Books on the nature of nursing theory and its application to nursing have appeared and are increasing in number (Chinn & Jacobs, 1983; King, 1981; Stevens, 1979).

Three features of theoretical writings in nursing which reflect advancement in theory development have been identified by Chinn and Jacobs (1983). The first one consists of change and progression of ideas which can be noted in the works of theorists such as King (1981) and Roy (1981). The evolution of ideas reflects the continuing development and refinement of theoretical knowledge. The second feature involves traits common to many theories. According to Chinn and Jacobs (1983), "the ability to see trends or common traits demonstrates the crystallization of central

concepts or images for nursing science" (p. 182). Finally, the third feature is the growing evidence that nursing practice, education, and research are guided by current nursing theory. For example, conceptual models for nursing provide direction to all three areas of nursing (Adam, 1980; Fawcett, 1980).

For nursing practice, these models provide direction for what nursing does and how it does it. More specifically, conceptual models define and describe the client. They specify a goal of action, a state or condition, to be achieved within the client, and identify the aspect of the client toward which practitioners direct their attention. Finally, models make explicit nursing's unique mission, delineate nursing responsibilities, and stipulate how and when the practitioner should intervene. A number of articles describe the process by which conceptual models have directed nursing practice. Nordal and Sata (1980) illustrate how Peplau's conceptual model can be applied to primary nursing (pp. 60-73). Another example is the influence of Roy's model on the care of the dying client (Starr, 1980, pp. 189-192).

Conceptual models can also direct the process of curriculum building and revision. Lebold and Davis (1980) describe the operationalization of Newman's model as the basis for a conceptual framework for a baccalaureate program in nursing (pp. 150-158).

Finally, research can be guided by conceptual models. Roy's (1980) model which identifies the client's problems in terms of inadequate coping activity in the face of environmental stimuli directs the nurse to investigate clients' reactions to manipulation of stimuli by the nurse.

The amount of research to identify the knowledge base of nursing has increased substantially in the last few decades. Brown, Tanner, and Padrick (1984) in their examination of research publications conclude that research in the 1980's has become more theoretically oriented and more sophisticated in its method and that the focus has shifted to clinical problems (p. 31). While this is encouraging, gaps and limitations were also identified. A significant limitation is the non-cumulative nature of research (p. 32). Fawcett (1983) claims that nursing "is only beginning to recognize the need for studies that build on one another from the descriptive stage to that of clinical evaluation" (p. 178).

Orientation to the theoretical body of knowledge pertaining to a profession can be achieved best through formal education in an academic setting. Nursing has long recognized the need for a lengthy, rigorous education in an academic setting for the preparation of a practitioner who can demonstrate the ability to think critically, to use the scientific method of enquiry, and to engage in life long learning. The move of nursing diploma schools from hospital settings into educational institutions exemplifies this. However, it is now the general consensus that the length of such programs is insufficient to prepare a professional. The Canadian Nurses Association (1982) has taken the position that by the year 2000, a baccalaureate degree in nursing will be the minimum preparation level for a nurse. Schlotfeldt (1981) proposes that a doctoral level (ND) be a requirement for entry into the practice of nursing as is the case with medical doctors and dentists (pp. 300-301).

A second element of the Professional Model involves the relationship

established between the client and the professional. A professional deals with specific clients whose welfare is affected by the competence and quality of the service performed (Moore, 1970, p. 3). Thus the client-professional relationship is based on service orientation and commitment. Professionals consider their client's concerns within the context of existing basic social values, preserve the confidentiality of their clients, and remain current with the developments in their field. Moreover, the professional is committed to act in the best interest of his clients.

Nursing is characterized by a strong service orientation, personal commitment, and self-sacrifice (Stuart, 1981, p. 21). Nursing's commitment to the dignity of the client as a person is expressed in all areas of nursing practice (Stuart, 1981, p. 22). Further, nurses' willingness to assume the function and responsibilities of patient advocate reflects nursing's involvement in acting in the best interests of the clients.

Nurses' involvement in furthering their education must not be understated. Diploma graduates are increasingly returning for baccalaureate and advanced preparation (McCloskey, 1981, p. 41; "UVIC nursing", 1984, p. 31). In the United States, graduate nursing programs at both the master's and doctoral levels are growing steadily (Schlotfeldt, 1981, p. 296) and many of the states have instituted mandatory continuing education. A survey conducted for the Registered Nurses' Association of British Columbia revealed that a high demand for continuing education programs existed throughout its membership ("Workshop considers," 1981).

Fundamental to the client professional relationship is the ability of

the professional to articulate clearly the nature and scope of the services offered to the client and to society. It is imperative that the professional knows who the client is, what state or condition is to be achieved, and when and how to assist the client in achieving such a condition. This dimension underlying the client-professional relationship cannot be overemphasized.

Conceptual models allow nurses to clarify the focus, scope, and jurisdiction of their practice to their clients and society. Furthermore, they enable nurses to define and interpret their practice to co-workers and their position vis-à-vis other health care workers. Only when the above conditions exist will the client be well served.

Autonomy constitutes the third element of the Professional Model and is viewed as being central to all the other elements. Autonomy refers to the profession's ability to have control over its practice. This means control over work behaviors in the work setting, control over education and entry to practice, and regulation of its own association. According to Pavalko (1971), professionals are concerned with specifying and guarding the boundaries of their field of practice and controlling matters relating to the activities of their members.

Until the development of conceptual models, nursing's mission was ill-defined. Most definitions of nursing failed to identify the unique focus of nursing. Conceptual models now provide a focus for nursing which allows nurses to escape from the position of practicing from the perspective of another profession (Fawcett, 1980, p. 312) or assuming the focus of other professions. Defining the parameters of nursing, thus

nursing's unique orientation, can only result in more independence for its practitioner (Adam, 1980, p. 2). This in turn will contribute toward the attainment of full autonomy.

Although nursing has delineated its scope of functions, the exercise of control over the practice of nursing can be difficult to achieve in some practice settings. In such settings, decisions are frequently more influenced by authority structures than by authority derived from expert knowledge of the professional nurse and the exercise of professional judgement (Stuart, 1981, p. 22; Jacox, 1978, pp. 14-15). However, recent changes such as the introduction of primary care and the implementation of standards of nursing practice and peer review occurring in hospitals enable nurses to exercise more control over their own work situation (Stuart, 1981, p. 22).

The nursing profession exercises a high level of autonomy in the areas of basic nursing education, entry to practice, and professional conduct of its members. For example, in British Columbia, nursing has the legislated authority through the Nurses (Registered) Act (1979) to control the admission to the profession through a registration process, to approve schools of nursing, and to maintain acceptable levels of conduct and competence through a discipline procedure.

For a profession to enjoy full autonomy, it must gain the respect and trust of the general public. Unless society is persuaded that the profession can and will control the work of its members in the interest of clients, (Goode, 1969, p. 292), that the profession possesses specialized knowledge, (Jacox, 1978, p. 15), and that the service provided is of value,

autonomy will be difficult to establish.

From the foregoing literature, it is clear that nursing possesses specialized knowledge and exercises control over its members. With respect to the third condition, Adam (1980) claims that nursing provides a service considered important by most societies (p. ix). Moreover Adam (1980) argues that only nurses can provide such a service. She claims that nurses have an independent social mission to accomplish. Stuart (1981) contends that nursing is held in high regard by the public (p. 22). Notwithstanding these assertions, nursing needs to further change the public's image to one which will fully recognize nursing's unique and independent service.

