



A descriptive study of the public image of the nurse
by Ellen Marie Leahy

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University

© Copyright by Ellen Marie Leahy (1981)

Abstract:

The purpose of this study was to describe the public image of the nurse. The exploratory-descriptive design of this study was based on three related concepts of image determination theorized by Leo W. Simmons (Simmons 1964). These three concepts, social position, attributes and expectations, and reference groups of the nurse were operationalized and offered as forced-choice items on a questionnaire. The questionnaire was a tool developed by the researcher.

Tool development was based on interviews using the operationalized concepts of Simmons. Content analysis of interview data was used to formulate forced choice questions which were assembled into a questionnaire. The sample consisted of 200 randomly chosen residents of Missoula County, Montana. Findings indicated that the nurse was explicitly described by the public as "a cheerful woman in a white uniform who assists the doctor." This description is supported by the findings implicit in the data that indicate that the public perceived the nurse in relation to traditional and female sex-role stereotypes and in a dichotomous and static manner. As the image of the nurse holds serious implications for the profession of nursing, it was recommended in this study that the findings be utilized to generate further research aimed at identifying the effects of the image. This study may also be utilized to provide an impetus to change aspects of the image which are contrary to the image nurses wish to project.

STATEMENT OF PERMISSION TO COPY

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by my major professor or, in his absence, by the Director of Libraries. It is understood that any copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Signature

ELV Leary

Date

5-27-81

A DESCRIPTIVE STUDY OF THE PUBLIC IMAGE OF THE NURSE

by

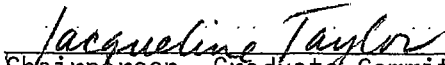
Ellen Marie Leahy

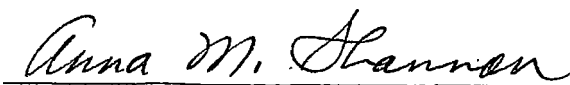
A thesis submitted in partial fulfillment
of the requirements for the degree

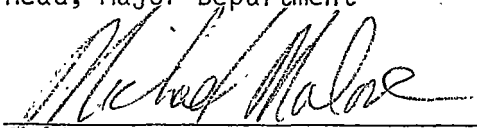
of

MASTER OF NURSING

Approved:


Chairperson, Graduate Committee


Head, Major Department


Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

May, 1981

ACKNOWLEDGEMENTS

The author wishes to express her appreciation to:

Dr. Jacqueline Taylor, committee chairperson, for her wisdom in these matters.

Ms. Karen Stinger and Ms. Kari Peterson, committee members, for their assistance, support and time.

Dr. Randall Washburn and Dr. James Turley for their rescue from the computer.

My friends who listened and listened.

My parents, Mr. Joseph Leahy and Mrs. Ruth Leahy, for their strong and constant support.

TABLE OF CONTENTS

<u>Chapter</u>	<u>Page</u>
VITA	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vii
ABSTRACT	ix
1. OVERVIEW	1
Identification and Discussion of the Problem	1
PURPOSE	2
DEFINITION OF TERMS	2
SIGNIFICANCE OF STUDY	3
ASSUMPTIONS	4
2. REVIEW OF THE LITERATURE	5
Introduction	5
Review of the Literature	5
3. CONCEPTUAL FRAMEWORK	16
Summary	20
4. METHODOLOGY	21
5. ANALYSIS AND INTERPRETATION OF FINDINGS	36
OVERVIEW	36
SAMPLE	36

<u>Chapter</u>	<u>Page</u>
DEMOGRAPHIC DATA	36
Age and Sex	36
Income and Occupation	37
Religion	39
Residence	39
Summary of the Demographic Data	40
SOCIAL POSITION	41
Professionalism	41
Changes in Levels of Knowledge, Responsibility and Authority	42
Supervision and Liability	45
Sexual Reputation.	47
Compensation and Educational Qualifications	52
Trust	54
ATTRIBUTES AND EXPECTATIONS	56
Functions	56
Satisfaction	59
Traditional Female Sex-Role Expectations	61
Attributes	64
Dichotomy of the Image	66
Mental Picture	67

<u>Chapter</u>	<u>Page</u>
REFERENCE GROUPS	68
Male and Female	69
Age	71
Exposure	71
COMPOSITE IMAGE	72
SUMMARY	76
6. DISCUSSION	78
SUMMARY AND CONCLUSIONS	78
LIMITATIONS	80
IMPLICATIONS AND RECOMMENDATIONS	82
LIST OF REFERENCES	84
APPENDICES	88

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. OCCUPATION (n=91)	38
2. INCOME (n=91)	39
3. Response to the Statement: "NURSES HAVE MORE KNOWLEDGE THAN THEY DID TEN YEARS AGO" (n=91)	43
4. Response to the Statement: NURSES HAVE MORE RESPONSIBILITY THAN THEY DID TEN YEARS AGO (n=91)	43
5. Response to the Statement: "NURSES HAVE MORE AUTHORITY THAN THEY DID TEN YEARS AGO" (n=91)	44
6. Response to the Statement: NURSES SHOULD ALWAYS WORK UNDER THE SUPERVISION OF A DOCTOR" (n=91)	45
7. Response to the Statement: "NURSES ARE CAPABLE OF WORKING INDEPENDENTLY IN HEALTH CARE" (n=91)	46
8. Response to the Statement: "FEMALE NURSES ARE GENERALLY MORE PROMISCUOUS THAN FEMALES IN GENERAL" (n=91)	48
9. Response to the Statement: "MALES THAT ARE NURSES HAVE A TENDENCY TOWARD HOMOSEXUALITY" (n=91)	48
10. Response to the Statement concerning a nurse's OFF-DUTY hours: "A FEMALE NURSE NEEDS TO BE MORE CAREFUL ABOUT HER REPUTATION THAN DO WOMEN IN GENERAL" (n=91)	49
11. VISIBILITY OF THE MEMBERSHIP OF THE NURSING PROFESSION (n=91)	50

<u>Table</u>	<u>Page</u>
12. COMPENSATION (n=91)	52
13. EDUCATIONAL CRITERIA (n=91)	53
14. TRUST (n=91)	55
15. MOST IMPORTANT FUNCTIONS (n=91)	57
16. MOST TIME-CONSUMING FUNCTION (n=91)	57
17. MOST IMPORTANT IMPROVEMENTS (n=91).	58
18. In Response to the Statement: "NURSES SEEN ON TELEVISION SHOWS ARE VERY SIMILAR TO NURSES IN REAL LIFE" (n=91).	60
19. Response to the Statement: "NURSES IN REAL LIFE ARE FAR MORE INTELLIGENT THAN THOSE PORTRAYED ON TELEVISION (n=91)	60
20. Response to the Statement: "NURSES SEEN ON TELEVISION SHOWS ARE MORE SEXUAL THAN THOSE IN REAL LIFE" (n=91)	61
21. Response to the Statement: "WOMEN HAVE A KNACK FOR NURSING THAT MEN DO NOT HAVE" (N=91)	62
22. Response to the Statement: "I PREFER TO HAVE A FEMALE NURSE RATHER THAN A MALE NURSE" (n=91)	63
23. ASSESSMENT OF GENTLENESS (n=91)	64
24. ASSESSMENT OF WARMTH (n=91)	65
25. Response to the Statement: "I FEEL VERY SAFE UNDER A NURSE'S CARE" (n=91)	65
26. Response to the Statement: "NURSES BECOME HARDENED BY THE KINDS OF THINGS THEY SEE IN THEIR WORK" (n=91)	66

ABSTRACT

The purpose of this study was to describe the public image of the nurse. The exploratory-descriptive design of this study was based on three related concepts of image determination theorized by Leo W. Simmons (Simmons 1964). These three concepts, social position, attributes and expectations, and reference groups of the nurse were operationalized and offered as forced-choice items on a questionnaire. The questionnaire was a tool developed by the researcher. Tool development was based on interviews using the operationalized concepts of Simmons. Content analysis of interview data was used to formulate forced choice questions which were assembled into a questionnaire. The sample consisted of 200 randomly chosen residents of Missoula County, Montana. Findings indicated that the nurse was explicitly described by the public as "a cheerful woman in a white uniform who assists the doctor." This description is supported by the findings implicit in the data that indicate that the public perceived the nurse in relation to traditional and female sex-role stereotypes and in a dichotomous and static manner. As the image of the nurse holds serious implications for the profession of nursing, it was recommended in this study that the findings be utilized to generate further research aimed at identifying the effects of the image. This study may also be utilized to provide an impetus to change aspects of the image which are contrary to the image nurses wish to project.

CHAPTER ONE

OVERVIEW

Identification and Discussion of the Problem

"The public's opinion of a profession is of great importance to its membership" (Simmons, 1962). The impact of this statement on the nursing profession cannot be realized unless one responds to an implied charge of the statement; that is, to determine the public's opinion.

This researcher began to question whether the public had a realistic conception of the profession of nursing. This question was raised, in part, by members of the public bombarding her with exclamations such as, "You're a nurse? I could never be a nurse!" Each exclamation usually followed this statement with a singular, yet seemingly, omniscient rationale such as, "I can't stand the sight of blood," or "It's a woman's job," or "If I were going to go into medicine at all, I'd just go on to college and become a doctor."

Such statements, taken by this researcher as cues to the public's image of the nurse, were indicative of a narrowed and inaccurate image. The weight of an inaccurate image is not to be discounted; however, for an image is real to those who perceive it. Herein lies the power of the image.

What types of limits could such an image place on the nursing profession? How great a degree of role discrepancy can result? The

implications of the answers to these questions are quite serious. Dr. Carol Lindeman, in her recent study for the American Academy of Nursing, cited the image of the nurse as the nursing profession's most critical issue (Lindeman, 1979).

In order for the nursing profession to respond to this charge, it is first necessary to determine the nature of the nurse's image. If one assumes that a stereotype exists, the question becomes, which one? Which nurse is visible to the mind's eye of the public; the angel in white, World War II nurse, or, paradoxically, the nurse in the soap operas? Does the lady with the lamp, if she ever did, still exist for the public? Which image does prevail? If, indeed, the power of the image does have potential influence over the profession of nursing, then it is essential that the existing image of the nurse be described.

PURPOSE

The purpose of this study is to describe the public image of the nurse.

DEFINITION OF TERMS

Describe - to represent or give an account of in words; to trace the outline of (Webster, 1970.)

Public - the people as a whole (Webster, 1970)
- for purposes of this study the term 'public' will refer to and include only those persons currently residing

within the geographical boundaries of Missoula County, Montana

- Image - a mental conception held in common by members of a group and symbolic of basic attitudes and orientation (Webster, 1970.)
- a professional stereotype (Simmons 1962.)
- Nurse - a professional nurse, registered by the Montana State Board of Nursing to practice professional nursing
- the incumbent or occupant of the image as defined by Simmons

SIGNIFICANCE OF STUDY

The findings of this study will provide a knowledge base for the current image of nursing. This information, once disseminated, can be useful toward increasing the awareness of the professional nurse to the light in which they are being perceived. It may facilitate the nurse's ability to anticipate and understand the public's response to the nurse's role.

Such a knowledge base can further respond to the stated problem as it can contribute to the construction of a tool for use in comparative studies concerning nursing roles. Such a tool would provide the nursing profession with a means to identify factors that need to be communicated to the public in an attempt toward role reconciliation. "Public redefinition of the nursing image is of

paramount importance for the profession's growth and scope of practice" (Beletz 1974).

Ultimately, the knowledge resulting from this study can be employed in the formulation of predictive principles for change by relying on the nurse's image as the barometer. "Expert knowledge on the current imagery as related to nursing and broad trends in the shifts in image concepts can be very useful to leaders in nursing, especially if they will take advantage of this information to anticipate changes and adapt their programs to such image fluctuations" (Simmons 1964).

ASSUMPTIONS

The following assumptions were basic to the pursuit of this study:

1. The public does possess an image of the nurse.
2. The public image of the nurse has impact on the profession of nursing.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

There exists a tremendous amount of literature on the nurse's self image, but there are fewer studies regarding the current public image of the nurse per se. Recent studies on the topic draw from a few major studies conducted during the late 1940's and early 1950's. This literature is included in this review.

Most current literature discusses the nurse's image in relation to female stereotyping and traditional viewpoints, cites the significance of the resulting images to nursing, and charges the nursing profession to take action. This literature is very significant as it responds to and is applicable to the current state of nursing. For this reason, and with the objective of providing operational definitions of the terms that compose this study, such literature is also discussed in the following.

Review of the Literature

The profession of nursing is changing but the image is not, according to the results of a recent study conducted to determine "how the public sees nursing" (Beletz, 1974). The sample for this study included only in-hospital patients and the results are not generalizable. The responses to open-ended questions such as "What

are the first thoughts and images that come to mind when I mention the word nurse?" and "What do you see a nurse do?" consistly "presented the image of a technical, functional doer." In Beletz's analysis, the composite picture presented was of "female nurturer, medicator, physician's assistant, maid and administrator" (Beletz 1974).

Beletz's image, as described in 1974, shows little variance from the image presented by Birdwhistell in 1947. Birdwhistell described the nurse from the three viewpoints of upper, middle and lower socio-economic classes and found that the upper class viewed the nurse as a "skilled menial, someone else's maid." Her job was viewed as an "unpleasant" one, and the associative term chosen to refer to her was "cousin" or "poor relative."

The middle class regarded the nurse as someone who was "semi-skilled to skilled" and whose educational preparation was referred to as "training." An association test administered to this group produced the terms "mother, sister, aunt, or no relative." The lower class viewed nursing as "one of the noblest of all professions." In an association test for this group, the nurse was referred to as a "technical expert" (Birdwhistell 1947).

Deutscher's findings in 1955 are consistent with Birdwhistell's as evidenced by his statement, "As we move from higher to lower socio-economic groups the evaluation of nurses becomes consistently

more favorable." Deutscher's upper class sample stated that the nurse may "become calloused, cynical, and coarse." His lower class sample contradicted this evaluation through its statement that "nurses are kind, they are sympathetic, and they are very understanding. I just think they are tops." The lower class group also commented that nurses are "clean, sanitary and neat."

