



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

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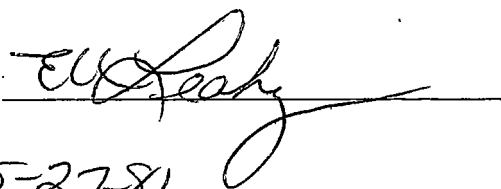
Abstract:

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.

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A DESCRIPTIVE STUDY OF THE PUBLIC IMAGE OF THE NURSE

by

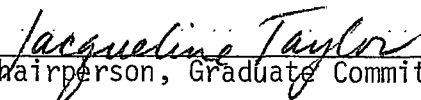
Ellen Marie Leahy

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

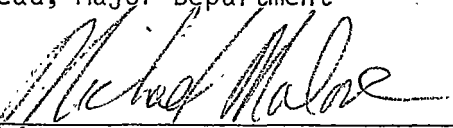
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ABSTRACT

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 "pre-sented 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 AGREE	5	4	3	2	1	STRONGLY DISAGREE
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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
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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)			
<u>Occupation</u>	<u>Percentage</u>	<u>Occupation</u>	<u>Percentage</u>
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 guidelines 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