Ethics comprises the fourth element of the Professional Model. A desire on the part of the members of the profession to see a proper standard of professional conduct led to the development of a code of ethics. The fundamental elements of ethical codes are described in terms of client-professional and colleague-colleague relationships (Goode, 1966, p. 16). The ethics governing the client-professional relationship demand that the professional assumes an "emotional neutrality" (p. 16), provides service to whomever requests it, and gives high calibre service. Toward his colleague, the professional demonstrates a behavior that is co-operative, egalitarian, and supportive.

The International Council of Nurses (ICN), American Nurses Association (ANA), Canadian Nurses Association (CNA) and provincial nursing associations have adopted codes of ethics which serve as a frame of reference for professional conduct and for judgements of ethical issues in complex nursing situations. These ethical codes are being revised

continuously and improved to reflect the changes occurring at the societal level as well as those taking place within the nursing profession.

The ICN Code for Nurses (1973) is based on the following assumptions: a) the need for nursing is universal; b) nursing is an individual, family, and community-oriented health service; and c) the fundamental responsibility of nursing consists of promoting health, of preventing illness, of restoring health, and of alleviating suffering (p. 1). The ICN Code for Nurses identifies five areas in which the professional nurse has direct responsibility. These are: a) nurses and people, b) nurses and practice, c) nurses and society, d) nurses and co-workers, and e) nurses and the professions. The ICN Code for Nurses stresses commitment, responsibility, accountability, respect, and dignity. The other codes of ethics encompass similar standards of conduct.

The last element to be discussed relates to the culture of a profession, that is the "social configuration" unique to the profession which encompasses its values, norms, and symbols (Greenwood, 1966, p. 17). The culture of a profession is sustained by a professional association whose members are bound by a sense of common identity and destiny. Colleagueship and commitment prevail among its members.

The Canadian Nurses Association founded in 1908 is the recognized national nursing organization (CNA, 1980b). Its objectives are to promote health and to seek conditions conducive to the best possible patient care. To achieve its objectives, CNA is concerned with:

> (a) quality and quantity of nursing available to the health team; (b) standards of preparation and performance of professional nurses; (c) social and economic welfare of nurses; (d) advancement of knowledge, techniques and competence within the profession; (e) promotion of

> understanding, unity, and good professional citizenship among its members; (f) representing and speaking for the organized nursing profession, both nationally and internationally. (p. 1)

At the provincial level, the Registered Nurses' Association of British Columbia (RNABC) determines the course of nursing by bringing together the abilities of its members to achieve its main objectives. In addition to fulfilling its statutory responsibilities, the RNABC constitutes a major force for establishing standards of nursing, promoting the advancement of knowledge, delineating and explaining nursing's mission and its relationship to other health care providers, and influencing health policy matters (RNABC, 1982). These activities are consistent with those of CNA thus exemplifying the common goals shared by both associations.

It is possible to extract common themes from this discussion on professionalism. These consist of: (a) the scope of the profession, its goal and its relationship to both the client and other health care practitioners; (b) the advancement of a body of knowledge; (c) responsibility, accountability, and commitment to the client and to the profession; and (d) independence and autonomy of the professional. These themes represent the major ideas expressed by members of the nursing profession and thus constitute the core of professionalism in nursing. Therefore, these aspects of professionalism guide the measurement of professionalism in nurses and should be reflected in any instrument used for such purpose.

Summary

Writings in psychology and sociology and the nursing literature on professional socialization were examined to provide the basis for

understanding the process of professional socialization and for developing a model of professional socialization consistent with the research question. The literature on professionalism in general and professionalism in nursing was reviewed to establish a definition of professionalism appropriate to the objectives of the study.

CHAPTER 3

Literature Review

Overview

In order to relate theoretical writings of professional socialization and professionalism specifically to nursing, the nursing literature on professional socialization is reviewed. Numerous studies have been conducted which deal with the development of students in nursing programs and their perceptions of nursing as a profession. Many of the research studies concerning the views of students toward nursing as a profession have been developed within the context of the socialization process. Therefore, studies relevant to the research question will be reviewed both in terms of professional socialization and perceptions of nursing as a profession.

Studies Related to the Socialization of Nursing Students and Their Perceptions about Nursing as a Profession

In 1959, Simpson et al. (1979) initiated a longitudinal study at Duke University which focused on the acquisition of professional values and norms of nursing students. Their study viewed socialization as consisting of different dimensions, namely: (a) imparting of occupational knowledge, (b) development of occupational orientations, and (c) relatedness to the professional role (p. 29). Three panel classes and five additional cohorts were studied for varying periods of time. Data collection was accomplished through the administration of questionnaires, the use of anecdotes and

interviews.

Two dimensions of their study, occupational orientations and personal relatedness, are particularly relevant. Data indicate that the direction of the development of the orientations to the role of the nurse shifted away from the initial values and goals of the school and from the original expectations of the students toward conformity with the bureaucratic pattern of nursing, a pattern opposed and de-emphasized by the school (pp. 123-124). Students' orientations toward collegialism and toward administration and supervision were more favorable upon graduation than upon admission into the school (p. 132).

The development of personal relatedness was examined from the perspectives of status identification, occupational commitment, and attraction to the nursing profession. Using the following modified version of Huntington's (1957) measure, "Do you think of yourself as a nurse?", Simpson et al. found that status identification developed rapidly from the beginning of the freshman year through the sophomore year (p. 140). The pattern of development of commitment resembles that of the development of status identification. About 40% of the freshmen entered nursing with a high level of commitment and about 66% graduated with a high commitment to nursing. Attraction to nursing declined slightly from the beginning to the end of the program (p. 146). Upon graduation, students identified themselves as nurses and were highly committed to nursing but not highly attracted to it.

Findings on the development of orientations to the role of the nurse do not conform to the assumptions implicit in traditional models of

socialization discussed herein in that these models stipulate that the socializee adopts the values and attitudes held by the socializing agent. The other phenomena observed are consistent with the models of socialization with the exception of the decline in the attraction to nursing.

In another longitudinal study, Davis and Olesen (1964) examined the concept of professional socialization, particularly the students' outlook regarding nursing (pp. 8-15). They postulated that as students progress through the program, they would change their traditional and lay images of nursing to professionally more advanced images and that over time there would be a tendency to move from bureaucratic images towards individualistic and innovative images of nursing. The instrument, a dual focused checklist on images of nursing, was administered to seventy baccalaureate nursing students at entry into the University of California School of Nursing in San Francisco and upon completion of the first year of the curriculum.

It was found that after one year in the program, students gravitated towards and attached importance to individualistic, innovative views of nursing, but at the same time no appreciable change was noted in the importance attached to lay images (Davis & Olesen, 1964, p. 15). Characteristics ascribed to nursing after completing the first year of the program were originality, innovation, imagination, and insight. Concomitantly, bureaucratic images of nursing such as clearly defined tasks, close supervision and direction, and clear-cut lines of authority were weakened. Interestingly, the beliefs of advanced professional images

such as solid intellectual content or high respect of the occupation which are consistent with the Professional Model lost credence with students to some degree. Furthermore, there was no significant increase in consensus among students either with respect to their characterizations of nursing or the personal importance attached to such characterizations and there was no evidence that students did not achieve greater consonance between their images of nursing and personal values (p. 15). These last two findings do not lend support to the assumption that students experience a reduction in the dissonance they may have perceived between their needs and values and the demands of the profession as they are exposed to the culture of their profession implicit in the models developed by Cohen (1980) and Thornton and Nardi (1975), and the model of professional socialization developed above. Finally, it was concluded that faculty appeared to exercise some influence on the development of professional values.