The fact that public respondents are each members of different socio-economic classes may partially account for the dichotomous image of the nurse that "At one pole is the image of a humanitarian and altruistic individual, more or less competent, and endowed with sympathy, compassion, and exceptional capacity for establishing rapport, one who gives of herself. At the other pole is the image of a professional, thoroughly trained, technically efficient and cool-headed expert who can be relied upon for an able performance within her specialty, and relatively independent of emotional components, one who attempts to keep herself out of her work (Simmons 1964).

Another facet of the nurse's image that exhibits a dichotomy is that concerning her sexual morals. The men in Deutscher's middle class sample referred to nurses as "easy marks," yet he stated that they seemed to have respect for them." Here exists a disparity within a singular viewpoint. The women in the upper class sample did "not regard these women (nurses) as a threat" as any casual affair "couldn't come to anything." This implies promiscuity of a

significant degree. The men in the lower class sample thought that the doctors "probably had a lot of fun with them (nurses)" yet also stated that the "girls were 'looked after' by the head nurses."

Although all three classes referred to the nurse with terms denoting promiscuity, all but the upper class presented a contradiction within their view.

The literature suggests that the disparity concerning the nurse's sexual morals may have an historical origin. Before Nightingale, "nurses were considered a drunken, immoral lot. Nightingale, an aristocrat herself, turned nurses into respectable ladies" (Corea 1977). With Nightingale's stimulus, the pendulum began its swing in the opposite direction but, it does not appear that it stopped midpoint. The angelic, celibate image of the nurse was perpetrated through the nursing education literature of the years following Nightingale. The celibate image is illustrated by statements found in a nursing text, circa 1937, such as, "Two things need to be remembered, man can live happily and satisfactorily in a state of celibacy and, on the other hand, a happy well-controlled sex life makes for power and contentment in living. Experience and observation teach that the sexual energy of a normal person can be diverted into other channels and that chastity and celibacy are compatible with happy, serene and productive living" (Gladwin 1937). This text also contains an essay to dispute a nursing student's statement that "My private life is nobody's business."

The evolution of an extreme image did not replace the original image, but merely appeared as a counter-image. This polarized image exists today in "comic strips, novels and other fiction, and television (that) tend to portray the nurse (still female) either as a very sweet and/or sexy young girl, playing obedient handmaiden to the doctors, or as a tough, starched older woman, efficient and brusque" (Young 1975), such as Nurse Ratched in Kesey's One Flew Over the Cuckoo's Nest (Kesey 1962).

Current literature states that the nurse's image is further contrived beyond the dichotomy of "promiscuous/cold" to fit the dichotomous images of "motherly/alooof," efficient and hard," and "dumb/sweet" (Benton 1979). Miss Nightingale had been assigned her own personal dichotomy by many in London who referred to her as "the dove of mercy who had claws of iron" (Elms & Moorehead 1977). Simmons' evaluation further confirms the point that "In many studies of nurse images certain themes predominate and appear incompatible or even in conflict"(Simmons 1962).

The preceding themes appear repeatedly in recent literature. The predominate theme of current literature, however, speaks with a strong bias that the image of the nurse, in fact the impediment of the nursing profession, is related to female sex-role stereotypes. Peebles and Francis (1968) state that one of the attitudes and beliefs that "tend to retard the full acceptance of nursing as a

profession" is that nursing has been characterized as the "work of females."

This belief holds that nursing is feminine in character while medicine, dentistry, and pharmacy have a masculine character. This tends to enhance sex segregation which, in turn, like other forms of segregation, creates barriers to communication and therefore to the understanding and full appreciation of the problems of the out-group.

The literature, whether feminist oriented or not, is saturated with statements linking nursing to the traditional female roles and expectations of nurturance, obedience, drudgery and dependence. A few examples will suffice:

"Nursing as its very title suggests, is a nurturing process and the mothering aspect of nurturance is strongly enforced. This is to say that over a very long period of nursing's history, the nurse has been viewed as a selfless mother-substitute." (Schoen, 1971).

Simmons cited a generally-held view of the early 1900's that "women are by nature less independent, less capable of initiative and less creative than are men and, for this reason, stand in need of masculine guidance. Consequently, modern nursing got its start firmly fixed in a sex-linked vocation" (Simmons 1962).

The profession of nursing so closely paralleled the occupation of wife and mother that it was generally thought unnecessary or inappropriate for a woman to fill both roles. This accounts for the fact that throughout the history of modern nursing, a battle of opinions on the ideal marital status of the nurse has been raging.

Birdwhistell's middle class sample implied that the nurse is a woman "who can't get a husband or who is a neglectful wife " (Birdwhistell, 1947). The lower class thought the profession would put the nurse "in a position in which she will be able to make a good marriage." The post-war and current fiction often identifies this "good" marriage as the inevitable marriage to a doctor (Richter, 1974). Upon achievement of this goal, however, the nurse was not expected to work unless she became bored and wanted to go out and work a little (Lamb, 1973). According to Corea, the nurse was, in fact, discriminated against once married, as evidenced by the mandatory resignation of newly-wedded U.S. Army and Navy nurses, circa 1945 (Corea, 1977). The nursing leader, Nightingale herself, when faced with the seemingly mutually exclusive choices of marriage or career, chose career. The female attributes thus far described, if not practiced in marriage, were directly applicable to nursing, yet it was considered incompatible to practice both.

Corea speaks out the loudest in linking the female sex-role stereotype to nursing: "Serving and nurturing were the roles of all women so nursing was feminine" (Corea, 1977). Corea identified the Victorian impact of the Nightingale era on nursing. Statements from the context of Nightingale's texts are cited throughout Corea's essay. Not only is it strongly suggested that Nightingale's philosophies are responsible for much of today's image, but Corea also accused the nursing leader of not wanting nurses to govern themselves. If

Nightingale did indeed hold such a philosophy, the implications may be visible today as they may account for the current autonomy deficient image of the nurse.

Another author referred verbatim to Nightingale's "rigid" requirements for a nurse in an effort to provide an explanation, not a cause, for the current state of the nursing image (Benton 1979). The interpretation of Nightingale's philosophies and their impact on nursing is spoken to in the majority of current literature concerning the image of nursing as related to female sex-role stereotypes. Two major schools of thought exist in the literature concerning the Nightingale factor. One blames the nursing leader for her rigid definitions and expectations, the other interprets Nightingale's stand as a necessary extreme of the times. Proponents of either interpretation, however, agree that remnants of the philosophies of the Nightingale era exist and account, at least in part, for the current image of the nurse.

As evidenced by this review thus far, one of the major themes of the current literature relates the image of the nurse to traditional and female sex-role stereotypes. Two other major points of emphasis exist throughout the literature. The first speaks to the significance of the current image to nursing. The final point results from a discussion of the significance of the image and is a strong charge to change the image.

Regardless of the main factors cited in determining the image of the nurse, the majority of the literature judged the current imagery to be a hindrance to the progression of nursing. A recent article in a health care journal cites the image of the nurse as one of the three major issues underlying the chronic nurse shortage. (Personett, 1980). Personett stated that the traditional image of the nurse "as a handmaiden to the physician is outmoded and illegal" today, thereby implying the development of a role discrepancy. Corea, in support for her argument against the traditional doctor-nurse relationship resulting from the nurse's image, also commented on the legal liabilities of such a relationship. "In every state in the country, a nurse is legally liable for her actions even if she is following a doctor's order."

Elms and Moorehead (1977), in outlining the dangers of stereotypes to nursing, questioned whether the public and prospective nurses can be informed that there "is more to nursing than wiping the perspiration from the doctor's forehead while he proceeds with the surgery." Their essay included an operational definition of stereotyping:

Why worry about stereotyping? Because stereotypes are harmful. Unfortunately, the harm engendered by stereotypes is not direct or immediate and cannot be easily pinpointed, but it does exist. What stereotyping does is catch people up in their own mythology. They begin to believe the stereotype and not see the reality. Their expectations and explanations no longer relate to what is really happening in the world, but to what they believe is happening based on the mythology portrayed in the stereotype. What you are able to accomplish is based, in part, on what people think you can do.

The present day stereotype is detrimental to the image of nurses and hinders the serious efforts in nursing to improve health care delivery.

Benton (1979) brought out the important consideration that "image of nursing issues are intimately related to the recruitment and retention of qualified candidates and, therefore, the very future of nursing." In a DHEW study on the nursing profession as a career as perceived by high school seniors, the most common reasons for rejecting nursing as a career were: "squeamishness" on the part of the females surveyed. The males reasoned that nursing was a "female-related" career. (Rudov 1976).

In emphasis on the significance of the nurse's image to the profession, one author stated that the limits of nursing's expanding practice will be strongly influenced by the opinions and expectations of the public. (Beletz, 1974). The literature further suggested that incongruity in images and, subsequently, in roles, will provide an impetus for change. "Nurses are no longer content to be the handmaiden" (Time, 1979). The final and most emphatic theme consistent throughout the literature is a charge for change. The charge for change is best summarized and identified by one author's succinct statement: "To survive, the nurse must establish a respectable self-image" (Personett, 1980).

Summary

Discussed in this review were pertinent results of major studies of nurses conducted during the past thirty years. The discussion outlines a traditional image of the nurse, that when compared to recent literature, is quite similar to the image described today. The major portion of the review discussed recent literature which presented consistent themes relating the nurse's image to traditional and female sex-role stereotypes. The literature also described the current image of the nurse in a dichotomous and static manner. The literature emphatically charged the nursing profession to change the image as it was judged to be an impediment to the profession.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

The conceptual framework of this study was derived from the theory of Leo W. Simmons regarding images of the nurse. A predominant theme of Simmons' theory is that images "operate as forces in the social milieu to promote or impede progress in an occupation. (Simmons 1964). Definition of the terms operating in Simmons' theory that apply to this study precede presentation of the theory.

"focal position" - the position of study, as isolated from the multiple positions one person occupies.

In this study, the nurse is the focal position of the study.

"significant reference groups" - groups of people "associated around the individual occupying the focal position, . . . singled out for . . . (the) special relevance to the (focal) position."

In this study, groups of people that may hold a different perception of the nurse than that of the general public are identified.

"image constructs" - "folk-determined and universally prevalent appraisals of specified categories of people."

This study determines the image construct of the nurse. For purposes of this study the image construct is referred to as the image of the nurse.

"realistic image" - "the . . . image (the incumbent as he actually is) as conceived by either" the reference groups or the incumbent.

By this definition, the public's perception of the nurse constitutes a realistic image of the nurse. This study deals with the nurse as perceived by the public, not the nurse as it is perceived the nurse should be, nor the nurse as perceived by the nurse. (Simmons 1964).

In accordance with Simmons' terms, this study describes the realistic image of the focal position of nurse as perceived by the public and significant reference groups. It is important to note that the characteristics of the "realistic" image may not exist in reality but are perceived to exist and thereby are valid in terms of the "influence that (they) exert on behavior" (Simmons. 1964):

Pertinent to this study is the important point that "variable images" of the focal position are "reflected by different reference groups." A discriminating view of a focal position, therefore, is dependent upon a study that recognizes the major reference groups. From this, "a composite image" of the occupant of the focal position can be drawn" (Simmons, 1964).

The elements of Simmons' theory consists of six related concepts:

1. The identifiable and definable social positions of an incumbent within a specified occupational category.
2. The recognized reference groups or publics clearly associated with the above specified position.

3. The role images or concepts, consisting of attributes accorded to and expectations held toward occupants of such positions by the pertinently related reference groups.
4. The identifiable discrepancies that exist between the actual behavior or services of the occupant of a vocational role position and the expectations of such behavior by members of the reference groups on the one hand or by the incumbent on the other hand.
5. The stresses (conflictual and otherwise) that are experienced by the role-imaged practitioners as a consequence of the recognized discrepancies between expectations for performance and the actual behavior and
6. The coping patterns acquired by role-imaged practitioners in coming to terms with or making adaptations to the above stresses. (Simmons, 1964.)

The conceptual framework of this study is based on the concepts of social position, reference groups, and attributes and expectations as described by Simmons. The exploratory design of this study does not accommodate Simmons' concepts of discrepancies, stresses, and coping patterns, as these elements are best determined through comparative and hypothetical studies.

The social position of an occupation is identifiable by symbols. "The more professionalized an occupation becomes, the more distinctive appear its identifying symbols and trademarks." A point that interests this author is that symbols can be "imprinted so indelibly . . . that the profession shows through, . . . even when individuals not on duty at the time might prefer to remain occupationally anonymous." This statement is best exemplified by describing a situation in which a member of the public, upon hearing that person he is speaking with is a

nurse, may say, "I thought you looked like a nurse."

The concept of reference groups as determinants of the image is extremely significant to this study as it is the "popular appraisal" of these groups that "influence the general acceptance or rejection" of the nursing profession's capabilities (Simmons 1964, p. 168). In this study, reference groups are those groups of people that have been identified to hold a significantly different perception of the nurse than the general public.

The existence of a composite image of the nurse is a determining factor of the "attributes accorded to, and expectations held toward" each nurse by the public. The review of the literature cited many expectations and attributes that the public holds for the nurse. For example, it may be that the public does hold expectations of the nurse that are derived from a traditional image of the nurse. This is important to the nurse as a composite image based on traditions is "surprisingly tough and durable and (may) outlast any realities on which (it) may have been based." As the concept of attributes and expectations is important in determining an image, this study explores the public to identify any attributes and expectations the public holds for the nurse (Simmons 1964, p. 169).

This study was structured by and responded directly to the interrelated concepts of social position, reference groups and attributes and expectations as determinants of the nurse's image. Conclusive identification of resulting role discrepancies, stresses, and

coping patterns of the nurse is beyond the scope of this study.

Summary

The conceptual framework supporting this study is derived on theory of nurse imagery postulated by Simmons (Simmons, 1964). The theory outlines related elements of vocational image theory and supplies operational definitions of the terms. The concepts directly pertinent to this study include the identification of social positions, the recognition of various reference groups, the implied attributes and expectations of the nurse's image, and the assumption that the perceived image is valid in terms of the influence it exerts on the nursing profession.

CHAPTER FOUR

METHODOLOGY

OVERVIEW

Presented in this chapter are the methods by which the problem of describing the public image of the nurse were operationalized. The research design, development of the research tool, sample and setting, data collection methods, and data analysis methods are discussed.

