The views of Montana State legislators on nurses, nursing, and health care
by Linda Kay Adkins

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

Abstract:
The initial problem identified for this study was the lack of power among nurses and in the nursing profession when dealing with health care issues in this country. One method of acquiring more power, as identified in the literature review, is to build grass roots political support for nursing and health care issues, especially health care promotion. The goal in this process is to bring about, by planned change, increased support from local legislators. The conceptual framework for this study was Rappsilber's persuasion-change model for nurses. The initial step in utilizing this model requires an assessment of the target audience, which in this study was the 1983 Montana State Legislature. A questionnaire was developed to assess the attitudes and opinions of the 150 legislators on the issues of nurses, nursing, and health care. The questionnaire was administered and the 98 that were returned were tabulated according to frequency and cross tabulated with the demographic data. The results identified a strong support base for nurses and nursing issues, especially baccalaureate level of entry into nursing. The other significant outcome was a frequent lack of knowledge among those legislators of the roles of nurses and current problems and issues in nursing and health care. Related to the conceptual framework, one significant conclusion was that nurses should use the informational method of persuasion strategy with the legislature in order to bring about planned change and support for nursing issues. The other major outcome showed the need for nursing to increase its networking and public awareness of modern day nursing's place in the health care system.

THE VIEWS OF MONTANA STATE LEGISLATORS ON NURSES, NURSING, AND HEALTH CARE

by

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CHAPTER 1

OVERVIEW

Identification and Discussion of the Problem

Professional nurses today are being continually encouraged to unite to become a more powerful force in the area of health care policy in this country (Aiken, 1981). As the largest group of health care providers, one would expect them to have the greatest influence, but this has not been the case.

Until recently, nurses have, for the most part, ignored this aspect of their professionalism, if they even viewed nursing as a profession. But the increasing number who do view it as a profession are realizing that one way to increase their power is through visibility in the political workings of our country, including local, state, and national levels. One of Messer's goals in this area is to solicit and influence legislators' views on nursing's current and potential place in the health care delivery system (1980).

In order to learn what the legislators' views actually were at the state level, baseline data on the views and opinions of the current state legislature were needed. How the legislators view nurses and nursing is important for the nursing profession because it influences the profession's ability to intervene in the legislative process and to

utilize its power to bring about change. In the fields of nursing and health care, this power would be classified as expert power (O'Rourke, 1980).

Whatever changes nursing would see as necessary could best be brought about by planned change, which Willman said would give nursing the most control over a given situation (1983). Assessment of the current situation is a necessary step in planned change. For this type of study, a questionnaire on the topics of nurses, nursing, and health care, developed to elicit the legislators' views on current issues in these areas, was considered to be the best research tool. The resulting data could give nurses in Montana an idea of their current image and status among legislators. Also, since legislators are themselves health care consumers, this image might also be similar to the one held by the general population. With this information, nursing could attempt to influence consumers toward a more positive as well as a more knowledgeable viewpoint on health care.

Purpose

The purpose of this study was to identify the current attitudes of Montana State Legislators on the topics of nurses, nursing, and health care.

Definition of Terms

Identify - to put oneself in another's place so as to understand and share the other's thoughts and feelings (Webster, 1974).

Current - occurring in the present (Merriam-Webster, 1974).

Attitudes - one's disposition, opinion, or mental set (Webster, 1974).

Montana State Legislators - the 1983 session of 100 Representatives and 50 Senators.

Nurses - members of the profession of nursing and registered by the state as such.

Nursing - the diagnosis and treatment of human responses to actual or potential health problems (American Nurses' Association (ANA), 1980).

Health Care - Maintenance of the state of health which is a dynamic state of being in which the development and behavior potential of an individual is realized to the fullest extent possible (ANA, 1980).

Significance of the Study

The findings of this study provide information to be used by the nursing profession regarding the opinions of the state's legislators and health consumers on topics involving nurses, nursing, and health care. This basic information could then be used by professional groups and lobbyists to assess nursing's status and then plan for change. This change might involve such areas as health care funding, education, government regulation of the health care system, or even the professional image of the registered nurse.

One of the key factors in implementing change is knowing the audience. Nurses could create better feelings between legislators and themselves if they understood the possible prejudices and misconceptions likely to be present in that political group. Conversely, if that group were knowledgeable, one would not want to repeat known facts. Intervention that avoids direct confrontation and hostility would be fostered by a knowledgeable rather than an ignorant change agent. When planning

an information presentation to a busy group of people, factors such as careful editing, brevity, and the deliberate repetition of only the most important points must be considered. The data from this study will be available to those involved in promoting nursing and improving health care in this state.