The pattern of development as revealed in this study is strikingly different from the one established in Simpson's (1979) research in which the students moved away from both the ideals of the school and their own idealistic orientation to adopt a bureaucratic model. In addition, findings on the development of favorable orientations toward professionalism in Simpson's (1979) study differ from those in this study which established that the level of endorsement of professional values such as high respect of the occupation declined slightly from entry to graduation.

Olesen and Davis (1966) followed up the students surveyed in their previous study. The same questionnaire was administered each succeeding

June after the first year in the program until graduation. During the subsequent years of the program, students did not significantly alter their perceptions of nursing nor did they increase consensus among themselves or consonance within themselves. However, students increasingly rejected a bureaucratic role conception as they advanced through the program but a portion of the students maintained certain lay images of nursing (pp. 156-158).

In addition to the above findings, Olesen and Davis' observations show that the socialization process is fraught with inner conflicts, ambivalence, compromise, and different expectations thus lending support to Cohen's (1981) proposition that a period of cognitive rebellion is an integral part of the socialization process and to the "reaction" phase of the model of professional socialization developed herein. This implies that the socializee is not a passive recipient of the socialization process. Olesen and Whittaker (1968) claim that students are actively involved in the process of socialization and can in fact shape the role and take an active part in their own formation (p. 7).

In a replication of Davis and Olesen's (1964) study, Brown, Swift, and Oberman (1974, pp. 53-59) found that students at the University of Oregon School of Nursing did not differ significantly from those in Davis and Olesen's (1964) study. However, the students in the Oregon study achieved a greater consensus of what they considered important in nursing but did not show greater achievement in consensus of what they believed characterized nursing. It is interesting to note that over a period of a decade few changes in students' values and conceptions of nursing occurred

in light of the attempts made toward the professionalization of nursing during the late sixties and early seventies.

In a study of baccalaureate nursing students at Seton Hall University, Collins and Joel found that two hundred and thirty respondents comprising sophomore, junior, and senior students and the previous year's graduates held a highly technical orientation to nursing (pp. 456-459). Collins and Joel's (1971) description of a technical nurse consisted of a person who "is seen as a nurturer and comforter concerned with the accurate performance and the carrying out of the physician's order" (p. 457). In contrast, the professional nurse was viewed as someone characterized by a "desire for independent action, an eagerness to experiment, to innovate, to question, and to assume responsibility for one's own behavior" (p. 457). These findings are inconsistent with the results of the studies conducted by Davis and Olesen (1964), Olesen and Davis (1966), and Brown, Swift and Oberman (1974) who established that as students advanced through the program, they increasingly depicted nursing in terms of advanced professional images reflective of the Professional Model. In addition, Collins and Joel (1971) found that many of the respondents appeared to lack the basic commitment so vital to a profession (p. 459).

From another perspective, Crocker and Brodie (1974) measured the congruence between student nurses' perceptions and faculty's views of the professional nursing role (pp. 233-235). On a professional orientation scale, four hundred and ninety-four students in baccalaureate nursing programs and ninety-four instructors rated the importance of behaviors common to practising nurses. The results revealed that the students'

perception of the nurse's role shifted significantly toward professional views as their class rank increased "indicating that students adopt faculty's professional views in direct relation to length of training" (Crocker & Brodie, 1972, p. 233). These results support Davis and Olesen's (1964) contention that faculty exercise a considerable influence on the students' increasing endorsement of professional values emphasized by faculty in their contacts with students and serve to illustrate the crucial role played by faculty in guiding the student toward identification with the profession.

Watson (1982) compared the professional attitudes of students in different types of programs and found that generic baccalaureate graduates held stronger attitudes toward professionalism than did diploma and associate degree graduates (p. 198) thus concluding that the type of educational program is associated with the development of professional attitudes. Like Crocker and Brodie's (1972), Watson's (1982) research shows that concepts and attitudes of the novice in time become more like those of a professional.

In a cross-sectional study of nursing students in an R.N. diploma program, Stoller (1978) focused on the conceptions of nursing of an entering class of diploma students and those of the graduating class (pp. 2-14). She postulated that the students' attitudes toward the nursing role at the beginning of the program would gravitate toward the school's dominant norms as the process of socialization progressed. Differences were noted between the first and third year students in the following areas: (a) awareness of the registered nurse in determining patient care,

(b) commitment to the nursing profession, and (c) salience of the nursing role (p. 13). In fact, freshman students' image of the nursing role was unclear, ambiguous, and contradictory. They reported that although scientific knowledge and technical skills are the most important aspect of nursing education, being a good nurse takes the same qualities as being a good wife and a mother. Moreover, they did not view nursing as making an important contribution to the health care team, expressed a reluctance to disagree with or voice their views to a superior, and indicated a willingness to leave nursing for a more lucrative occupation. Yet, they saw nursing as the most salient aspect of their future lives. Senior students reported that they would not leave nursing for better financial opportunities, recognized nursing's contribution to care planning, expressed a willingness to voice disagreements, and to criticize or ignore the directives of a superior. The behaviors identifed by the senior students point toward an increased awareness of the nurse's ability to contribute to patient care, an increased level of commitment, and a developing sense of autonomy.

Stoller's (1978) findings are consistent with those of Davis and Olesen (1966) and Brown, Swift and Oberman (1974). In spite of the limitations of the cross sectional approach, the data indicate that the behaviors identified by the graduating class are reflective of the Professional Model.

Valiga (1982), in a longitudinal study, examined the relationship between cognitive development and the perceptions of nursing as a profession of students in baccalaureate programs. Valiga addressed the

concept of "nursing as a profession" in terms of its component parts which she derived from the literature on professionalism and characteristics of professions and identified as encompassing the following:

> (a) boundaries of the discipline, (b) recipient of the discipline's service, (c) goals of the discipline, (d) relationship of the discipline to others, (e) independence and responsibility of the disciplines' practitioners, (f) scholarly component of the discipline, (g) autonomy of the discipline's practitioners, (h) commitment of the discipline's practitioners, (i) activities of the discipline's practitioners. (pp. 126-127)

Four levels of nursing students (freshman, sophomore, junior, and senior) were surveyed both at the beginning and at the end of the academic year. An increase in "views about nursing" scores over the academic year was recorded (p. 199). Also, senior students scored highest and freshman students scored lowest on the instrument measuring perceptions of nursing at both the beginning and at the end of the year.

In a recent publication, Dalme (1983) explored the process of professional socialization from the perspective of the influence of reference groups on the development of professional identity. A Likert-type instrument developed to measure students' perceptions of the influence of peers, faculty, and staff nurses on identity development was administered to a group of students in their first year of clinical nursing and to another group in their second year. It was found that faculty members and staff nurses become more and more significant referents of behavior as the student progresses in the nursing program and that the relationships established with both groups help the students to internalize the norms and values of the profession (p. 143). Data also suggest that peers exercise considerable influence on the transmission of values (p. 143).

Dalme's results support Kelman's (1967) proposition that social influence plays an important role in the socialization process and Simpson's (1967) theoretical formulation that the second stage of the socialization process is characterized by an attachment of significant others in the work milieu. These findings are also in accord with the assumption underlying the framework developed for the purposes of this study that faculty members are significant role models for molding certain professional values of students.