RESEARCH DESIGN

This study is exploratory-descriptive in design. The design of this study employs only exploratory methods in response to Simmons' concepts of social position, reference groups, and attributes and expectations as image determinants. (Simmons, 1964.). These concepts are operationalized and stated as questions which were presented in an exploratory survey. For purposes of this study, these three aforementioned components of Simmons' theory will be referred to as "image determinant components." The design of this study does not accommodate those components of Simmons' theory that are operational only through comparative measures between the nurse's public image and the nurse's self-image.

The research design calls for a research tool that can be utilized to explore the three image determinant components. Simmons' work does not provide such a tool. For this reason, the methodology of this study includes both the development and utilization of the research tool.

PROTECTION OF HUMAN RIGHTS

The human rights requirements of Montana State University were met. Interviewees were informed through an introductory letter (Appendix A) and questionnaire recipients were informed through a cover letter (Appendix C) that participation was voluntary, confidentiality would be maintained, identities would not be revealed, and that their decision regarding participation would have no bearing on any future professional relationship with the researcher. Permission was requested and granted by the managers of the business establishments at which interviews were conducted.

SETTING

The setting for this study was Missoula County, Montana which is a western county in Montana. As defined in this study, western Montana includes the area west of the continental divide to the western boundary of the state of Montana. The city of Missoula, which is the largest city in western Montana, is almost centrally located within Missoula County. The city of Missoula is the home of the University of Montana and also has many small commercial business establishments and production mills of the wood products industry. The remainder of the county surrounding the city of Missoula consists of ranchlands, forestlands, recreational areas, and small towns. The population of the city of Missoula is 33,000 and the population of the county of Missoula is 75,400. (County Clerk's Office, Missoula, Montana, May 6, 1981.)

DEVELOPMENT OF THE RESEARCH TOOL

The questionnaire method of data collection was chosen by the researcher because of the ease in administration and analysis and the accessibility to the sample that is provided. In order to decrease the introduction of bias in the development of a questionnaire, a preliminary phase of data collection was undertaken. The purpose of the preliminary phase of data collection was to explore the public for common opinions and terminology used by the public in relation to the nurse's image. The analysis of the data collected in this preliminary phase was used in the development of the questionnaire thereby contributing face validity to the terminology and content of the questionnaire. This phase of data collection is more fully explained in the following discussion of the methods by which the preliminary data were collected and the manner in which the data were used in the development of the questionnaire.

The Preliminary Phase of Data Collection: The Interviews

The method of interviewing was employed during the preliminary phase of data collection. The interview schedule was designed to identify common terminology and opinions offered by members of the public in providing a description of the nurse. The interview schedule (Appendix B) was based on the three image determinant components of social position, reference groups, and attributes and expectations.

The image determinant component of reference groups, as described by Simmons, calls for the researcher to differentiate among the public those groups that may hold a different perspective of the nurse (Simmons 1964). This component was explored primarily through the collection of demographic data and also by identifying those interviewees who had varying degrees of exposure to nurses either as kin or as recipients of nursing care.

The image determinant component of social position refers to the symbols the public may associate with the nurse and the public assigned rank of the nurse. This component was explored through open-ended questions designed to elicit opinions of the nurse in regards to symbols, pay, education, professionalism, sexual reputation, independence, responsibility and authority. The question, "What do you think about the education a nurse must go through?" provides an example of the type and structure of the questions in this category.

Due to the potentially numerous attributes and expectations in association with the nurse, the greater portion of the interview schedule responded to this image determinant component. This component was explored through questions that were designed to prompt the interviewee to describe mental pictures. Examples include, "What is the first thing that comes to your mind when I say the word nurse?" (Beletz 1974) and "What do nurses do?"

The questionnaire items were derived from the questions on the interview schedule. The content of the questions remained substantially

unchanged in their use as items on the questionnaire. For this reason, the specific items are presented within the discussion of the questionnaire which appears later in this chapter.

Conduction of the Interviews

The sample of interviewees consisted of key informants chosen from the public setting. Criteria for sample selection were a willingness to participate, the ability to speak the English language, a current residency status of at least six months duration within the legal boundaries of Missoula County, Montana, and presence in one of the public settings at the time the interviews were being conducted. The public setting consisted of various public places and businesses including restaurants, shopping areas, the university area, a community center, a beauty salon and a bar in Missoula County.

As the purpose of the interview was to identify common uses of terminology and common opinions offered by members of the public describing the nurse, the sample size was determined by the numbers of interviews conducted in order for such commonalities to emerge. Commonalities were evident by the time twenty-one persons had been approached and fifteen interviews had been completed. Of the twenty-one people approached, four refused to participate, two were disqualified due to residency status, and fifteen completed the interview. Responses were recorded verbatim. This particular method of sampling was dependent upon ongoing data analysis which is described in the following discussion.

Analysis and Application of Interview Data to Questionnaire Development

Data analysis of interview responses was ongoing throughout the interviewing process and primarily consisted of identifying commonly used terminology and opinions among the accumulating responses. The most commonly used terminology included pronouns of the female gender and the words, "white," "help," "doctor," "medications," "professional," "sensitive," and "patients." Common opinions such as those describing the nurse as well-liked, competent, professional were also quite evident in the data.

The context was also analyzed to determine if, indeed, attributes and expectations and indicators of social position and attributes and expectations were generally explored by the items of the interview schedule. The most commonly assigned attributes and expectations were identified for incorporation on the questionnaire. Interview schedule items that successfully collected data useful in determining social position were also identified for incorporation on the questionnaire. The manner in which interview content was applied to questionnaire development is best illustrated by the following example.

Of fifteen responses to the question, "What is the first thing that comes to your mind when I say the word "nurse?" the word "white" was used eight times, the word "help" was used four times, pronouns of

the feminine gender were used consistently throughout all responses, and associations between the nurse and the doctor and the nurse and the patient were frequent.

The analysis of these data was applied to the construction of the questionnaire in the following way. The question was adapted to fit the questionnaire medium while preserving the content. The result: "PICTURE A NURSE. Which ONE of the following items most closely resembles the very FIRST picture that you saw in your mind?" The response choices offered consisted of various combinations of the words derived from content analysis of the interviews. Examples include, "white," "help," feminine and neuter gender pronouns; and associations with the words "doctor" and "patient." Thus, the following response choices resulted:

- "a woman in a white uniform"
- "a person helping a patient"
- "a woman helping a patient"
- "a woman helping a doctor"

This particular questionnaire item was used to explore a mental picture, not introduce one, and was therefore highly dependent upon terminology. Many questionnaire items were used to explore opinions and were not quite as dependent upon choice of terminology. When this was the case, the interview data were analyzed to identify categories of opinions and the response choices were composed accordingly. An example illustrates:

One interview question asks, "What kind of nurses do men make?" Analysis of the response data showed that the data separated into

categories that involved a comparison of male nurses to female nurses in ratings of either better, equal to, not as good as, or clinically equal but possibly lacking in terms of compassion as indicated by responses such as "may be apathetic," or "less caring." The questionnaire item that resulted based on this preliminary data is: Which ONE of the following is most true for you?

- () Male nurses, in general, are better than female nurses.
- () Male nurses, in general, are equally as good as female nurses.
- () Male nurses are as good clinically but are not as compassionate as female nurses.
- () Male nurses, in general, are not as good as female nurses.

One final way in which the analysis of the interview data was applied to the construction of the questionnaire was in the development of new items that had not been included on the interview schedule. These items were developed in response to the high frequency of certain responses that describe attributes and opinions of the nurse such as indicated in the frequent use of the words "warm," "hardened," "motherly," "knack" and "safe." Such items were included on the questionnaire in a form that explored the strength of the attribute or opinion as it exists among the public. Examples include:

NURSES BECOME HARDENED BY THE KINDS OF THINGS THEY SEE IN THEIR WORK.

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

and

Circle the number on the scale that best indicates your feelings regarding the manner of a nurse.

WARM	5	4	3	2	1	COLD
------	---	---	---	---	---	------

The Likert scale was employed on all questionnaire items designed to assess the strength of common opinions and attributes of the nurse that were identified by content analysis of the interview. The rank order method was utilized on certain questionnaire items to enable the researcher to identify public priorities of expectations of the nurse. The forced-choice method was employed on most of the questionnaire items to enable the researcher to analyze data by computation of frequencies.

Summary

In summary, the development of the research tool was based on the analysis of preliminary data that was collected using the collected interviews. The interview schedule of this preliminary phase of data collection was exploratory in design and based on the image determinant components of social position, referent groups, and attributes and expectations. Content analysis of the interview data was in terms of identifying commonly used terminology and common opinions offered by members of the public in description of the nurse. This analysis contributed to the construction of the questionnaire by providing face validity to the content and terminology of the questionnaire. The following is a discussion of the resulting questionnaire in terms of its use as the research tool.

THE RESEARCH TOOL

The development of the research tool is described in the preceding section. At this point therefore it will suffice to

state that the research tool was in the form of a questionnaire (Appendix D) that was designed by the researcher to explore the three image determinant components of social position, referent groups, and attributes and expectations of the nurse. The questionnaire is now specifically presented and discussed in terms of its use as the research tool.

The Questionnaire

The questionnaire is presented in this section. The presentation of the items is organized in terms of the image determinant components to which they respond.

Reference Groups

The image determinant component of reference groups, as described by Simmons, calls for the researcher to differentiate from the public as a whole those groups whose members may hold a different image of the nurse in response to their vantage point (Simmons 1964). This component was explored primarily through the collection of the following demographic data: age, sex, occupation, income, religion, duration of residence in Montana, rural or urban residence during childhood, (for purposes of this study, childhood was defined as the first twelve years of life, and rural was defined as a town with a population of less than 2,500 or out in the open country) (Hassinger 1976). It was also noted whether or not the respondent lived within the city limits of Missoula or elsewhere in Missoula County.

The image determinant component was further explored by identifying those groups who have had varying degrees of exposure to the nurse either as kin (mother, sister or wife) or are nurses themselves, or by having been recipients of nursing care. Those who had received nursing care were asked to indicate the setting and the circumstances of the care and their general feelings about the care.

Social Position

The image determinant component of social position refers to those symbols such as authority, professionalism, income, knowledge, responsibility, educational criteria, independence, and reputation that the public may assign to the nurse and use to determine the rank of the nurse in this society. These symbols as applied to the nurse are explored by the following groups of questionnaire items.

The assessment of whether or not the public assigns the nurse to the rank of professional and the subjective definition of the term professional are dealt with by questionnaire items numbered 16 and 17 (Appendix D). Questionnaire items numbered 18 through 23 were used to determine changes in the level of authority, responsibility and independence attributed to the nurse by the public. Questionnaire items 15, 47, 48 and 49 were utilized to determine the public's opinion regarding liability of the nurse and the level of supervision at which the nurse is expected to function. Opinions regarding the sexual reputation that may contribute to the image of the nurse were investigated through items numbered 25, 26 and 42.

Questionnaire items that served the purpose of exploring the belief offered by Simmons that some symbols of a profession are "imprinted so indelibly on the membership that the profession shows through . . . even when individuals (are) not on duty at the time" (Simmons 1964) are numbered 24, 42 and 43. Through the use of questionnaire items numbered 32 and 33, the researcher assessed public knowledge and opinion regarding the average monetary compensation of the nurse. Questionnaire item number 44 was utilized to determine public knowledge regarding the nurse's educational qualifications and whether or not the public perceived different ranks within the nursing profession.

The final group of questionnaire items used to explore the image determinant component of social positions are items numbered 7 through 9. These items assessed the strength of the public's trust in nurses, doctors, and nurses that are males.

Attributes and Expectations

The image determinant component of attributes and expectations of the nurse involved studying the public for opinions in terms of perceived functions of the nurse, satisfaction with the nurse, and the existence of traditional and sex-related attributes and expectations. It also involved assessing the strength of commonly assigned traits such as warmth and conveying a feeling of safety. An important part of this image determinant component involved the description of mental pictures.

Questionnaire items numbered 1 through 3 and 45 are designed to reflect mental pictures of the nurse as perceived by members of the public. Perceptions of what the nurse does, should do, the most important and least important things the nurse does, and the most time-consuming things a nurse does are ranked in questionnaire items numbered 5, 6, 10, 11, 12, 13 and 14. General satisfaction with the nurse is assessed through questionnaire items numbered 37 and 38. Comparison of the public image to the image portrayed by the mass media is explored through questionnaire items 34, 35 and 36.

Exploration of the nurse's image in terms of traditional and female-sex role stereotypes and dichotomous attributes is achieved through questionnaire items numbered 27 through 31 and 41. The strength of the attributes of safety, warmth, hardness and gentleness are assessed by questionnaire items numbered 39, 40, 46 and 4. The methods by which the data were collected and analyzed are discussed in the next section.

SAMPLE

Criteria for sample selection included randomness, a willingness to participate, the ability to read and write the English language and a current residency status of at least six months duration within the legal boundaries of Missoula County, Montana. Sample size was 200 and was determined in relation to the number of groups of questionnaire items. The questionnaire contains thirteen groups of items; each group deals with a specific subject. It was arbitrarily designed by this researcher

that at least ten people would be sampled for each of the groups in order to provide an ample response to the survey. Sample size was not determined in relation to the size of the population under study as this study was not intended to be generalizable.

RELIABILITY AND VALIDITY

The method of tool development as discussed earlier in this chapter contributes face validity to the tool. The tool has not been tested for reliability, therefore does not provide reliability. The sample is not of a sufficient size to produce results that are generalizable.

PILOT STUDY

A pilot study was conducted to screen the questionnaire medium and content. Ten per cent of the sample size, twenty people, were randomly surveyed. Feedback on the tool was requested. Eighteen questionnaires were returned, each appropriately completed. From the pilot study it was determined that the questionnaire was ready for use.

DATA COLLECTION METHODS

Data collection was conducted in the following manner. A random sample of 200 was chosen from the Missoula telephone directory. Questionnaires were mailed to the households chosen in this manner. Included with the questionnaire were a cover letter (Appendix C) and a self-addressed stamped envelope. All questionnaires returned within two and a half weeks of the mailing date and whose respondents fit the criteria for sample selection were included in the study. Questionnaires returned after the deadline were not included in the study.