Assumptions

The following assumptions were pertinent to this study:

1. State legislators have a significant influence on the profession of nursing and the field of health care in Montana because of their legislative power in passing laws and funding projects.

2. State legislators could be considered to be a group of Montana health care consumers who hold opinions on nursing and health care.

3. The consumers of health care in Montana have or could have a great influence on the field of health care, depending on their perceived needs, knowledge, and biases.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Introduction

The relationships between politics, power, and nursing have been major topics in nursing literature over the past decade, but there has been little research directly related to the interaction of these topics. Most of the writings have been of a descriptive-exploratory nature and concern those relationships which should be important for nursing, since they have been for other groups. The key would be for nursing to utilize the various concepts and philosophies in coordinated and advantageous ways.

Literature Review

Nursing's relationship to the political process has been stressed repeatedly in nursing literature of late. Knowledge of the political system and how to use it to further the practice of professional nursing are considered essential components for promoting the professional aspects of nursing. The American Nurses' Association, in their "Social Policy Statement" (1980), identified the political process as the expression of public will in determining the direction health care will take in the future. Nursing's input was seen as essential, with the public good demanding nursing's overriding concern. Humphrey (1979) saw nursing as having a key knowledge of the health care system and as being

the eminently appropriate group available as a resource to legislators on health care issues.

One element necessary to the nursing profession for meaningful political interaction is power. Nurses have been exhorted to unite with one voice and become a group with influence proportional to its numbers. Grissum's (1976) goal was for nursing to start asserting its power to benefit the image of nursing, rather than the image of medicine, and to work toward changing public attitudes about nursing. One definition of power stated that it is the many ways in which groups or individuals influence the behavior and decisions of others. Similarly, politics is the promotion or protection of particular vested interests or goals (Leininger, 1977). More specifically, there is expert power, which is based on the possession of valid knowledge, skills, and information (McFarland, 1982). O'Rourke (1980) saw the use of expert power by nurses as the basis for political strength in three areas: (1) the services which nurses could provide; (2) how these services were different from the services provided by others; and (3) the impact of these services on public health. Essential to the use of expert power, or any other kind of power, is planning. Rappsilber (1982) saw this power as part of a method of persuasion used to bring about change. This change process consisted of identifying existing behaviors, knowledge, and attitudes in others, and then changing them to the ones needed to bring about more healthful behavior.

The effect of organized power and planned change by nursing on the influence government has on health care was another topic frequently discussed by various authors (Aiken, 1982; Kalisch and Kalisch, 1982;

Stevens, 1983). Willman (1983) pointed out that public pressure for the formulation of a national health policy had given nursing an opportunity and responsibility to fully utilize its abilities and talents to support this public need, and concurrently improve the public image of nursing. Especially in the area of rising health care costs, the nursing profession has the knowledge and resources to implement and influence policies that would bring down these costs. Such methods as less expensive health care from nurse practitioners, health promotion, and improved and increased home health care were but a few of the ways to reduce these costs.

Messer (1980) suggested that one objective in developing a grass roots legislative influence was to facilitate the development of mutually helpful relationships between nurses and legislators. These interactions would include soliciting and influencing legislators' views on nursing's current and potential place in the health care delivery system. Consequently, the legislators would become increasingly aware of the many possibilities for positive change, and also increase their utilization of nurses as key informants and resource persons. This process would lead to a consistent nurse-legislator relationship that could help increase nursing's influence on the political process. Messer also stressed the need for continued input into this process and the establishment of a credible relationship, whether through lobbying or individual input on specific issues. With major confrontations soon likely to occur over level of entry into practice and allocation of federal monies, there is even more of a need for nursing to have

developed a solid groundwork for effective interaction with local legislators.