Role-orientation change among registered nurses in an upper-division level baccalaureate program was explored by Whelan (1984). Using a cross-sectional design, he administered the modified Corwin Role Orientation Inventory scale to entering and exiting students within the same university program. The results show that exiting students are less bureaucratic, more professional, and more service oriented than their entering counterparts. Although the interpretation is limited by the cross-sectional approach applied in this study, the findings as well as those of Jones (1976), Stoller (1978), Watson (1982), and Valiga (1982) lead the writer to conclude that educational experiences influence the students' perceptions as they progress through the program thus enhancing the professionalization process.

Summary

Research discussed in this section shows that students enter a nursing program with a wide range of perceptions about the nursing role but these perceptions begin to coalesce around the professional norms as students are exposed to selected educational experiences. It has been suggested that

individual students, as well as peer group, are significant forces in shaping the professional person. Faculty and staff nurses also play a significant role in the molding of certain professional values of students.

In general, as the process of socialization progresses, students gain a greater sense of identification with the nursing profession although there is some evidence to the contrary. It has been established by some authors that upon completion of a nursing program, students have been socialized into the culture of the nursing profession and, therefore, have acquired the perceptions of nursing that enable them to demonstrate professional behaviors consistent with the Professional Model. However, research findings in this area are inconclusive and further research is indicated.

CHAPTER 4

Methodology

Overview

This study examined the perceptions of nursing as a profession of students graduating from college-based nursing diploma programs in British Columbia. In order to answer the research question, a questionnaire, designed and tested by Valiga, was administered to a sample of students graduating from college nursing programs. Demographic data were also obtained. The data were compiled and analyzed using a statistical computer package.

This chapter discusses the type of research approach used in this study, the instruments used to collect the data, the selection of the sample, the data collection method, and the statistical tests applied to the data.

Research Design

A descriptive survey design was used to identify views about nursing as a profession held by graduates of diploma programs. Polit and Hungler (1983) claim that such a research design is appropriate when "the investigator gathers data from a portion of a population for the purpose of examining the characteristics, opinions, or intentions of that population" (p. 189).

Instruments

The Valiga Concept of Nursing Scale (Valiga, 1982) was the instrument selected for the measurement of the perceptions of nursing as a profession (see Appendix A). This scale is composed of form A and form B. Each form contains twenty-five items in which the following concepts are reflected: (a) boundaries of the profession, (b) recipients of the profession's service, (c) goals of the profession, (d) relationship of the profession to others, (e) autonomy of the practitioner, (f) responsibility of the practitioner, (g) scholarly component of the profession, (h) commitment to the profession, (i) independence of the practitioners, and (j) activities of the discipline's practitioners (Valiga, 1982, pp. 126-127). Because forms A and B were intended originally to measure the concepts listed above in a longitudinal study and because extensive overlap exists between the forms, it was deemed appropriate to administer only form A.

The concepts reflected in the instrument form the basis for the categorization of the items. The relationship of items to each category as identified by Valiga (1982) is presented in Table II.

In the instrument each item is followed by a Likert-type five point rating scale (strongly agree to strongly disagree). To help break 'response pattern', a phenomenon often associated with questionnaires in the affective area, items were worded so that approximately 50% of the items were positively worded and 50% negatively worded. Positively worded items were given a value of 5 for strongly agree through 1 for strongly disagree. The negatively worded items were reversely scored with a value of 1 for strongly agree through 5 for strongly disagree.

Table II

Relationship of Items to the Categories Identified by Valiga

Category	Item Number
Definition	1, 11, 15, 20, 22
Client	19
Goals	9, 16, 21
Relationships	2, 12, 23
Autonomy	5
Responsibility	6, 18
Scholarship	4, 17, 24
Commitment	7, 8
Independence	3, 10
Activities	13, 14, 25

The content validity of the instrument had been established through a panel review, (Valiga, 1982, p. 125) and construct validity had been demonstrated through known-groups technique (p. 126). There is no evidence that criterion-related validity was established in the pilot test carried out by Valiga. The American Psychology Association (1974) suggests that criterion-related validity is most important for tests developed for predictive purposes (p. 27). Because the instrument was used for descriptive purposes, criterion-related validity was not viewed as a major concern for this study.

The reliability of the instrument was established on an original scale of eighty-five items. The alpha was computed to be .86 and the split half Spearman-Brown formula produced a correlation of .77 (Valiga, 1982, p. 139). The reliability of each item was determined by correlating each item with the total score (p. 140). Since the items on the final instrument were selected on the basis of reliability co-efficients and discriminating power (p. 140), one can be assured that the reliability of the tool is acceptable.

A brief questionnaire eliciting demographic data was attached to the Valiga Concept of Nursing Scale (see Appendix B). Such data included age, sex, work experience, and educational background prior to entering the nursing program. The purpose of collecting this information was to provide the investigator with a description of the sample.

Sample

The population for this study consisted of 204 nursing students in the 1984 summer graduating classes from three colleges in British Columbia: namely, College X, College Y,and College Z. Of the 150 questionnaires distributed, 101 were completed and returned and the subjects who responded comprised the convenience sample for this study.

Procedure for Data Collection

After official consent was obtained from the administration of each educational institution to conduct the study in their agency, the investigator approached the chairperson of each school of nursing to arrange for an acceptable method of administering the questionnaires to the

students. Because each school had a different curriculum organization it was not possible for the investigator to administer personally the questionnaires to the students at each institution. The differences in the scheduling of learning activities of the schools also made it impossible to adhere to a consistent format for data collection. These differences in data collection were not seen as affecting the students' responses to the questionnaire. The collection of data was accomplished as described below.

In May, three months prior to the graduation of the students at College Y, the investigator, in a mutually arranged meeting, met with the graduating students to explain briefly the purpose of the study and the procedure to be followed, to request student participation, and finally to obtain the names and mailing addresses of those students who wished to participate in the study. Of the 90 students in the graduating class, approximately 40 attended the meeting.

Approximately four weeks prior to graduation, questionnaires were mailed to those who had provided their name. An introductory note explaining the nature and purpose of the study and soliciting the cooperation of the subjects was attached to each questionnaire (see Appendix C). Included with the above was a stamped addressed envelope for instrument return. An account was kept to monitor daily returns. Approximately three weeks following the initial mailing, when the return rate had declined considerably, a follow-up reminder (see Appendix D) urging nonrespondents to complete and return the questionnaire was sent with a second copy of the questionnaire and a stamped addressed envelope. By the third week of August, it was assumed that all of the questionnaires

that were to be returned had arrived thus establishing the cut off date. Responses were received from 28 of the 36 students who had provided their name, a return rate of 77.8%.

Data collection at College X differed in approach from that at College Y. The investigator mailed the questionnaires to the preceptorship coordinator who distributed them among the preceptorship instructors. In turn, the preceptorship instructors distributed the questionnaires to and collected them from the students who were then doing clinical work in various health agencies. An introductory note similar to the one sent to the students at College Y was appended to the questionnaire (see Appendix E). Of the 85 questionnaires mailed, 47 were completed and returned, which represents a return rate of 55.3% of the total mailed questionnaires.

The approach used to collect data at College Z resembled that used at College X. The investigator took the questionnaires to the coordinator of the final term who administered the instrument together with an introductory note to the graduating students, (see Appendix F for introductory note). This was done in a classroom setting, prior to the beginning of a regularly scheduled class. Of the 29 graduating students, 26 responded to the questionnaire thus giving a return rate of 89.7%.

This completed the collection of data. The responses were coded and scored by hand and entered into computer files by the investigator for analysis.

Analysis of Data

The SCSS Conversational System (Nie et al., 1980) was the statistical computer package used for data analysis. This computer package was

selected because of its availability and appropriateness.