DATA ANALYSIS METHODS

Data were analyzed by computing frequencies and percentages on all items. Cross tabulations were computed between data that responded to the components of referent groups and attributes and expectations. A chi-square test was computed on all cross-tabulations. The level of statistical significance for this study was set at 0.10 in response to the exploratory-descriptive design of the study as this level of significance was strongly indicative of a trend. Data analysis was facilitated through the use of the Statistical Package for the Social Sciences (SPSS). (Nie 1975).

SUMMARY

This chapter outlined the exploratory-descriptive design of this study. The use of interviews in the development of the research tool was discussed. The research tool, a questionnaire, was presented in relation to the conceptual framework. Also discussed were reliability and validity, sample selection, data collection and data analysis methods.

CHAPTER FIVE

ANALYSIS AND INTERPRETATION OF FINDINGS

OVERVIEW

The purpose of this study was to describe the public image of the nurse. The concepts of this study were operationalized through the use of a research tool designed to explore the public image of the nurse in relation to Simmons' image determinant components of reference groups, social position, and attributes and expectations. This chapter reports the data analysis and interprets the findings in response to each image determinant component. The chapter concludes with a composite description of the public image of the nurse.

SAMPLE

Of the 200 questionnaires mailed to Missoula County residents, 14 were undeliverable, 8 were returned beyond the deadline for use in the study, and 91 were used for data analysis. The 91 used for data analysis constitute a 47 per cent response.

DEMOGRAPHIC DATA

Age and Sex

The majority of respondents were between the ages of 21 and 50, (67 per cent of all respondents). Thirty-three per cent of all respondents were age 51 and older. None of the respondents were younger than 20 years of age. Although this study was not designed

to intentionally omit this younger age group, the methods of sampling and data collection may have contributed to this omission since questionnaires were written at an adult reading level and sent to heads of households. Both sexes were fairly well represented as 53 per cent of all respondents were females and 42 per cent were males. Five per cent did not indicate sex.

Income and Occupation

For purposes of this study, the category of "professional" included teachers, dentists, physicians and lawyers; "white collar workers" included office personnel and executives; and "blue collar workers" included industrial workers and laborers. As indicated by Table 1, the majority, 57 per cent of all respondents was comprised of professionals (29 per cent) and white collar workers (28 per cent). Blue collar workers comprised only 12 per cent of all respondents. In regard to the prominence of the wood harvesting and wood products industry of the Missoula region, the researcher had not expected to find such a large variance between the percentage of blue collar respondents in comparison to the percentage of white collar and professional respondents in a random sample. The low percentage of blue collar respondents may be attributed to the response behavior of this group to this method of survey.

Four per cent of all respondents were nurses. As this percentage is too low to significantly alter data analysis, but more

importantly, as this group is considered by this researcher to be a part of the public, the data from this group is included in this analysis.

Table 1

OCCUPATION (n=91)			
Occupation	Percentage	Occupation	Percentage
Health care Worker	1	Blue collar	12
Nurse	4	Homemaker	16
Retired	5	White Collar	28
Student	5	Professional	29

In terms of annual income, the data illustrated in Table 2 indicates that the majority of respondents were in the middle-class range. For purposes of this study, lower class is defined as those earning less than \$10,000 annually; middle class, \$10,000 to \$25,000 annually, and upper class as those earning more than \$25,000 per year. This definition is based on current United States Government income guideles as issued to the Community Service Administration. By this definition, the majority of respondents (54 per cent) are of the middle class. The curve shifts to the left as 30 per cent of the respondents correspond to the lower class category and only 16 per cent correspond to the higher class category. These are not in contradiction to the economic condition of the region sampled. It is common knowledge that the economic condition of this region is such

Table 2

INCOME (n=91)

<u>Income Class</u>	<u>Percentage</u>
Lower Class	30
Middle Class	54
Upper Class	16

that there are a greater number of the population in the lower than in the upper class.

Religion

Data collected regarding the religious preferences of the respondents shows 87 per cent are of the Christian faith. Of the total, 19 per cent are Protestant and 40 per cent are Catholic. Eleven per cent replied that they had no religious preference and two per cent indicated that they are non-Christian.

Residence

Native Montanans comprised 56 per cent of the sample. Of the groups that are not native to Montana, 90 per cent indicated that they had spent the first twelve years of their life in the western and central states. Sixty-nine per cent of all respondents have lived in Montana for at least ten years.

In terms of rural and urban data, 56 per cent indicated that they had resided in a rural area for most of the first twelve years

of their life. Rural is defined for purposes of this study as a town with a population of less than 2,500; or, as living in the open country (Hassinger, 1976). The larger portion, 56 per cent of the respondents currently lives outside the limits of the City of Missoula in an area that is regarded as rural in terms of this study.

Summary of the Demographic Data

Interpretation of the demographic data indicates that the sample of respondents is composed of persons from ages 20 and older, the majority being between the ages of 21 and 50. The fact that the age group of persons less than 20 years old is not represented in this data is possibly due to sampling methods.

This sample represents a variety of occupational groups, the majority being of the white collar and professional groups. A larger representation of blue collar respondents was expected. The cause of this variance is possibly due to the response behavior of blue collar workers to this method of data collection.

Data regarding annual income indicate that the majority of the respondents are of the middle class. The data also indicate that the second largest representation is of the lower class, a finding that corresponds to the economic level of this region. Interpretation of the data in regard to residence indicates that more than half of the respondents show residence experiences that are western and rural in nature.

SOCIAL POSITION

Analysis and interpretation of the data in regard to the image determinant component of social position are reported in this section. Image determinants are those symbols, such as authority, professionalism, income, knowledge, responsibility, educational criteria, independence, and reputation that the public may assign to the nurse in varying degrees thereby determining the rank of the nurse in this society. This component was explored through groups of questionnaire items (see Methodology) and will be reported according to these groups.

Professionalism

The question as to whether or not the public assigns the nurse to the rank of professional was first explored through a direct question, "Do you feel that nurses are professionals?" The response was a strong affirmative; 98 per cent of the respondents indicated "yes."

In order to better understand the meaning of the word professional as it is subjectively applied, the respondent was asked to indicate the response that best defined the term professional, (Appendix D, Item 17). Of seven possible responses, 24 per cent chose the response of "competent" and an equal number chose the response "specialized in their work." Responses that referred to either educational or licensure criteria were the least chosen responses.

Interpretation of these data indicate that the public, with strong consensus, does assign the rank of professional to the nurse. The data also suggest that subjective assignment of the rank of professional is based on the idea that nurses are competent or specialized in their work rather than on more objectively applied educational or licensure criteria.

Changes in Levels of Knowledge, Responsibility and Authority

In order to explore public opinions that may indicate changes in their perception of the nurse, the respondent was asked to respond to questionnaire items (Appendix D, Items 18-23) designed to assess the strength of opinions regarding perceived changes in levels of knowledge, responsibility and authority of the nurse. The respondent was first asked to indicate whether or not nurses were "different today than they were ten years ago;" to which 67 per cent responded "yes." Respondents were then asked to rate on a scale from "strongly disagree" with the value of "1" to "strongly agree" with a value of "5" whether or not they believed nurses had "more knowledge than they did ten years ago." The same method was used to assess opinions regarding changes in levels of responsibility and authority. The results were all on the affirmative end of the scale. The mean for knowledge was the highest at 4.1. The mean for responsibility followed with 3.9 and the mean for authority was 3.4.

Table 3

Response to the Statement:

"NURSES HAVE MORE KNOWLEDGE THAN THEY DID TEN YEARS AGO" (n=91)

<u>Value Category</u>	<u>Percentage</u>
5 Strongly agree	43
4 Agree	34
3 Midpoint	18
2 Disagree	3
1 Strongly disagree	2
MEAN VALUE	4.1 Agree

Table 4.

Response to the Statement:

NURSES HAVE MORE RESPONSIBILITY THAN THEY DID TEN YEARS AGO" (n=91)

<u>Value Category</u>	<u>Percentage</u>
5 Strongly agree	44
4 Agree	20
3 Midpoint	24
2 Disagree	9
1 Strongly disagree	3
MEAN VALUE	3.9 Agree

Table 5

Response to the Statement:

"NURSES HAVE MORE AUTHORITY THAN THEY DID TEN YEARS AGO"

<u>Value Category</u>	<u>Percentage</u>
5 Strongly Agree	19
4 Agree	23
3 Midpoint	44
2 Disagree	9
1 Strongly disagree	5
MEAN VALUE	3.4 Midpoint

Further exploration in terms of perceived changes in the image of the nurse was undertaken through similarly constructed questions regarding the effect of the Women's Rights Movement on the nurse. Sixty-seven per cent responded that the movement has had an effect on nursing. On a scale of "1" to "5" with "5" corresponding to "strongly agree," the mean in response to the statement "The Women's Rights Movement has affected nursing in a positive way," was 3.5, which is slightly toward the agree end of the scale.

Interpretation of the data regarding the perceived changes in the image of the nurse indicate that the public does perceive of positive changes in terms of increased levels of knowledge, responsibility, and authority. The level of knowledge is perceived to have improved the most. It must be noted that the data show that the increases in the perceived level of authority are not equal to the

perceived changes in the level of responsibility of the nurse. The data regarding the effect of the Women's Rights Movement on the nurse suggest that it is perceived to have some impact on the image and that this impact may be at least one contributor to the positive changes of the nurse's image.

Supervision and Liability

Four questionnaire items (Appendix D, Items 15, 47, 48 and 49) were used to determine public opinions regarding the level of supervision at which the nurse should work and the amount of liability the public assigns the nurse. Two questions (Appendix D, Items 47, and 48) employ the Likert scale to assess the public response to statements about the supervisory level of the doctor in relation to the nurse and the nurse's capabilities for independent work. The results are listed in Tables 6 and 7.

Table 6

Response to the Statement:

"NURSES SHOULD ALWAYS WORK UNDER THE SUPERVISION OF A DOCTOR" (n=91)

<u>Value Category</u>	<u>Percentage</u>
5 Strongly agree	14
4 Agree	18
3 Midpoint	26
2 Disagree	25
1 Strongly disagree	17
MEAN VALUE	2.9 Midpoint

Table 7

Response to Statement:

"NURSES ARE CAPABLE OF WORKING INDEPENDENTLY IN HEALTH CARE"(n=91)

<u>Value Category</u>	<u>Percentage</u>
5 Strongly agree	38
4 Agree	33
3 Midpoint	16
2 Disagree	11
1 Strongly disagree	2
MEAN VALUE	4.0 Agree

In response to a question (Appendix D, Item 15), "To whom is the nurse first responsible?" the largest group of respondents (49 per cent) indicated the "patient and doctor, equally." In response to a question (Appendix D, Item 49) that asked, "Who should be held responsible if a patient is harmed as a result of a nurse carrying out a doctor's order?", the majority (66 per cent) of respondents indicated the "doctor."

Interpretation of the data indicates that the public strongly associates the nurse with the doctor and perceives the doctor as the supervisory and liable party. Although the public does not state that the nurse is incapable of working independently, it does not perceive that the nurse is working independently. This is evidenced in part by the finding that the public believes the nurse is responsible to the patient and to the doctor equally. Although the public does not strongly feel that the nurse should always work under the

supervision of a doctor, the finding that the nurse is responsible to both the patient and the doctor equally implies that the doctor is in a supervisory position to the nurse.

The finding that the doctor is liable for the nurse's actions has major implications regarding the public perception of the nurse's autonomy and responsibility. This finding implies that the doctor is responsible for making the judgements and the nurse is responsible for administering the technical component to the doctor's judgement. Such a belief actually "releases" the nurse from professional liability. Interpretation of these data indicate that the nurse is not perceived to be autonomous.

Sexual Reputation

In order to discover the public opinion regarding the sexual reputation of the nurse, respondents were asked to rate their responses to three statements (Appendix D, Items 25, 26 and 42). Two of these items state common myths regarding the sexual practices of both male and female nurses. The third item attempts to differentiate the sexual reputation of females that are nurses from that of females in general. The statements and the responses to each are illustrated in Tables 8, 9 and 10.

Table 8

In Response to the Statement:

"FEMALE NURSES ARE GENERALLY MORE PROMISCUOUS THAN FEMALES
IN GENERAL" (n=91)

<u>Value Category</u>	<u>Percentage</u>
5 Strongly agree	4
4 Agree	8
3 Midpoint	13
2 Disagree	14
1 Strongly disagree	61
MEAN VALUE	1.8 Disagree

Table 9

In Response to the Statement:

"MALES THAT ARE NURSES HAVE A TENDENCY TOWARD HOMOSEXUALTY" (n=91)

<u>Value Categories</u>	<u>Percentages</u>
5 Strongly agree	1
4 Agree	2
3 Midpoint	11
4 Disagree	13
1 Strongly disagree	72
MEAN VALUE	1.5 Disagree

Table 10

In Response to the Statement concerning a nurse's OFF-DUTY hours:
 "A FEMALE NURSE NEEDS TO BE MORE CAREFUL ABOUT HER REPUTATION THAN
 DO WOMEN IN GENERAL" (n=91)

<u>Value Categories</u>	<u>Percentages</u>
5 Strongly agree	9
4 Agree	5
3 Midpoint	22
2 Disagree	21
1 Strongly disagree	43
MEAN VALUE	2.2 Disagree

Interpretation of this group of data at face value would indicate that according to the statistical analysis, the public does not hold the opinion that the off-duty female nurse should be more careful about her reputation than females in general; disagrees that female nurses are more apt to be promiscuous than females in general; and disagrees to a stronger degree that male nurses tend to be homosexual.

Substantive interpretation of this data must take into consideration the probability that respondents would respond to the content of the items in a socially acceptable manner. Therefore, the data may not accurately reflect the strength of the public's perception of the nurse's sexual reputation. A less overt method of exploring this perception or an open-ended rather than forced choice question may have provided for increased accuracy in describing the sexual reputation of the nurse.

A group of three questionnaire items (Appendix D, Items 24, 42 and 43) served the purpose of exploring the belief that some symbols of a profession are "imprinted so indelibly on the membership that the profession shows through . . . even when individuals (are) not on duty at the time. (Simmons 1962). The first item overtly surveys the public to determine whether or not the "profession shows through" by offering the respondent choices describing different degrees of visibility of the nurse. The item and the responses are listed in Table 11 below.