Questionnaires with missing data in both the Valiga Concept of Nursing Scale and demographic sheet were not eliminated because the SCSS Conversational System provides for the exclusion of missing values in statistical analysis. The total number of usable questionnaires was 101.

Demographic data were obtained to provide a description of the sample. Simple frequency counts and several cross-tabulations were made. Because of missing data, the number of subjects varied. For example, the number of subjects counted under "sex" was 99 while for "age" the number of subjects was 101.

Data obtained through the application of the Valiga Concept of Nursing Scale were subjected to univariate analysis to: (a) identify responses to each statement included in the scale, (b) examine the strength of responses between each category, (c) identify areas of congruence or discrepancy between students' responses and the views expressed by the nursing profession and (d) establish whether the process of professional socialization has equipped the socializee with the appropriate perceptions of the professional role.

Summary

This chapter has presented the methodology of the study. The sample selection, instruments used, and procedure followed were explained as they were applied to the research question. A brief discussion of the method of data analysis was also included.

CHAPTER 5

Analysis and Discussion of Findings

Overview

Data analysis and discussion of the findings are the major foci of this chapter. Presented in four sections, this chapter first addresses the analysis of demographic data. The second section summarizes the scoring of the Valiga Concept of Nursing Scale. A discussion of the findings as they relate to the Professional Model comprises section three. Section four includes a discussion of the findings within the context of the model of socialization developed for this study.

Analysis of Demographic Data

The sample was composed of students graduating from three college-based nursing diploma programs. These will be referred to as Colleges X,Y, and Z. Both College Y and College Z serve a large urban area. College X serves both an urban and a rural area. The largest group of the students who participated in this study were from College X (46.5% of the sample). Table III represents a composition of the sample for each nursing diploma program surveyed.

The demographic characteristics of the sample are presented in Table IV. Although the sample consisted of 101 respondents, failure to complete all of the items resulted in missing data thus causing a different total to appear for some of the variables listed below.

Table III

Composition of the Sample per Program

Nursing diploma program	Number of respondents	Percentage of the sample
X	47	46.53
Y	28	27.73
Z	26	25.74
Total	101	100

The distribution of the students in the different age groups was uneven: the 21-25 year age group contained the most students (37.6%) while mature students, the 30-49 year age group, comprised 34.6% of the sample. Ninety-six percent of respondents were female. Half of the respondents were single (50.5%) and one third identified themselves as married (36.6%).

A number of students (22) were employed in occupations directly related to nursing prior to entering the nursing program. Nineteen were licensed practical nurses and 3, registered psychiatric nurses. In addition, 9 of the respondents had been employed in the health field in occupations such as laboratory technician, first aid attendant, and dental assistant. The respondents comprising the "other" category were employed in a variety of positions ranging from clerical work of various types to managerial positions.

Eighty-one percent of the respondents had educational preparation beyond that of high school level on entering the diploma nursing programs.

TABLE IV

Demographic Data

Variable	Sample	
	Number	Percentage
1. Age	n = 101	
17-20	6	5.9
21-25	38	37.6
26-29	22	21.8
30-39	28	27.7
40-49	7	6.9
50+	0	0.0
2. Sex	n = 99	
Female	97	97.9
Male	2	2.0
3. Marital status	n = 99	
Single	51	51.5
Married	37	37.4
Divorced	6	6.1
Separated	5	5.0
Widowed	0	0.0
4. Occupation prior to enrolling in nursing program	n = 100	
Student	30	30.0
Licensed practical nurse	19	19.0
Long term care aid	10	10.0
Registered psychiatric nurse	3	3.0
Other	38	38.0
5. Post high school education prior to enrolling in nursing program	n = 101	
None	19	18.8
Some post high school education	46	45.5
Graduation from a technical program	25	24.7
Graduation from a university program	5	4.9
Other	6	5.9

Many had pursued technical studies but had not completed them. Graduates from technical programs represented 24.7% of the sample. University degrees held by 4.9% of the respondents were at the baccalaureate level and included degrees in arts, home economics, science and religion.

Based on the 101 questionnaires, the demographic data provided information which described the sample. The sample consisted mostly of single females in the younger age categories who had had some educational preparation beyond secondary school diploma.

Scoring of Valiga Concept of Nursing Scale

In completing the Valiga Concept of Nursing Scale, those surveyed responded to 25 statements on a Likert scale. Score values were assigned as indicated in the previous chapter: positively worded items were given a value of 5 for strongly agree through 1 for strongly disagree and negatively worded items were assigned a value of 5 for strongly disagree through 1 for strongly agree.

The investigator considered no responses and those which were not clearly marked as missing data which were coded as 9. Missing data variables were excluded in data analysis of individual items and were corrected for the remainder of data analysis. Fourteen responses were coded as missing. These could be attributed to 10 respondents, 2 of whom contributed 4 and 1 contributed 3 of the 14 missing responses. Item analysis indicated that there were four missing responses for item 5, two for items 15, 11, and 2, and the remaining missing responses were scattered generally among the other items. The patterns of missing responses can perhaps be attributed to difficulties experienced with the wording of the

items. Individual comments, such as "can read this statement two ways", "What are you getting at?" "I don't think that I understand this statement" support this assertion.

As part of the construction of the Valiga Concept of Nursing Scale, Valiga (1982) had established the reliability of her instrument. The alpha was estimated to be .86 and the split half Spearman-Brown formula produced a correlation of .77 (Valiga, 1982, p. 139).

In any study, however, responses reflect time, population differences, and environmental context. These factors may impact on the reliability of an instrument. Consequently, the investigator found it necessary to establish the reliability of the instrument with this population.

Various methods exist to determine the reliability of an instrument. The coefficient alpha was selected as the method to compute the reliability index as it is the "single most useful index of reliability available" (Polit & Hungler, 1983, p. 391). The computation resulted in a coefficient alpha of .53. The split half Spearman-Brown formula was applied and produced a correlation of .50. Polit and Hungler (1983) recommend as an acceptable level a coefficient of .70 or above (p. 388). The low reliability coefficient may be attributed to the relatively small sample size (101).

Responses to each item were examined in an attempt to identify the views held about nursing as a profession. The response distribution for each item is reported in Table V.

Table VI consists of the frequency distribution of values. The mode for most items is four with the exception of items 16, 19, 21 which have a

TABLE V

Frequency Distribution of Responses by Category

		Response distribution				
Category	Item number	S.A.	A.	U.	D.	S.D.
Definition	1	2	13	24	49	12
	11	9	28	12	43	9
	15	0	10	6	60	23
	20	47	54	0	0	0
	22	29	55	15	2	0
Client	19	0	2	3	33	62
Goals	9	14	49	19	18	1
	16	56	43	2	0	0
	21	56	37	5	3	0
Relationships	2	10	56	11	21	1
	12	1	4	6	67	22
	23	3	13	25	48	12
Autonomy	5	5	20	31	35	6
Responsibility	6	15	44	25	15	2
	18	26	62	2	1	0
Scholarship	4	27	61	7	6	0
	17	21	47	22	10	1
	24	24	59	16	1	0
Commitment	7	16	49	25	10	1
	8	17	56	11	17	0
Independence	3	2	17	7	4	21
	10	3	18	21	41	18
Activities	13	13	31	6	44	7
	14	12	17	8	53	10
	25	5	37	11	38	10

Note: Items 4, 6, 7, 8, 9, 16, 17, 18, 20, 21, 22, and 24 are positively worded items.

TABLE VI

Frequency Distribution of Values by Category

Category	Item number	Value distribution						
		n	1	2	3	4	5	Mode
Definition	1	100	2	13	24	49	12	4
	11	99	9	28	12	43	9	4
	15	99	0	10	6	60	23	4
	20	101	0	0	0	54	47	4
	22	101	0	2	15	55	29	4
Client	19	100	0	2	3	33	62	5
Goals	9	101	1	18	19	49	14	4
	16	101	0	0	2	43	56	5
	21	101	0	2	5	37	56	5
Relationships	2	99	10	56	11	21	1	2
	12	100	1	4	6	67	22	4
	23	101	3	13	25	48	12	4
Autonomy	5	97	5	20	31	35	6	4
Responsibility	6	101	2	15	25	44	15	4
	18	101	0	1	2	62	36	4
Scholarship	4	101	0	6	7	61	27	4
	17	101	1	10	22	47	21	4
	24	100	0	1	16	59	24	4
Commitment	7	101	1	10	25	49	16	4
	8	101	0	17	11	56	17	4
Independence	3	101	2	17	7	54	21	4
	10	101	3	18	21	41	18	4
Activities	13	101	13	31	6	44	7	4
	14	100	12	17	8	53	10	4
	25	101	5	37	11	38	10	4

mode of five and item 2 which has a mode of two. The mode of four indicates that the sample group selected the response alternatives, agree or disagree, most frequently as responses to the items.

The range for most items is large, being four for approximately two thirds of the items. Eight items have a range of three, one has a range of two, and one a range of one. Except for a few items, the range suggests a diversity of opinions amongst the respondents; however, it does not reflect the heterogeneity of the scores.

Within the context of this study, when views expressed by the respondents are consistent with those of the profession, these responses are interpreted as strong responses. Respondents who scored 4 or 5 on the instruments were considered to be holding views of nursing coincident with those identified by the profession. Table VII illustrates the percentage of respondents whose views corresponded with those of the profession.

The data in Table VII show that a divergence of opinion exists between the respondents and the profession. The areas in which a substantial discrepancy exists are autonomy, responsibility, relationships, and activities. However, agreement is high in the categories of definition, client, goals, and scholarship and marginally less in the categories of commitment and independence thus reflecting a significant number of respondents whose perceptions paralleled those of the profession.

These findings suggest that students graduating from a nursing diploma program can identify the unique focus of nursing and know who the recipient of the profession's service (client) is, what state or condition is to be achieved (goal) in the client, but do not know how to assist the client in

Table VII

Percentage Distribution of Strong Scores by Category

Category	Percentage
Definition	75.0
Client	95.0
Goals	84.0
Relationships	55.0
Autonomy	42.3
Responsibility	58.5
Scholarship	80.0
Commitment	67.0
Independence	66.0
Activities	55.0

achieving such a condition. These findings also imply that these graduating students do not view the profession as having control over its practice, that they do not view the members of the profession as being responsible and accountable for their own actions, and that the nature of their relationships with other members of the health team is ambiguous. On the other hand, these graduating students hold the belief that there is a scholarly component to nursing, thereby acknowledging the existence of a body of knowledge derived from scientific research and the application of such knowledge to the practice of nursing. Two thirds of the responses identified in the categories of independence and commitment indicate that many of the respondents believe that nursing can function independently and

that commitment is a characteristic of nursing.

Relationship of Findings to the Professional Model

When the findings of this study are examined within the context of the Professional Model developed for this research (see p. 23), it becomes evident that the respondents' conceptualization of the profession of nursing does not incorporate all of the elements of the Professional Model. These elements have been identified as: (a) body of knowledge, (b) client-professional relationship, (c) autonomy, (d) ethics, and (e) culture.

There was general consensus on identifying a body of knowledge as an essential element of the nursing profession. Although most respondents recognized the client-professional relationship as a component of their profession, the scope and services offered to the client and to society remain unclear to many of them. Commitment was identified as a desirable quality in nurses.

Autonomy, the exercise of control over one's practice, received a low score thus reflecting the belief that autonomy is not perceived as a characteristic of the nursing profession. This is in juxtaposition with the proposition in the Professional Model that autonomy is central to the other elements and to the profession. This dichotomy has serious implications for nursing practice.

The category of responsibility measured the respondent's perceptions of standards of professional conduct. It is clear from the scores obtained that ethics was viewed by a few only as a characteristic of the profession of nursing.

Relationship of Findings to the Model of Socialization

It has been proposed that the acquisition of knowledge, skills, norms, and values necessary to function effectively within a professional group takes place during the educational process and has been called professional socialization. To establish whether the students surveyed have acquired the necessary background to enable them to demonstrate professional behavior, the students' responses were examined within the context of the model of socialization developed for this study (see pp. 16 and 17).

This model of socialization involves a sequential process of three phases: orientation, reaction, and assimilation. The first phase, orientation, is a phase during which the technology of the field, values, and standards are presented to the socializee who accepts them and conforms to the demands placed on him. Reaction, the second phase, consists of a period of turmoil resulting from the socializee's attempts at experimenting with the new material. Finally, assimilation comprises the period during which the integration of newly acquired perceptions of nursing as a profession and the adoption of behaviors prescribed by the profession occur.

The Valiga Concept of Nursing Scale (1982) is an appropriate tool to assess where in the process of socialization socializees find themselves at the completion of their educational program. A Likert-type instrument makes it possible to link the responses to the phases of the socialization model because it allows five response alternatives, strongly agree, agree, undecided, disagree, and strongly disagree. Table VIII shows the relationship that can be established between the phases of the model of

Table VIII

Relationship of Phases of the Socialization Model to the Response Alternatives of the Valiga Concept of Nursing Scale

Phase	Response alternatives
Orientation	Agree for positively worded items
	Disagree for negatively worded items
Reaction	Undecided
	Agree and strongly agree for negatively worded items
	Disagree and strongly disagree for positively worded items
Assimilation	Agree and strongly agree for positively worded items
	Disagree and strongly disagree for negatively worded items

socialization and the response alternatives included in the Valiga Concept of Nursing Scale (1982).

Although the model of socialization possesses three identifiably different phases, these phases are not mutually exclusive. Therefore, this makes it difficult to establish a clear division between each phase. This becomes particularly perplexing when the responses denote agreement with the views expressed by the profession as indicated by agree for positively worded items and disagree for negatively worded items. This could be interpreted in two different ways: the respondents may have done so in an attempt to conform with the demands placed on them in which case these respondents would be in the orientation phase or they may have so chosen because they have indeed internalized the new value or standard. The

latter would indicate that those respondents have reached the assimilation phase. However, it can be assumed that those who strongly agreed with the profession's views (strongly agree for positively worded items and strongly disagree for negatively worded items) have integrated the newly acquired perceptions of nursing as a profession and thus have progressed successfully through all of the stages of the process of socialization. The percentage distribution of responses by category in relation to each phase of the socialization model is presented in Table IX. The percentage distribution of responses for individual items is included in Appendix G.

The findings in Table IX suggest that few of the respondents will demonstrate all of the behaviors expected of the professional nurse as only a small percentage of the sample have reached the phase of assimilation. It is important to note that the responses indicate that many of the respondents were still in the reaction phase.

These findings support two of the assumptions which were identified as being implicit in the model of socialization. These are:

1. The entire socialization process is not necessarily complete at the end of the educational program. Data indicate that respondents are in the various stages of the socialization process and that while some have reached the stage of assimilation in some areas, they are at stage I and II in relation to other areas.

2. The timing and rate of progress through the stages vary with different individuals. The data clearly show that the number of respondents in any one stage differs considerably.