Table 11

VISIBILITY OF THE MEMBERSHIP OF THE NURSING PROFESSION (n=91)

<u>Percentage</u>	<u>Response</u>
0	A. I can tell if someone is a nurse just by looking at him/her, even without a uniform.
10	B. Sometimes after talking to or watching someone, I can tell that that person is a nurse
18	C. When someone tells me that he/she is a nurse, I find I am not surprised.
57	D. I do not feel that you can tell if someone is a nurse by the way they look or act.
4	E. I can only tell if someone is a nurse if he/she is in uniform
11	F. Even in a white uniform some people do not look like nurses to me.

The majority of the respondents (61 per cent) indicated by choosing responses "D" and "E" that the profession does not necessarily show through. A significant number (39 per cent) however, chose

statements that indicate that the profession does show through, at least under certain circumstances. Of this 39 per cent, choices "B" and "C" describe visibility of different degrees; choice "F" implies through the phrase "does not look like a nurse" that the nurse does indeed possess an identifiable look regardless of uniform.

The second item in this group (Appendix D, Item 43) results from content analysis of the interview data which contained numerous references to the "type" of person that enters the profession. Data analysis indicates that the largest portion of questionnaire respondents (48 per cent) chose the response "wants to help people" from five possible choices as the best description of the type of person that enters the nursing profession. In contrast, it is noted that only one per percent of all respondents chose the response "motherly." Interpretation of these data designates the "helper" as a symbol of the membership of the nursing profession. It does not, however, discount that the public may attribute motherly qualities to the nurse.

The third item in this group was previously discussed in relation to determining the sexual reputation of the nurse. (Appendix D, Item 42.) The response to the statement "A female nurse needs to be more careful about her reputation than do females in general" was negative. Had the response been positive, it could be implied that if the nurse does need to guard her reputation more than females in general, female nurses must be identifiable in public. As the response to the statement had a mean value of 2.2 on a scale of one to

five with one equaling "strongly disagree," the item does not contribute to the determination of symbols and visibility of the nurse.

Based on interpretation of the data, it is indicated that the public does, to some degree, identify the nursing profession's membership by symbols. This is evidenced by the fact that one-half of the public feels the membership is comprised of a certain identifiable type of person, i.e., the "helper." The majority of the public does not believe that the "profession shows through." A significant portion, however, does find the membership of the nursing profession to be recognizable by look or behavior.

Compensation and Educational Qualifications

Through the use of questionnaire items (Appendix D, Items 32 and 33) the researcher assessed public awareness and opinion of the average monetary compensation the nurse receives. Table 12 illustrates the responses.

Table 12
COMPENSATION (n=91)

<u>Category of Pay per Hour</u>	<u>Percentage</u>	<u>Opinion Regarding Compensation</u>	<u>Percentage</u>
\$3.00 an hour	1	Underpaid	82
\$4.00 an hour	10	Paid as should be	18
\$5.00 an hour	30		
\$6.00 an hour	28		
\$7.00 an hour	17		
\$8.00 an hour	8		
\$9.00 an hour	3		
\$10.00 an hour	3		

As illustrated by Table 12, a large majority of the public holds the opinion that the nurse is underpaid. This opinion may be based in part on the public's impression that the nurse receives monetary compensation at a rate of five to six dollars an hour, when in fact the nurse in the region of this study receives a slightly higher wage than that perceived by the public. This small variance between the perceived wage and the actual wage probably detracts little, if any, from the strength of the opinion that nurses are underpaid. This interpretation is made because the variance is of a small degree, the strength of the opinion is of a great degree, and because the data does not indicate what the opinion that nurses are underpaid is based upon.

Table 13
EDUCATIONAL CRITERIA (n=91)

<u>Perceived Rank</u>	<u>Title</u>
First	Registered Nurse, Ph.D.
Second	Registered Nurse, Master's Degree
Third	Registered Nurse, Bachelor's Degree
Fourth	Registered Nurse, Associate Degree
Fifth	Registered Nurse, Diploma
Sixth	Licensed Practical Nurse, no degree

As illustrated in Table 13, the majority of the public reversed the order of the Associate Degree nurse with the diploma nurse, thereby assigning the associate degree nurse the higher rank in terms

of amount of education required to obtain the title. The remainder of the list was consistently found to be in correct order.

Interpretation of the data regarding the public's perception of the different levels of educational qualifications a nurse may possess must take into account the method by which the data were collected. The questionnaire item was structured so that the different levels were listed by name and the respondent had only to rank the choices provided. Had the respondent been asked to literally write in the different ranks of education qualifications, the results may have contributed to a more accurate picture of the public's perception regarding this subject. This method of data collection, however, did not accommodate such an item. Interpretation of the data at face value indicates that the public possesses a slightly inaccurate understanding of the different levels of educational qualifications a nurse may possess. No further conclusions can be drawn.

Trust

The final group of questionnaire items used to explore the image determinant component of social position (Appendix D, Items, 7, 8 and 9) assess the strength of the public's trust in nurses, doctors and male nurses in relation to each other. The respondents were asked to rate on a continuum of trust to distrust their feelings of trust toward nurses, doctors, and male nurses. The results are listed in Table 14.

Table 14

TRUST (n=91)

<u>Value Category</u>	<u>NURSES Percentages</u>	<u>DOCTORS Percentages</u>	<u>MALE NURSES Percentages</u>
5 Trust	28	24	14
4	49	48	42
3	18	17	28
2	4	8	14
1 Distrust	1	3	2
MEAN VALUE	4.0	3.8	3.5

Based on data analysis, it can be determined that the public holds a high degree of trust in nurses, in general; a slightly lower degree of trust is attributed to doctors; and the lowest score, yet still indicative of trust, is assigned to male nurses. The chance that the public may respond in a socially acceptable manner, thereby assigning scores indicative of a higher than actual opinion to all three categories and/or nurses in particular, may decrease the strength of the data.

In summary, it can be concluded that the public holds a high degree of trust in the nurse and that nurses rank slightly higher than doctors in terms of trustworthiness.

ATTRIBUTES AND EXPECTATIONS

Describing the nurse in terms of the image determinant component of attributes and expectations involved studying the public to discover the expected functions of the nurse, satisfaction levels with the nurse, and the existence of possible historical, traditional and sex-related attributes and expectations. Exploration in terms of this image determinant component also involved assessment of the strength of public opinion regarding commonly assigned traits such as warmth and conveying the feeling of safety. Most important, the study of this image determinant component involved the description of mental pictures of the nurse as perceived by the public.

Functions

Public perceptions of the functions of the nurse constitute public expectations of the nurse. These perceptions were explored through questionnaire items (Appendix D, Items 5, 6, 10, 11 13 and 14), that survey the public to discover what impressions exist regarding what the nurse does, should do, spends the most time doing, and the importance of what is done.

From a list of thirteen various functions of the nurse, respondents were asked to rank items in terms of importance (Appendix D, Items 5 and 6). Table 15 indicates the first through third ranked item and the item perceived to be the least important.

Table 15

MOST IMPORTANT FUNCTIONS (n=91)

<u>Rank</u>	<u>Function</u>
First most important	"take care of the whole person"
Second most important	"make the patient comfortable"
Third most important	"follow doctor's orders"
Least important	"change bedpans, linen and clean up"

Similarly structured questionnaire items (Appendix D, Items 10 and 11) dealt with discovering which functions, in the public's opinion, were considered to be the most time consuming. The results are listed in Table 16.

Table 16

MOST TIME-CONSUMING FUNCTION (n=91)

<u>Rank</u>	<u>Function</u>
First	"Checking on their patients"
Second	"Administering medications"
Third	"Helping the doctor with exams and treatments"
Least	"Teaching patients and patients' families"

The public was then asked to respond directly to indicate whether or not they were satisfied that the nurse was spending the most time doing what should be done. To this, the majority (66 percent) responded in the affirmative.

The subject of what nurses should do was explored through questionnaire items (Appendix D, Items 13 and 14) that ask the respondent to rank items according to the "most important improvement nurses should make." The results are listed in Table 17.

Table 17
MOST IMPORTANT IMPROVEMENTS (n=91)

<u>Rank</u>	<u>Function</u>
First	"Honestly explain all procedures, medications, and terms to the patient"
Second (tie)	"Stand up for those things that are in the best interest of the patient's health"
Second (tie)	"Increase their knowledge"
Least	"Be more professional in their manner"

Public expectations of the nurse are implied through interpretation of the data regarding the perceived functions of the nurse. Interpretation of these data identifies two predominant public expectations of the nurse. The most strongly evident expectation is that the nurse is the deliverer of direct care to the patient. The public expects that most of the nurse's time is and should be spent checking on patients. Most important, the nurse will take care of the whole person and make the patient comfortable.

The second most predominant public expectation is that the nurse's care is dependent upon the physician's directives. This is evidenced through the responses that indicate that one of the most

important functions of the nurse is to follow doctor's orders, and by the public impression that the nurse spends a great deal of time administering medications and helping the doctor with examinations and treatments.

The public belief that the nurse spends the least amount of time teaching patients and patients' families is consistent with the public response that the most important improvement the nurse should make is to honestly explain all procedures, medications and terms to the patient. The public opinion that the least important improvement for the nurse would be to be more professional in manner is consistent with the strong belief that the nurse is professional, as reported under the heading "Social Position."

Satisfaction

The general level of public satisfaction with or feeling toward the nurse was assessed through two parallel questionnaire items (Appendix D, Items 37 and 38) that dealt with basic likes and dislikes the public may hold in regard to the nurse. In response to the item regarding possible reasons for disliking the nurse, the majority of respondents (67 per cent) chose the statement, "I cannot think of anything I dislike about nurses." The parallel question exploring what the public might like about nurses was responded to most frequently (34 per cent) with "Nurses are sensitive to patients' needs." These data indicate that the public generally likes the nurse

and that a significant part of the public bases this feeling of satisfaction on the opinion that nurses are sensitive.

Table 18

In Response to the Statement:

"NURSES SEEN ON TELEVISION SHOWS ARE VERY SIMILAR TO NURSES IN REAL LIFE" (n=91)

<u>Value</u>	<u>Percentage</u>
5 Strongly agree	4
4 Agree	7
3 Midpoint	26
2 Disagree	29
1 Strongly disagree	34
MEAN VALUE	2.2 Disagree

Table 19

Response to the Statement:

"NURSES IN REAL LIFE ARE FAR MORE INTELLIGENT THAN THOSE PORTRAYED ON TELEVISION" (n=91)

<u>Value</u>	<u>Percentage</u>
5 Strongly agree	33
4 Agree	33
3 Midpoint	22
2 Disagree	3
1 Strongly disagree	9
MEAN VALUE	3.8 Agree

Table 20

Response to the Statement:

"NURSES SEEN ON TELEVISION SHOWS ARE MORE SEXUAL THAN THOSE IN REAL LIFE" (n=91)

<u>Value</u>	<u>Percentage</u>
5 Strongly agree	33
4 Agree	33
3 Midpoint	22
2 Disagree	3
1 Strongly disagree	9
MEAN VALUE	3.8 Agree

Interpretation of the data indicate. that the public does not feel it shares the image of the nurse as portrayed by the television media. The public feels that the nurse is more intelligent and not as sexual as the nurse portrayed by the television media. Although the public is aware of a difference between the real nurse as perceived by the public and the television nurse as portrayed by the media, the data does not warrant the conclusion that the television media has no influence on the public's perception of the nurse.

Traditional Female Sex-Role Expectations

Various types of questionnaire items (Appendix D, Items 27 through 31) were utilized to explore the public for expectations of the nurse that may be attributable to traditional female sex-role stereotypes. A pair of questions (Appendix D, Items 30 and 31) were designed to identify the best and least explanations for the fact that

most nurses are women. From a list of ten possible choices, a very significant majority, (50 per cent) of respondents chose the response "tradition." This response was chosen over responses that offered reasons why men did not enter nursing as well as other reasons why women did enter nursing. The least best explanation, as chosen by 24 per cent of the respondents, was that "other options are not offered to young girls choosing careers." The results of a Likert scale questionnaire item (Appendix D, Item 29) used to assess the strength of the public belief in the statement, "Women have a knack for nursing that men do not have" are listed in Table 21.

Table 21

Response to the Statement:

"WOMEN HAVE A KNACK FOR NURSING THAT MEN DO NOT HAVE" (n=91)

<u>Value</u>	<u>Percentage</u>
5 Strongly agree	20
4 Agree	21
3 Midpoint	25
2 Disagree	13
1 Strongly disagree	21
MEAN VALUE	3.1 Midpoint

Another questionnaire item (Appendix D, Item 29) was utilized to further explore the public for a belief that women may have some inherent quality that contributes to nursing abilities. This was indirectly explored by comparing opinions about male nurses to opinions about

female nurses. Respondents had the choice of indicating that either male nurses were better than, equal to, not as good as, or equally good clinically but not as compassionate as female nurses. The majority (67 per cent) of the respondents chose the statement "Male nurses, in general, are equally as good as female nurses."

One final item in this group (Appendix D, Item 27) employed the Likert scale to assess the public's preference regarding the sex of their nurse. The results are listed in Table 22.

Table 22

Response to the Statement:

"I PREFER TO HAVE A FEMALE NURSE RATHER THAN A MALE NURSE" (n=91)

<u>Value</u>	<u>Percentage</u>
5 Strongly agree	32
4 Agree	23
3 Midpoint	21
2 Disagree	10
1 Strongly disagree	14
MEAN VALUE	3.5 Agree

Interpretation of this group of data indicates that the public does hold general expectations of the nurse that are related to traditional female sex-role expectations. This is evidenced by the affirmative, however not strong, response to the statement that women have a knack for nursing. The public directly cited tradition as the reason that nursing is predominantly a female profession. Although the public stated that male nurses in general are equally as good as female nurses,

the general preference was for a female nurse. This implies not only an expectation that the nurse will be female but that this female nurse has something extra that causes the public to prefer her to an "equally as good" male nurse.

Attributes

A group of questionnaire items (Appendix D, Items 4, 39, 40 and 46) were structured using the Likert scale method to assess the strength of attributes that are commonly assigned to the nurse. These particular attributes were chosen by the high frequency at which they appeared in the interview data. The strength of the attributes of gentleness and warmth are illustrated in Tables 23 and 24.

Table 23
ASSESSMENT OF GENTLENESS (n=91)

<u>Value Category</u>		<u>Percentage</u>
5	Very gentle	39
4	Gentle	38
3	Midpoint	22
2	Rough	1
1	Very rough	0
MEAN VALUE		4.1 Gentle

Table 24

ASSESSMENT OF WARMTH (n=91)

<u>Value</u>	<u>Category</u>	<u>Percentage</u>
5	Very warm	22
4	Warm	51
3	Midpoint	23
2	Cold	3
1	Very cold	1
MEAN VALUE		3.9 Warm

Response to statements (Appendix D, Items 39 and 46) concerning the general feeling of safety while in the care of a nurse and the opinion that nurses may become hardened in their work are illustrated in Tables 25 and 26.

Table 25

Response to the Statement:

"I FEEL VERY SAFE UNDER A NURSE'S CARE" (n=91)

<u>Value</u>	<u>Category</u>	<u>Percentage</u>
5	Strongly agree	23
4	Agree	36
3	Midpoint	31
2	Disagree	8
1	Strongly disagree	2
MEAN VALUE		3.7 Agree

Table 26

Response to the Statement:

"NURSES BECOME HARDENED BY THE KINDS OF THINGS THEY SEE IN THEIR WORK" (n=91)

<u>Value</u>	<u>Percentage</u>
5 Strongly agree	14
4 Agree	32
3 Midpoint	22
2 Disagree	24
1 Strongly disagree	8
MEAN VALUE	3.2 Midpoint

Interpretation of this group of data indicates that the public assigns to the nurse the attributes of warmth, conveyance of a feeling of safety, gentleness, and hardness. It follows that the public expects that the nurse does possess these attributes. A brief discussion of these attributes points out the dichotomous aspect of the nurse's image.

The nurse is warm, an attribute which requires an emotional element. Most interestingly, the nurse is both gentle and hard. The dichotomous aspect of the nurse's image is further assessed by interpretation of the following questionnaire item.

Dichotomy of the Image

The existence of a dichotomous aspect of the nurse's image was further explored through a questionnaire item (Appendix D, Item 4) that was designed and analyzed in such a manner that any existing dichotomy

could be discovered. The item asked the respondent to choose the two best qualities of a good nurse from a list that listed six possible attributes of the nurse. Three of the possible choices constituted a technical element of the image and three others constituted an emotional element of the image. The items were not overtly categorized on the list; they were listed alphabetically.

The majority of respondents (68 per cent) chose a pair of items that constituted a dichotomy. The most frequently chosen pair was "competency" and "sensitivity." This data further indicate that some of the expectations that compose the nurse's image are dichotomous in nature in that they represent a technical expectation and an emotional expectation of the nurse.

Mental Picture

One final group of questionnaire items (Appendix D, Items 1, 2, 3 and 45) were designed and administered to reflect mental pictures of the nurse as described by the public. It is important to emphasize at this point that these items were very carefully composed from the verbatim responses received during the interview phase. It is also important to note that three of these items appeared as the first three items on the questionnaire in order that the respondent could record first impressions not influenced by the remainder of the questionnaire.

The respondent was first asked to "Picture a nurse" (Appendix D, Item 1). Of six choices, the majority (57 per cent) chose the response "a woman in a white uniform." The respondent was then asked to "Picture

the nurse doing something." (Appendix D, Item 2.) Of eight possible choices, the most frequently chosen response was "administering medication"(31 per cent). The third item (Appendix D, Item 3) asked the respondent to record the expression he or she mentally pictured on the nurse's face. A significant majority (42 per cent) chose the response "cheerful" from eight possible choices.

One final questionnaire item (Appendix D, Item 45) was used to describe the mental picture the public has of the nurse. The respondents were asked to choose from a list of 14 items the two items that best described the nurse. The most frequently chosen (38 per cent) description of the nurse was "assistant to a doctor." Interpretation of this group of data describes the nurse as a cheerful woman in a white uniform administering medication and assisting the doctor.

REFERENCE GROUPS

The image determinant component of reference groups was studied by differentiating from the public, as a whole, those groups whose members may hold a different image of the nurse in response to their vantage point. This component was explored primarily through the collection of demographic data. This component was further explored by identifying those groups who have had varying degrees of exposure to the nurse as kin of nurses or who are nurses themselves, or by having been recipients of nursing care.

In order to determine whether or not an identified group of the public constituted a referent group, each was compared to the public as a whole in their responses to questionnaire items. This was accomplished through the data analysis method of cross-tabulation described in the preceding chapter. A group was accepted as a reference group when a significant difference was demonstrated between the groups' response to a particular questionnaire item and the response of the public as a whole. The level of confidence that was accepted as significant for this study was the 0.10 confidence level because this value was strongly indicative of a trend.

The great majority of comparisons were insignificant. The discussion of reference groups identifies those groups that did exhibit a significant difference of response from the public as a whole.

Male and Female

The division of the sexes formed two reference groups that exhibited a greater number of different perceptions from the public and each other than any other reference groups. Differences were noted in opinions regarding the degrees of trust and gentleness attributed to the nurse and among opinions regarding sexual reputation and traditional female-sex role expectations of the nurse.

The strength of the attribute of gentleness was higher among females than males. More than twice as many females (70 per cent) than males (30 per cent) assigned the score of "5", equalling "very gentle" while

39 per cent of the public assigned the same score. This finding is statistically significant at a confidence level of 0.0026.

Females also assigned a higher score of trust to the nurse than did males. The majority of female respondents (70 per cent) assigned scores of "4" and "5". The majority of males (60 per cent) assigned scores of "3" and "4", which designate scores more toward the midpoint. This finding is significant at a confidence level of 0.0816.

Although both males and females disagree that nurses who are female need to be more careful about their reputation than do females in general, this opinion is stronger among females than males. This is evidenced by the finding that the majority of females (75 per cent) ranked their level of disagreement at "1" and "2" which designate disagree and strongly disagree. The majority of males (60 per cent) had scores of "2" and "3", which are more toward the mid-point.

{ There exists a significant difference between the strength of opinion held by the majority of the females (80 per cent) and that of the majority of the males (80 per cent) regarding the statement, "Women have a knack for nursing that men do not have. The majority of females chose the value of "1" which designates that they strongly disagree. The majority of males chose the value of "2" which designates that they disagree. This finding was significant at the 0.0148 level.

Age

The age group of those age fifty and older was identified as a reference group based on the significant differences noted in their opinions regarding the level at which the nurse should be supervised. The majority of those age fifty and older (70 per cent) agree that the nurse "should always work under the supervision of a doctor." This varies from the opinion of the general public as 67 per cent disagreed with the statement or rated their response at midpoint. This finding is significant at a confidence level of 0.0497.

Exposure

The only other significant reference group discovered was that composed of kin of nurses. In response to a questionnaire item (Appendix D, Item 1) that described mental pictures of the nurse, those who were kin of nurses were more evenly divided in their mental picture of the nurse as 35 per cent chose the response "a person helping a patient" and 45 per cent chose the response "a woman in a white uniform." Those who were not exposed to nurses through relation possessed a strong mental picture of a nurse as "a woman in a white uniform" as evidenced by the finding that 64 per cent chose this response. The general public chose this response by a majority of 57 per cent. Interpretation of these data indicates that those with little personal exposure to the nurse tend to perceive the traditional "woman in a white uniform" as the image of the nurse more than does the general public and much more than those who have personal exposure to the nurse.

COMPOSITE IMAGE

A composite picture of the public image of the nurse is described in this section. This composite picture is drawn by a comprehensive summary of the three image determinant components of social position, attributes and expectations, and reference groups as interpreted earlier in this chapter.

The nurse, as explicitly described by the public, is a cheerful woman in a white uniform who assists the doctor. This description is consistent with the image that is implicit in the overall findings of this study in which the nurse is depicted in relation to traditional and female sex-role stereotypes and in a dichotomous and static manner. The discussion which follows illustrates the image of the nurse as determined by the compiled findings of the image determinant components.

There is strong consensus among the public regarding the social position or rank of the nurse in this society. The nurse is a well-liked, highly trusted, underpaid professional. The subjective assignment of the nurse to the rank of professional is based upon the impression that the nurse is competent or specialized rather than on licensure or educational criteria. The public's perception of the educational criteria of the nurse is, at least, slightly inaccurate.

Although considered to be a professional, the nurse is not perceived to be autonomous. This is evident in the strong association the public draws between the nurse and the doctor. The public consistently associates the nurse with the doctor and perceives the doctor as

the supervisory and liable party of the relationship. Data that indicate that the public believes the nurse's first responsibility to be to the patient and the doctor, equally, has major implications regarding the perceived autonomy of the nurse. This finding is compounded by data identifying the public belief that the doctor is liable for the nurse's actions. This belief lends weight to Personett's statement that the traditional image of the nurse "as a handmaiden to the physician is outmoded and illegal" today (Personett, 1980).

The dependent position of the nurse in relation to the doctor is explicitly described by the public in their choice of "assistant to the doctor" as the best description of the nurse. This description is consistent with the description of the nurse as "handmaiden" and "physician's assistant" that is prevalent in the current literature (Time, 1979), (Beletz 1974). The public belief that the nurse has changed in terms of increased levels of knowledge, responsibility and authority has not eroded the predominant image of the nurse as an assistant to the doctor. There is little evidence that any important change in the image of the nurse has evolved. The persistent use of the word "white" in description of the nurse is strongly evident of an unchanging image.

The functions the public perceives, and thereby expects the nurse to perform, further support the resilient image of the nurse as "handmaiden." The nurse is expected to help the doctor and follow the doctor's orders. The impression of the female nurse responding to the male doctor's orders is indicative of a theme that is dominant in the findings of this study; the image of the nurse as determined by female sex-role stereotypes.

Data that indicated that nurses are expected to "take care" and "make the patient comfortable" are in accordance with the female stereotype expectations that "serving and nurturing (are) the roles of all women so nursing (is) feminine" (Corea 1977). Beletz also described the nurse as a "female nurturer" (Beletz 1974). The feminine nature of the nurse's image is further supported by the findings of this study that, although the public finds male nurses to be equally as good as female nurses, there is a strong preference among the public for female nurses. There is, to some degree, a belief among members of the public that women have a knack for nursing. This further identifies nursing as a trait inherent to women.

Earlier studies on the image of the nurse place much emphasis on the perceived sexual reputation of the nurse. Unlike Birdwhistell's findings in which the public described the nurse's sexual reputation in comparison to that of females in general, the findings of this study indicate that the public does not distinguish the nurse's sexual reputation from that of females in general. The probability that the public responded in a socially acceptable manner alters the substantive interpretation of these data.

Basically, the findings of this study assign female traits to the nursing profession but do not differentiate nurses from the female population as a whole. Many of the attributes that the public normally assigns to females are also attributed to the nurse. The public finds the nurse to be gentle, warm, and sensitive. Identification of attributes

led to discovery of the dichotomous nature of the nurse's image. Consistently throughout the data, the nurse was described in a dichotomous manner. Not only did the nurse possess the attribute of gentleness, but was also considered to be hardened. The expectations of the nurse that consisted of an emotional element, such as warmth and cheerfulness, were usually matched with expectations that consisted of a technical element, such as the conveyance of a feeling of safety, and specialization. The dichotomous nature of the nurse's image is particularly evident in the public's choice of competency and sensitivity as the best pair of qualities a good nurse possesses. This finding is consistent with Benton's identification of the dichotomous nature of the nurse's image in which the nurse is expected to possess both "sympathy and understanding" and "common sense and an alert mind" (Benton 1979).

Simmons, whose theory provided the conceptual framework of this study, not only described a dichotomous image, but also theorized that the profession "shows through" on its membership by way of symbols. According to this study, the public does, to some degree, feel that the members of the profession are recognizable. The data suggest that one symbol by which the nursing profession is recognizable is that its membership is typified as helpers.

Simmons' concept of reference groups provided a significant variation of the nurse's image as perceived by the identified reference groups of males, females, kin of nurses, and individuals older than age fifty. Identification of a group as a reference group was accepted at

the 0.10 level of significance. Kin of nurses held a slightly different image of the nurse than the public as a whole in that they were less apt to describe the nurse as woman in a white uniform than was the general public. The reference groups composed of people older than age fifty held a strong view that the nurse should always work under the supervision of a doctor. This opinion was in disagreement with that of the general public.

The reference groups composed of males and females exhibited the greatest number of differences from each other and the public as a whole. Females rated nurses higher in terms of trust and gentleness than did males. Females also more strongly disagreed than did males and the general public with the statement, "Female nurses need to be more careful about their reputation than do females in general."

Other than the different perceptions cited in relation to identified reference groups, the image of the nurse as described in this study supports the themes of the literature review. As Beletz states, the image is not changing. (Beletz 1974.) The strong association between nurse and doctor remains and the resulting low degree of nurse autonomy remains. The interesting dichotomy of both technical and emotional elements exists. Most importantly, there is strong evidence that the image of the nurse parallels the image of the female.

SUMMARY

This chapter reported analysis and interpretation of the data. Data were reported in terms of the image determinant components

to which they corresponded. The chapter concluded with a summary of the interpretation of the image determinant components in which a composite image of the nurse was described.

CHAPTER SIX

DISCUSSION

SUMMARY AND CONCLUSIONS

The purpose of this study was to describe the public image of the nurse. The research problem is significant to the nursing profession as it responds to the current protest of the portrayal of the nurse as cited by the literature. Review of the literature identifies major factors composing the nurse's image. Most prominent in the literature is the discussion of the image of the nurse in relation to traditional and female sex-role stereotypes. Emphatic in the current literature is a charge to the nursing profession to change the image. This study describes the existing image, thereby providing a knowledge base from which further research and change can be generated.

This study was exploratory-descriptive in design. The conceptual framework of this study was based upon a theory of image determination developed by Leo Simmons. Simmons presented six related concepts of image determination. Three of these concepts, social position, attributes and expectations, and reference groups, were the image determinant components upon which the study was based. These concepts were operationalized and stated as questions which were presented in an exploratory survey.