Table IX

Percentage Distribution of Responses by Category for Each Phase of the Socialization Model

	Phase		
Category	Orientation/Assimilation	Reaction	Assimilation
Definition	52.0	24.2	23.8
Client	33.0	5.0	62.0
Goals	42.5	15.9	41.6
Relationships	45.2	43.2	11.6
Autonomy	36.5	57.8	6.2
Responsibility	52.5	22.3	25.2
Scholarship	55.3	20.8	23.8
Commitment	51.9	31.7	16.3
Independence	47.0	28.7	19.3
Activities	44.7	46.3	8.9

Summary

This chapter has presented the analysis of the demographic data and the scoring of the Valiga Concept of Nursing Scale. A discussion of the findings within the context of the Professional Model and the model of socialization developed for this study was included.

CHAPTER 6

Summary, Conclusions, Implications and Recommendations

Overview

This chapter presents a summary of the study, conclusions to be drawn from the findings, implications of the findings for nursing education and nursing practice, and recommendations for further research.

Summary and Conclusions

The purpose of this study was to determine the perceptions of nursing as a profession of students graduating from college-based nursing diploma programs. To answer the research question, the Valiga Concept of Nursing Scale (1982) and a demographic data sheet were administered to 101 students approximately one month prior to graduation from three nursing diploma programs in British Columbia. The questionnaires were then coded by hand and the data entered into computer files for analysis. The SCSS Conversational System (Nie, et al., 1980) was the statistical computer package used to analyze the data.

Nursing theorists and the nursing profession perceive nursing and the role of the nurse as encompassing the following concepts: (a) boundaries of the profession, (b) recipient of the profession's service, (c) goals of the profession, (d) relationship of the profession to others, (e) independence of the practitioner, (f) responsibility of the practitioner, (g) scholarly component of the profession, (h) autonomy of the practitioner, (i)

commitment of the practitioner, and (j) activities of the profession. The findings are presented within this context.

Scores in the categories of definition, client, goals, and scholarship were high thereby suggesting that the students surveyed were able to identify the focus of nursing and to define the recipient of the profession's service (client), and could identify the goals to be achieved in the client. In addition, these findings indicated that these students viewed scholarship as an essential component of a profession.

On the other hand, the scores in the areas of autonomy, responsibility, relationships, and activities were low. These findings implied that: (a) the students surveyed perceived the nursing profession as having minimal control over its practice, (b) responsibility and accountability were not viewed as being an integral part of nurses' behaviors, (c) ambiguity prevailed in the area of relationship with other members of the health team, and (d) the scope of practice was unclear to many of these students.

Finally, the scores on independence and commitment suggested that students graduating from diploma programs perceived nursing as functioning independently and that commitment was viewed as a characteristic of the nursing profession.

It can be concluded that at the completion of their educational program, the students surveyed had not all acquired the perceptions of nursing as a profession that will enable them to demonstrate professional behaviors consistent with those expected by the profession. In addition, it can also be inferred that many of these students had not experienced all

of the stages of the socialization process as defined in the socialization model developed for this study. Therefore, these students had not acquired all of the values and norms necessary to enable them to demonstrate expected professional behaviors.

The above conclusions are based on the responses of a relatively small convenience sample of 101 students graduating from diploma programs. The investigator does not claim that the sample is representative of all nursing students in college-based diploma programs and therefore cannot conclude the findings are generalizable to graduates of other college-based nursing schools.

Moreover the conclusions of this study rest upon the use of an instrument, the Valiga Concept of Nursing Scale, that had a low reliability coefficient with the population studied. It is to be noted that the investigator selected the instrument on the basis of the acceptable reliability coefficient established by Valiga. The differences in the reliability coefficient may be attributed to: (a) time, (b) population differences, (c) environmental context, and (d) the relatively small sample size.

Implications

Nursing education

Professional socialization is the process whereby the acquisition of knowledge, skills, values, and norms necessary to function effectively within a group occurs. It has been established that most of this process takes place in the formal educational preparation of a professional. Thus a major goal of educators should be to instill students with views of their

professional roles.

Consistent with the model of socialization developed for this study, the findings revealed that not all students graduating from diploma programs have acquired the perceptions of nursing as a profession that will enable them to demonstrate the expected professional behaviors. Nurse educators, however, should be concerned about the way in which programs enable students to become socialized into the profession. Two questions should be examined.

The first is whether "professionalism" is addressed both conceptually and behaviorally in nursing curricula. Unless the teaching and evaluating of values, standards, and attitudes are incorporated into the curriculum of schools of nursing, it will be difficult for the nurse educator to be successful in her mission to instill in the students professional values. In addition, students' perceptions could be explored at different times during the program to assess their progress in the development of perceptions that are 'professional' and changes in curricular activities could be made where appropriate.

The second relates to the influence exerted by faculty and staff nurses upon the development of perceptions of nursing as a profession in students. As faculty strongly influence the students' perceptions of their profession, it is desirable to ensure that students associate with faculty and staff nurses who demonstrate excellence in the practice setting and who can serve as appropriate role models.

Nursing practice

Graduates of nursing diploma programs are expected to assume the professional role in the work setting. The findings of this study show that not all of the students graduating from diploma programs will be able to meet those expectations. Thus, it becomes important that, in the work setting, the socialization process be supported to assist the new graduates to complete the 'professionalization' process. This means the presence of appropriate role models and the development of educational programs that will contribute to and facilitate the socialization process.

Recommendations for Further Research

Proposals for further research can be divided into two categories: recommendations for future studies in the area of perceptions of nursing as a profession and recommendations for further refinement of the Valiga Concept of Nursing Scale.

In the first category, recommendations for future studies are as follows:

1. A study of a larger sample of students graduating from diploma programs would be appropriate. This would then yield findings that could be generalized to students graduating from other diploma programs.

2. The development of students' perceptions of nursing as a profession could be assessed at different times during the program through the application of an instrument designed for that purpose. This might assist in evaluating the different methods used in the socialization of students and in determining the need for curriculum changes in the area of professionalization.

3. It might be useful to study the relationship between the graduating students' perceptions of nursing as a profession upon graduation and a few years after graduating. Such a study would establish whether the graduates continue to develop perceptions of nursing that enable them to use consistently expected professional behaviors.

4. It would also be useful to study the relationship between nursing students' and faculty's perceptions of the professional role. This would assist in identifying areas of congruency and discrepancy between the two groups and in establishing whether students adopt the values and norms espoused by nursing faculty. For similar reasons, a study that would compare the views of the students graduating from diploma programs with those of the nurse practitioners and the nurse educators could also be undertaken.

Recommendations for further development of the Valiga Concept of Nursing Scale (1980) include: (a) a revision of the wording of the items which were unclear to the respondents, (b) the development of items for the categories which had fewer than three items, (c) establishing the reliability of the revised instrument, and (d) determining the distinctness of the various concept clusters (eg. definition, goal, autonomy) by means of a factor analysis technique.

Summary

A summary of this study and the conclusions were presented in this chapter. In addition, the implications for nursing education, nursing practice, and the nursing profession were briefly discussed. Finally recommendations for future research were made.