The methodology of this study included the necessary stage of tool development. Tool development was accomplished through the use of the

interviewing method of data collection. Key informants of the general public were interviewed for the purpose of identifying common opinions and public usage of terminology for incorporation on the resulting research tool. The research tool was a questionnaire developed by the researcher and designed to explore a sample of the public in terms of the three image determinant components. Data were collected by random survey of residents of Missoula County, Montana. Data were first interpreted in terms of the three image determinant components. The findings were then drawn together to form a composite description of the image of the nurse.

The composite image of the nurse was found to be consistent with the major themes of the review of the literature in that the nurse was described in relation to traditional and female sex-role stereotypes and in a dichotomous and static manner. The public (random survey) describes the nurse as a well-liked, highly-trusted, yet underpaid professional. Quite importantly, the nurse is not perceived to be autonomous. This finding is based on data that strongly portrays the nurse in a position dependent to the doctor. Such a portrayal of the nurse is traditional in nature and is evidence of resistance of the image to change.

Description of the nurse in a dichotomous manner is persistent throughout the data. The nurse is expected to simultaneously exhibit emotional elements such as sensitivity and technical elements such as competency. Certain aspects of the image of the nurse actually

constitute a double bind in which the nurse must exist. This is evident in the expectations that the nurse possess the attributes of both gentleness and hardness, and most especially evident in the impression that the nurse is a professional, yet possesses little autonomy.

The most prevalent finding of the study is the public's description of the nurse in a manner that parallels the female image. The public consistently referred to the nurse as female and assigned to the nurse attributes such as warmth, gentleness, and sensitivity, that are generally assigned to females in this society. The dependent position the public assigns the nurse in relation to the doctor reflects the traditional role of the female in this society. The preference of the public toward having a female nurse is suggestive of expectations that are related to female sex-role stereotypes. The findings of this study are best summarized by the conclusion that the public describes the nurse as a "cheerful woman in a white uniform who assists the doctor."

LIMITATIONS

The results of this study are not generalizable. Although the research tool provides for face validity and a pilot study was conducted, the tool has not been tested for reliability. Also, the sample was not of a size sufficient to produce generalizable results.

The conclusions of the study are limited in that the study responds only to the three image determinant components of Simmons' theory that were operationalized and stated as forced choice questions

in an exploratory survey. The study did not accommodate related elements of Simmons' theory that could be determined only through comparative studies between the nurse's perception and the public's perception of the nurse.

Although the sample was randomly selected, the method of data collection, in which questionnaires were mailed to Missoula households, did not allow for representation of adolescents and children or people without telephones. The questionnaire medium may also have inhibited participation of persons whose interest is not raised by this form of survey and those who do not have adequate literacy skills.

There exists the possibility that those who returned the questionnaire may have responded in a socially acceptable manner to some of the questionnaire content. This possibility, in addition to the fact that the interviewer and researcher was identified to the public as a nurse, may have inhibited candid responses thereby introducing bias into the data.

The majority of the data were analyzed by computation of frequencies of responses. The data used to identify reference groups, however, were analyzed through cross-tabulation and computation of a chi-square test. The level of significance chosen for this study, 0.10, was appropriate to the exploratory design of the study as it was used to identify trends, and should be interpreted only as a basis for generating hypothesis testing studies.

IMPLICATIONS AND RECOMMENDATIONS

The implications of the public image of the nurse for the nursing profession are great. It must be emphasized that the "image is real to those who perceive it" (Simmons 1962). The seriousness of this statement is apparent when applied to the finding of this study that the nurse is "a cheerful woman in a white uniform who assists the doctor." It is clear that the profession of nursing cannot withstand the role discrepancies that can result from such an image.

The public image of the nurse injures the profession in many ways. It decreases utilization of the nurse in providing comprehensive health care as it portrays the nurse as incapable of providing such care. The image places the nurses in a double bind situation by assigning the responsibilities of a professional, yet denying the autonomy and authority needed to meet the responsibilities. The nurse cannot successfully function in a role that has incompatible expectations. The profession cannot change to meet the changing health care needs of the consumer if the image remains static. The profession cannot recruit and obtain "intelligent and articulate males and females; into the profession" with the unattractive image that now prevails. (NLN, 1981). The image of the nurse is seriously impeding the profession of nursing.

It is recommended that the knowledge base provided by this study be used to generate further studies aimed at changing the image of the nurse. The findings of this study may be utilized in comparative studies used to determine the degree of impediment the image has on the

profession. The results of this study may also be utilized to identify those factors that preserve the image, thereby identifying targets for change. Most importantly, the conclusions of this study should be utilized to add weight to a recently proposed resolution of the National League for Nursing to "launch a campaign to improve the public image of the nursing profession" (NLN 1981).

LIST OF REFERENCES

LIST OF REFERENCES

Ashley, Jo Ann. Hospitals, Paternalism, and the Role of the Nurse. Teachers College Press, Columbia University, New York, New York, 1976.

Beletz, Elaine. "Is Nursing's Public Image Up To Date?" Nursing Outlook, July, 1974, 22:432-435.

Benton, Denise. "You Want To Be A What?" Nursing Outlook, June, 1979, pp. 388-393.

Birdwhistell, R. Social Science and Nursing Education, Some Tentative Suggestions. Fifty-Ninth Annual Report of National League for Nursing Education, New York, N.L.N.E., 1947.

Community Services Administration Human Resources Office, Missoula, Montana. Personal communication, May 13, 1981.

Corea, Gena. The Hidden Malpractice, How American Medicine Mistréats Women. William Morrow and Company, Inc. Chapter 3, "Female Health Workers," pp. 64-82, 1977.

County Clerk's Office, Missoula, Montana. Personal communication, May 6, 1981.

Deutscher, Irwin. A Study of the Registered Nurse in a Metropolitan Community. Kansas City, Missouri, Community Studies, Inc., as reported by Simmons and Henderson, 1957, p. 179.

Elms, Roslyn R. and Jean M. Moorehead. "Will the 'Real' Nurse Please Stand Up; the Stereotype vs. Reality." Nursing Forum, XVI, No. 2, 1977.

Fagin, Claire M. "Nurses' Rights." American Journal of Nursing, January, 1975, p. 82.

Gladwin, Mary E. Ethics: A Textbook for Nurses. 2nd Ed., Philadelphia: W.B. Saunders Company, 1937.

Hassinger, Edward W. and Larry Whiting, Eds. Rural Health Services: Organization, Delivery and Use. Ames, Iowa: Iowa State University Press, 1976.

Hospitals. "Television is Used in Nurse Recruitment," July 1, 1980, p. 72.

- Kelley, Lucy Young. Dimensions of Professional Nursing. 3rd Ed. New York: Macmillan, 1975.
- Kesey, Ken. One Flew Over the Cuckoo's Nest. New York: Viking Press, 1962.
- Kramer, Marlene. Reality Shock, Why Nurses Leave Nursing. St. Louis: C.V. Mosby Company, 1974.
- Lindeman, Carol. Delphi Survey, Priorities within the Health Care System. American Academy of Nursing, Draft Report, 1979. Unpublished Study.
- Muhlenkamp, A.F. and J.L. Parsons. "Characteristics of Nurses: An Overview of Recent Research Published in a Nursing Research Periodical, 1972." Journal of Vocational Behavior, Jul. '72, 2:261-273.
- National League for Nursing. Resolutions of May, 1981 Convention.
- Nie, Norman, Hadlai C. Hull, Jean G. Jenkins, Karin Steinbrenner and Dale H. Bent. SPSS, Statistical Package for the Social Sciences. 2nd Ed. New York: McGraw Hill Book Company, 1975.
- Nightingale, Florence. Notes on Nursing. Branden Systems Press, Inc., 1970. 1860 Vertex, Princeton, New York, London.
- Notter, Lucille, E., Eugenia Kennedy Spalding. Professional Nursing: Foundations, 1976 Perspectives and Relationships. 9th Ed. Philadelphia: J.B. Lippencott Company, 1976.
- Peebles and Francis. "Social-Psychological Obstacles to Effective Health." Team Practice. Nursing Forum, 7(1), 1968, pp. 28-37.
- Personett, Judith D. "Abuse, Poor Image Causes Shortage." Modern Health Care, July, 1980, pp. 92 and 99.
- Richter, Laurelton and Elizabeth Richter. "Nurses in Fiction." American Journal of Nursing, July, 1974, pp. 1280-1281.
- Roberts, Joan T. and Thetis M. Group. "The Women's Movement and Nursing." Nursing Forum, Vol. XII, No. 33, 1973, pp. 303-327.
- Rudov, M.H., M.T. Wilson and K.F. Trochi. "High School Seniors' Attitudes of 1976 and Concepts of Nursing as a Profession," U.S. Dept. of HEW, January 1976, DHEW Pub. #(HRA) 76-35.

Simmons, Leo W. "Past and Potential Images of the Nurse." Nursing Forum. Summer, 1962, pp. 16-33.

_____ and Virginia Henderson. Nursing Research: A Survey and Assessment. New York: Meredith Publishing Company, pp. 167-223, 1964.

Spradley, James P. The Ethnographic Interview. Holt, Rinehart and Winston, 1979.

Stromberg, Marilyn. "Relationships of Sex Role Identity to Occupational Image of Female Nursing Students." Nursing Research, September-October, 1976, Vol. 25, No. 5, pp. 363-369.

Sullivan, Judith A., Christy A. Dachelet, Harry A. Sults and Marie Henry. "Overcoming Barriers to the Employment and Utilization of the Nursing Practitioner." American Journal of Public Health, November, 1978, Vol. 68, No. 11, pp. 1097-1102.

Time Magazine. "Rebellion Among the Angels." August 27, 1979, pp. 62-63.

Webster and Merriam. Webster's Seventh New Collegiate Dictionary. G. & C. Springfield, Mass.: Merriam Company, 1970.

APPENDICES

APPENDIX A

December 17, 1980

Dear Sir or Madam:

I am a registered nurse on the Montana State University School of Nursing Faculty, Missoula Campus. I am currently conducting a survey as part of my thesis work and am asking you to participate in this survey by allowing me to interview you. The purpose of this study is to describe the public image of the nurse.

In order to obtain information from which to construct a questionnaire for use in this study, I am first conducting random interviews with Missoula residents. I chose to speak to you simply because you are in one of the designated areas in which I planned to interview people.

This interview, should you decide to participate, will take about twenty minutes of your time. Your participation is completely voluntary. Your decision on whether or not to participate and your statements made during this interview will have absolutely no bearing on any future professional relationship between you and myself. I sincerely want your honest opinions on this subject.

Although I will ask questions about you and your opinions, I will not at any time, need to know nor want to know your name. I will ask that you keep a copy of this letter which includes my name and a number where I can be reached should you wish to contact me in regard to this study.

Your time is greatly appreciated.

Sincerely,

Ellen Leahy, R.N., Instructor
Montana State University School of Nursing
616 Eddy Ave., Missoula, Mt.

APPENDIX B

Interviewee Profile

1. male _____ female _____
2. Occupation _____
3. Are you or are you related to a nurse or physician? _____
4. Age _____
5. Area of residence in town (must be a Missoula resident for six months). _____
6. Range of Income (circle one):
less than \$7,000 per year
7,000 to 10,000 per year
10,000 to 15,000 per year
15,000 to 20,000 per year
20,000 to 25,000 per year
greater than 25,000 per year
7. Religious affiliation _____
8. Nationality _____
9. Have you ever received nursing care? _____
If yes, explain where, duration and circumstances:
10. How do you feel about the nursing care you received? _____
11. Highest level of education completed. _____

Interview Schedule

1. What is the first thing that comes to mind when I say the word nurse?
2. What do nurses do? (Prompt: What kind of things do you think they do?)
3. What other things do nurses do?
4. What is the most important thing nurses do?
5. What is the least important thing nurses do?
6. What do nurses do most of?
7. What do nurses do least of?
8. What kinds of things should nurses do?
9. What kinds of things should nurses not do?
10. What other thoughts come to your mind when you think of a nurse?
11. Can you identify a nurse? How?
12. Do you think that certain types of people go into nursing? Who? Why?
13. What do you like about nurses?
14. What do you dislike about nurses?
15. Are there different kinds of nurses or different levels of nursing? What are they?
16. Why do you think most nurses are women?

17. What kind of nurses do men make?
18. What is a "good" nurse?
19. Describe the nurse portrayed on television.
20. Do you think nurses are really like those on television? How are they the same or different.
21. Do you think nurses are much different today than they were ten years ago? Why not or in what ways?
22. Who is the nurse responsible to (for) first?
23. Do you trust nurses? Why or why not?
24. Are nurses professionals?
25. What does the term professional mean to you?
26. What do you think about the education a nurse must go through?
27. What do you think about what nurses receive as wages/hours/benefits?
28. Pick one word or phrase that best describes the nurse.
29. Is there anything else you care to comment on or ask at this time?

APPENDIX C

Montana State University
School of Nursing
Missoula Extension
616 Eddy Avenue
Missoula, Montana 59812
January 22, 1981

Dear Sir or Madame:

As a graduate student in nursing, I am currently conducting a study regarding the public image of the nurse. I have a sincere interest in your opinions regarding this subject. Therefore, I am asking you to please spend about 15 to 20 minutes to fill out the enclosed questionnaire.

Your name was chosen at random from the Missoula telephone directory, and has been used only to mail you this letter. Your name will not be used further in any way in this study. I will have no way of knowing who returned which questionnaire.

All questionnaires returned by February 6, 1981, will be used in this study. Should you have any questions or comments with regard to the study or if you care to receive a copy of the results of this study, please enclose a separate note when you return the questionnaire.

I will appreciate it very much if you would fill out this questionnaire and return it in the self-addressed, stamped envelope that is enclosed.

Thank you very much for your cooperation.

Sincerely,

Ellen Leahy

Telephone: 243-6515

APPENDIX D

PLEASE FILL OUT THE FOLLOWING INFORMATION SHEET. THANK YOU.

1. How long have you lived in Montana?

- ☐ Less than five years
- ☐ Five to ten years
- ☐ More than ten years

2. Are you a native Montanan?

- ☐ Yes
- ☐ No

3. If not, in what part of the country did you spend most of the first 12 years of your life?

- ☐ Northwest
- ☐ Southwest
- ☐ Central
- ☐ New England
- ☐ Southeast
- ☐ Northeast
- ☐ If uncertain of above boundaries, please specify the state: _____

4. Mark the item below that describes the area in which you resided for most of the first 12 years of your life.

- ☐ Urban
- ☐ Rural (a town with a population of less than 2,500 OR out in open country)

5. Mark ONE of the following items that applies to your residency. (Residency, for this study, includes only current residents who have lived in MISSOULA COUNTY for at least six months.

- ☐ Within Missoula city limits
- ☐ Outside Missoula city limits, BUT within Missoula County
- ☐ I am not a resident of Missoula County

6. AGE:

- ☐ Less than 20 years old
- ☐ 21 to 30
- ☐ 31 to 40
- ☐ 41 to 50
- ☐ 51 to 60
- ☐ 61 to 70
- ☐ 71 to 80
- ☐ More than 80 years old

7. ☐ Female
☐ Male

8. OCCUPATION:

Please specify: _____

9. RANGE OF ANNUAL INCOME:

- ☐ Less than \$5,000 per year
- ☐ \$5,000 to \$10,000 per year
- ☐ \$10,000 to \$15,000 per year
- ☐ \$15,000 to \$20,000 per year
- ☐ \$20,000 to \$25,000 per year
- ☐ \$25,000 to \$30,000 per year
- ☐ More than \$30,000 per year

10. RELIGIOUS PREFERENCE:

Please specify: _____

11. Are you a nurse, or are you related to a nurse?

- ☐ Yes
- ☐ No

12. If yes, please specify the relation of this nurse to you. _____

13. Have you ever been taken care of by a nurse?

- ☐ Yes
- ☐ No

14. If yes, please specify the setting(s) which apply:

- () Hospitalized
- () Emergency room
- () Outpatient
- () Doctor's office
- () Home
- () Community agency
- () Independent nurse clinic
- () Place of occupation
- () Other: _____

15. Mark with an X ALL of the items below that apply to your situation at the time(s) that you received nursing care.

- () Life-threatening condition
- () Serious illness
- () Serious injury
- () Major surgery
- () Minor surgery
- () Minor injury or illness
- () Mental health concerns
- () Tests
- () Delivery of baby
- () Routine health maintenance
- () I have closely accompanied my child or close friend or relative during the situations that I have indicated above.

16. In general, how do you feel about the nursing care you received? (Circle one)

GOOD 5 4 3 2 1 BAD

It is VERY IMPORTANT to the results of this study that you read the questions in the order that they are printed.

It is also very important that you read the question FIRST and RESPOND TO IT IN YOUR OWN MIND BEFORE reading the responses given to choose from. PLEASE RECORD YOUR FIRST IMPRESSION.

THANK YOU FOR YOUR COOPERATION!

1. PICTURE A NURSE

Which ONE of the following items most closely resembles the very FIRST picture that you saw in your mind?

- () A woman in a white uniform
- () A person helping a doctor
- () A person helping a patient
- () A woman helping a doctor
- () A woman helping a patient
- () Other: _____

2. PICTURE THE NURSE DOING SOMETHING

With this picture in your mind, find ONE item on the list that BEST describes what the nurse is doing. (The items are in alphabetical order.)

- () Administering medication
- () Changing linen or bedpan
- () Comforting someone
- () Counseling someone
- () Helping a doctor
- () Helping a patient
- () Taking someone's pulse and temperature
- () Other: _____

3. PICTURE THE EXPRESSION ON THE NURSE'S FACE

The EXPRESSION on the face of the nurse in your mind is BEST described by which ONE of the following:

- () Aloof
- () Cheerful
- () Concentrating
- () Concerned
- () Harsh
- () Impatient
- () Stern
- () Sympathetic

4. IMAGINE THAT YOU ARE THE NURSE'S PATIENT

Circle the number on the continuum that best indicates how you imagine the nurse's MANNER to be toward you while working with you.

GENTLE 5 4 3 2 1 ROUGH

5. Of the following items, please choose the one that you feel is the MOST IMPORTANT thing that a nurse does and write the number 1 in the brackets next to that item; write a 2 in the second most important item, and continue like this until you have chosen the fifth (5) most important item.

- () Act as an advocate for the patient
- () Administer medications
- () Always be there
- () Change bedpans, change linens, and clean up
- () Continually assess the patient's status
- () Continue their nursing education
- () Follow doctor's orders
- () Give information to patients
- () Handle emergencies
- () Help prevent illness
- () Make the patient comfortable
- () Relieve pain
- () Take care of the whole person

6. Now, refer back to the above list and mark an X next to the LEAST important item.

Circle the ONE number on each continuum in the following series that BEST indicates your feelings in response to the following questions.

7. How much do you trust NURSES in general?

TRUST 5 4 3 2 1 DISTRUST

8. How much do you trust DOCTORS?

TRUST 5 4 3 2 1 DISTRUST

9. How much do you trust MALE NURSES?

TRUST 5 4 3 2 1 DISTRUST

10. On the following list, place a 1 next to the item that you feel TAKES UP MOST OF THE NURSE'S TIME, and continue rating this list by number, accordingly, until you have placed a 5 next to your fifth choice.

- () Administering medications
- () Answering patients' and patients' families' questions
- () Assessing the patient's status
- () Checking on their patients
- () Cheering up patients
- () Helping the doctor with examinations and treatments
- () Making decisions that are directly concerned with patient care
- () Supervising other nurses
- () Talking to patients, one-to-one
- () Teaching patients and patients' families
- () Tending to the machinery or paraphernalia involved with caring for patients
- () Working directly with the patients
- () Writing on charts

11. REFER BACK TO THE ABOVE LIST AND MARK AN X NEXT TO THE ITEM THAT TAKES THE LEAST PORTION OF THE NURSE'S TIME.

12. LOOK AGAIN AT THE ITEM ABOVE THAT YOU CHOSE AS NUMBER ONE.

Do you think this item SHOULD take up most of a nurse's time?

- () Yes
- () No

13. You now have an opportunity to make some suggestions to nurses concerning things they should improve upon.

Please place a 1 next to the MOST IMPORTANT IMPROVEMENT nurses should make, from the list below. Continue to rank the items until you mark a 5 next to your fifth choice.

- () Be more professional in their manner
- () Be kinder and friendlier to their patients

- () Stand up for those things that are in the best interests of the patient's health
- () Increase their knowledge
- () Increase their skill
- () Pay more attention to the patient
- () Make more decisions that directly involve the care of the patient
- () Honestly explain all procedures, medications, and terms to the patient.

14. REFER BACK TO THE ABOVE LIST AND MARK AN X NEXT TO THE LEAST IMPORTANT ITEM.

15. To whom is the nurse FIRST RESPONSIBLE?

Choose only ONE from the list below.

- () Patient
- () Doctor
- () Head nurse
- () Nurse's employer, whomever it may be
- () Patient and doctor, equally.

16. Do you think that nurses are professionals?

- () Yes
- () No

17. Choose ONE of the following that BEST defines what the word "professional" means to you.

- () Highly trained
- () Competent
- () Dedicated
- () Passed exams necessary to receive a license to practice
- () Specialized in their work
- () Educated in their field of work
- () A college graduate

18. Do you think that nurses are DIFFERENT today than they were ten years ago?

- () Yes
- () No

19. NURSES HAVE MORE KNOWLEDGE TODAY THAN THEY DID TEN YEARS AGO.
(Circle one)

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

20. NURSES HAVE MORE RESPONSIBILITY TODAY THAN THEY DID TEN YEARS AGO.

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

21. NURSES HAVE MORE AUTHORITY TODAY THAN THEY DID TEN YEARS AGO.

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

22. Has the Women's Rights Movement had any effect on nursing?

() Yes
() No

23. If you answered YES to the previous question, please circle the number that BEST indicates your opinion of the following statement.

THE WOMEN'S RIGHTS MOVEMENT HAS AFFECTED NURSING IN A POSITIVE WAY.

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

24. Which ONE of the following is most true for you?

- () I can tell if someone is a nurse just by looking at him/her, even without a uniform.
() Sometimes after talking to or watching someone, I can tell that that person is a nurse.
() When someone tells me that he/she is a nurse, I find that I am not surprised.
() I do not feel that you can tell if someone is a nurse by the way they look or act.

- () Even in a white uniform, some people do not look like nurses, to me.

The following statements may reflect possible sexual traits in relation to the image of nurses.

Circle the number that BEST indicates your opinion of the following statements. Please be as honest as you can; I sincerely want your opinion.

25. FEMALE NURSES ARE GENERALLY MORE PROMISCUOUS THAN FEMALES, IN GENERAL

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

26. MALES THAT ARE NURSES HAVE A TENDENCY TOWARD HOMOSEXUALITY

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

27. I PREFER TO HAVE A FEMALE NURSE RATHER THAN A MALE NURSE

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

28. Which ONE of the following is most true for you?

- () Male nurses, in general, are better than female nurses
 () Male nurses, in general, are equally as good as female nurses
 () Male nurses are as good clinically- but are not as compassionate as female nurses.
 () Male nurses, in general, are not as good as female nurses.

29. Circle the number that BEST indicates your opinion of the following statement.

WOMEN HAVE A KNACK FOR NURSING THAT MEN DO NOT HAVE

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

30. Mark a 1 next to the item that BEST EXPLAINS WHY MOST NURSES ARE WOMEN. Place a 2 next to the next best reason, and so on, until you have placed a 5 next to the item that is the fifth best explanation.

- ☐ Men may be afraid to enter nursing because they may be considered effeminate
- ☐ Men cannot make it on a nurse's salary
- ☐ Nursing fits the female stereotype
- ☐ Women have motherly instincts
- ☐ Women have taken care of children, and this trains them for nursing
- ☐ Women need a job they can go back to after raising a family
- ☐ Women are naturally more compassionate than men
- ☐ Women cannot get into medical school as easily as males can
- ☐ Tradition
- ☐ Other options are not offered to young girls choosing careers

31. REFER BACK TO THE ABOVE LIST AND MARK AN X NEXT TO THE ITEM THAT IS THE LEAST BEST EXPLANATION.

32. Choose ONE category that you think is closest to the hourly wage earned by the average nurse working in Missoula County

- ☐ \$3.00 an hour
- ☐ \$4.00 an hour
- ☐ \$5.00 an hour
- ☐ \$6.00 an hour
- ☐ \$7.00 an hour
- ☐ \$8.00 an hour
- ☐ \$9.00 an hour
- ☐ \$10.00 an hour

33. Do you think that nurses are: (Choose one)

- ☐ Underpaid
- ☐ Paid as much as they should be paid
- ☐ Overpaid

Circle the number in each of the following statements that BEST indicates your opinion of each statement.

34. NURSES SEEN ON TELEVISION SHOWS ARE VERY SIMILAR TO NURSES IN REAL-LIFE.

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

35. NURSES IN REAL-LIFE ARE FAR MORE INTELLIGENT THAN THOSE PORTRAYED ON TELEVISION.

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

36. NURSES SEEN ON TELEVISION SHOWS ARE MORE SEXUAL THAN THOSE IN REAL-LIFE

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

37. Which ONE of the following BEST states what you LIKE about nurses?

- () I feel safe under the care of a nurse
- () Nurses are there when you need them
- () Nurses are easier to talk to than doctors
- () Nurses are friendly
- () Nurses are sensitive to patients' needs
- () I do not like nurses

38. Which ONE of the following BEST states what you DISLIKE about nurses?

- () I do not feel safe under the care of a nurse.
- () Nurses are not always there when you need them
- () Nurses are often intimidating--not easy to talk to
- () Nurses are unfriendly
- () Nurses are insensitive
- () I cannot think of anything that I dislike about nurses

39. Circle the number that BEST indicates your opinion in regard to the following statement

I FEEL VERY SAFE UNDER A NURSE'S CARE

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

40. Circle the number on the scale that BEST indicates your feelings regarding the manner of a nurse

WARM	5	4	3	2	1	COLD
------	---	---	---	---	---	------

41. Place X's beside TWO of the following items that you feel are the TWO BEST QUALITIES of a GOOD Nurse.

()	Competency
()	Efficiency
()	Intelligence
()	Patience
()	Sensitivity
()	Understanding

42. Circle the number that best indicates your opinion about the following statement concerning a nurse's OFF-DUTY HOURS.

A FEMALE NURSE NEEDS TO BE MORE CAREFUL ABOUT HER REPUTATION THAN DO WOMEN IN GENERAL

STRONGLY							STRONGLY
AGREE	5	4	3	2	1		DISAGREE

43. Of the following, which ONE BEST describes the TYPE of person that decides to enter the nursing profession?

()	Compassionate
()	Interested in health care
()	Motherly
()	Wants to help people
()	Unable to go through medical school

44. Rank the following nurses according to the amount of education required to obtain their titles. Place a 1 next to the one requiring the MOST amount of education.

- () Registered Nurse, Master's Degree
- () Registered Nurse, Bachelor's Degree
- () Licensed Practical Nurse, no degree
- () Registered Nurse, Associate Degree
- () Registered Nurse, diploma
- () Registered Nurse, Ph.D.

45. Of the following words and phrases, place X's beside the TWO items that BEST DESCRIBE A NURSE.

- | | |
|---------------------------|--------------------|
| () Angel of mercy | () Highly skilled |
| () Assistant to a doctor | () Motherly |
| () Competent | () Professional |
| () Dedicated | () Reliable |
| () Friend | () Strong |
| () Hardened | () Sympathetic |
| () Helper | () Understanding |

Circle the number that best indicates your opinion of each of the following statements.

46. NURSES BECOME HARDENED BY THE KINDS OF THINGS THEY SEE IN THEIR WORK

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

47. NURSES SHOULD ALWAYS WORK UNDER THE SUPERVISION OF A DOCTOR

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

48. NURSES ARE CAPABLE OF WORKING INDEPENDENTLY IN HEALTH CARE

STRONGLY						STRONGLY
AGREE	5	4	3	2	1	DISAGREE

49. Who should be held responsible if a patient is harmed as a result of a nurse's carrying out a doctor's order? (Choose ONLY ONE)

() Doctor

() Nurse

() Both

() Other: _____

50. If you have any questions or comments, please write them below, or contact me as indicated in the accompanying letter.

THANK YOU VERY MUCH FOR YOUR COOPERATION

A descriptive study of the public image

3 1762 001604

Leahy, Ellen M
A descriptive study of
the public image of the
nurse

GAY