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APPENDIX A

The Valiga Concept of Nursing Scale

VALIGA CONCEPT OF NURSING SCALE (1982)

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 of today can provide better medical care than many physicians and should replace physicians in many instances.	SA A U D SD
2.	Nurses should have legitimate role in performing physical examinations for the sole purpose of assisting physicians in making their medical diagnoses.	SA A U D SD
3.	Nurses should get approval from the doctor before giving clients/patients any information or doing anything for them other than what is ordered.	SA A U D SD
4.	Nursing practice must be guided by a conceptual/theoretical framework.	SA A U D SD
5.	Nurses should be reactors to, rather than creators of, practice situations.	SA A U D SD
6.	Nurses must be willing to stand up for what they believe in no matter what the "cost".	SA A U D SD
7.	Nurses should identify with and seek approval from professional colleagues inside and/or outside their institution.	SA A U D SD

8.	Nurses should be willing to move from one institution to another in an attempt to seek challenging positions.	SA	A	U	D	SD
9.	Fostering personality development of the client/patient in the direction of maturity should be a function of nursing.	SA	A	U	D	SD
10.	Nurses must be faithful followers of specific rules imposed by the physician and other sources.	SA	A	U	D	SD
11.	There should be one specific definition of nursing that all nurses can follow.	SA	A	U	D	SD
12.	The practice of truly professional nursing can occur only in settings or situations where a physician is not directly involved.	SA	A	U	D	SD
13.	The administration of medications is of such a serious nature that it should be a primary activity of nurses.	SA	A	U	D	SD
14.	There is definitely a right and a wrong way to do things and to approach nursing situations.	SA	A	U	D	SD
15.	Nursing is practiced most effectively in situations which are largely repetitive and routine.	SA	A	U	D	SD

16.	Nurses, in the performance of their roles and responsibilities, assist individuals and groups in society to attain, maintain, and restore health.	SA	A	U	D	SD
17.	Nurses should be expected to be involved with research in ways appropriate to their preparation as a routine aspect of their practice.	SA	A	U	D	SD
18.	Nurses must be able to provide leadership to their peers and to the profession itself.	SA	A	U	D	SD
19.	It is useful for clients/patients to liken the physician to the "father", the nurse to the "mother", and themselves to the "children" in a relationship.	SA	A	U	D	SD
20.	Nursing can be practiced anywhere people are.	SA	A	U	D	SD
21.	Nurses have the obligation to help clients/patients seek their highest possible level of functioning.	SA	A	U	D	SD
22.	Nursing is deliberate, health-related action performed by individual persons on behalf of others, individually or in groups.	SA	A	U	D	SD
23.	Conducting nursing rounds with the entire health team should be a responsibility of nurses.	SA	A	U	D	SD
24.	There is a scholarly dimension to the practice of nursing.	SA	A	U	D	SD
25.	A primary responsibility of nurses should be taking the client's/patient's vital signs.	SA	A	U	D	SD

APPENDIX B

Demographic Data Sheet

DEMOGRAPHIC DATA SHEET

Age	17-20	____	30-39	____
	21-25	____	40-49	____
	26-29	____	50 +	____
Sex	Female	____	Male	____
Marital Status:	Single	____	Separated	____
	Married	____	Widowed	____
	Divorced	____		

Occupation Held prior to Enrolling in your Current Nursing Program.

Student ____

L.P.N. ____

Long Term Care Aid ____

R.P.N. ____

Other (please specify) ____

Post High School Education prior to Enrolling in your Current Nursing Program.

a. None _____

b. Some post high school education (please specify) _____

c. Graduation from a technical program (please specify) _____

d. Graduation from a university program (please specify) _____

e. Other (please specify) _____

APPENDIX C

Introduction to the Research Instrument (College Y)

VIEWS ABOUT NURSING QUESTIONNAIRE

Introduction

My name is Louiselle Ouellet. I am presently completing a master's program in nursing at the University of British Columbia. My research is in the general area of nursing as a profession, an area that is becoming of critical importance as nursing establishes itself within the health care system.

Would you please assist me in my research by completing the attached questionnaire and returning it using the enclosed, stamped envelope. Completion of the questionnaire, which requires approximately twenty minutes of your time, is in no way associated with course requirements and your decision will not affect your status or grade in the nursing program. Completing the attached questionnaire will indicate your willingness to participate and thus your consent to be part of the study. You may withdraw from the study at any time.

To ensure anonymity, you are asked not to write your name on the questionnaire or identify yourself in any other way. There are no right or wrong answers, so please try to be honest and open in your responses.

I want to thank you for your assistance.

APPENDIX D

Reminder Note

FOLLOW-UP REMINDER

July 30, 1984

Dear Nursing Student,

Approximately three weeks ago, the questionnaire "Views about Nursing", was mailed to you. This is part of a thesis project that I am doing in the nursing program at the University of British Columbia. I would like to invite you to complete and return the questionnaire if you have not already done so. I am including a copy of the questionnaire and a stamped envelope for your convenience. If you have already completed the questionnaire, please disregard this note and accept my thanks.

I am looking forward to receiving the completed questionnaire. Thank you for participating in my study and best wishes to you in your nursing career.

Sincerely,

Louiselle L. Ouellet

APPENDIX E

Introduction to the Research Instrument (College X)

VIEWS ABOUT NURSING QUESTIONNAIRE

Introduction

My name is Louiselle Ouellet. I am presently completing a master's program in nursing at the University of British Columbia. My research is in the general area of nursing as a profession, an area that is becoming of critical importance as nursing establishes itself within the health care system.

Would you please assist me in my research by completing the attached questionnaire and returning it to your preceptorship instructor using the enclosed envelope. Completion of the questionnaire, which requires approximately twenty minutes of your time, is in no way associated with course requirements and your decision will not affect your status or grade in the nursing program. Completing the attached questionnaire will indicate your willingness to participate and thus your consent to be part of the study. You may withdraw from the study at any time.

To ensure anonymity, you are asked not to write your name on the questionnaire or identify yourself in any other way. There are no right or wrong answers, so please try to be honest and open in your responses.

I want to thank you for your assistance.

APPENDIX F

Introduction to the Research Instrument (College Z)

VIEWS ABOUT NURSING QUESTIONNAIRE

Introduction

My name is Louiselle Ouellet. I am presently completing a master's program in nursing at the University of British Columbia. My research is in the general area of nursing as a profession, an area that is becoming of critical importance as nursing establishes itself within the health care system.

Would you please assist me in my research by completing the attached questionnaire. Completion of the questionnaire, which requires approximately twenty minutes of your time, is in no way associated with course requirements and your decision will not affect your status or grade in the nursing program. Completing the attached questionnaire will indicate your willingness to participate and thus your consent to be part of the study. You may withdraw from the study at any time.

To ensure anonymity, you are asked not to write your name on the questionnaire or identify yourself in any other way. There are no right or wrong answers, so please try to be honest and open in your responses.

I want to thank you for your assistance.

APPENDIX G

Table X

TABLE X

Percentage Distribution of Responses of Individual Items for Each Phase of the Socialization Model

Item	Phase		
	Orientation/Assimilation	Reaction	Assimilation
1	49.0	39.0	12.0
2	21.2	77.8	1.0
3	53.5	15.7	20.8
4	60.4	12.8	26.7
5	36.1	57.8	6.2
6	43.6	41.5	14.9
7	48.5	37.6	13.9
8	55.4	27.7	16.8
9	48.5	37.6	13.9
10	40.6	41.6	17.8
11	42.6	48.5	8.9
12	67.0	11.0	22.0
13	43.6	49.5	6.9
14	53.0	37.0	10.0
15	60.6	16.8	23.2
16	42.6	2.0	55.4
17	46.5	32.7	20.8
18	61.4	3.0	35.6
19	33.0	5.0	62.0
20	53.5	0.0	46.5
21	36.6	8.0	55.4
22	54.5	16.9	28.7
23	47.5	40.7	11.7
24	59.0	17.0	24.0
25	37.6	52.5	9.9