Nursing's recent push toward professional awareness has been a major factor in its need for political power. But in this push, nursing remains divided on several key issues. One of the major divisive issues is associated with educational standards and level of entry into practice. The attempt to divide nursing into both professional and technical areas has caused heated conflict, which has affected the professional cohesiveness needed to gain power. The ANA has proposed a baccalaureate degree as the only level of entry into professional nursing while other authors have also recommended that the graduate of the associate degree program be considered a technical nurse as opposed to a professional nurse. Many authors held these viewpoints (Aydelotte, 1983; Hassenplug, 1978; Kohnke, 1978). Although certain councils of the National League for Nursing have favored the view of two levels of nursing, with the baccalaureate prerequisite for the professional level, the organization as a whole was still faced with heated debate from supporters of associate and diploma programs who have wished to maintain the current three levels of entry into professional practice (Burge, 1983). Since this debate could eventually lead to legislation, the public and legislators might be forced to make the decision for the profession. Regardless of the outcome, the image of nursing as a profession would be tarnished if internal problems were aired before the public.

Historically, many other factors have influenced the public image of nursing, primarily because it has for the most part been a women's

profession. Biases regarding the woman's place being in the home, about her passivity and dependence and about her lack of need for education (Grissum, 1976) were prominent until the recent women's movement. These biases greatly influenced the status of nursing, keeping it a typically woman-oriented occupation. Caring for the sick was an extension of a woman's work in the home. She was dependent on the physician for her job, and her education consisted of training in medically and administratively run hospitals. Kalisch and Kalisch (1982) expounded on sex-stereotyping and pointed out that all the characteristics seen as positive and valuable qualities for success in men were seen as harmful and detrimental in women. Brown (1978) associated this sex-stereotyping with a culture of denial pervasive in many nurses, characterized by professional impotence, denial of the ability and responsibility of the profession to influence health care services, and also the denial of self-worth as a professional. Both Brown and the Kalisches have studied the image of nursing extensively over the last decade, particularly as related to cultural influences and power.

Brown (1978) also identified medicine's efforts to continue nursing's dependence upon it as a cause of the denial syndrome. Grissum (1976) saw nursing's attempt to improve its professional image as consisting of role-breaking, which caused physicians and hospital administrators to feel threatened by the increased independence of the role of the nurse. The conflict caused by the difference between how nurses saw their role compared to how physicians saw that role coincided with the situations Hardy (1978) defined as role ambiguity and role overqualification. Hardy, who has examined in depth the role theory in

relation to health professionals, defined role ambiguity as the situation occurring when there is a disagreement about role expectations because of a lack of clarity in those expectations. The ambiguity could occur when, because of the changing knowledge base and increased professional maturity in nursing, neither the physician nor the nurse would be sure of nursing's appropriate boundaries. Role overqualification, defined as the situation where the nurse's qualifications are in excess of these required for the position, might occur when a nurse with a baccalaureate degree desires to function as a professional nurse, but the hospital and the physicians only recognize the technical aspects of nursing.

Ashley (1976), whose book was based on her doctoral dissertation, further related these biases about nursing's subjugation to medicine to the public's image of nursing. As recently as 1970, the American Medical Association identified the position of the nurse as being under the supervision of the physician, although much of nursing was done in settings other than hospitals or when a physician was not present. Brown (1981) recommended increased independent clinical decision-making by nurses and a collaborative practice between nurses and physicians. She believed that the end product would then be improved patient care and lower health care costs for consumers.

Aiken (1981), whose research background includes a statistical, longitudinal study of nurses, saw nursing as having a unique contribution to make to national health, but did not see this role as being well understood by consumers or other health professionals. The need then was for nursing to demonstrate to the public the outcomes of nursing

practice as well as to develop strategies for financing improvements in nursing and health care delivery. Nursing would then be able to recruit consumers as nursing advocates. This move would be necessary for power-building and implementation of a health care delivery system that would meet the needs of the consumer and not just those of the delivery system.

Ashley (1976) saw the need to improve nursing's consumer image as related to consumer education and the dispelling of other myths and biases about nursing. She identified recognition of higher education, both monetarily and through the ability to practice as a professional, rather than a semi-professional, as improving nursing's status and the quality of patient care. In order to dispel the "bedpan" image of nursing, nurses would have to make the public aware of what nurses actually do, as opposed to the view the public receives from the highly influential television networks.

One area of nursing's functioning that was especially important to the consumer was the field of health promotion. Grissum (1976) identified the increased need for this health promotion, as opposed to the illness treatment orientation, and stated that the consumer, along with the nurse, would have to be involved in planning and implementation. If nursing could visualize itself as accountable and responsible, it could develop goals for leadership in health promotion, and through an expanded role could improve health care and lower costs (Ashley, 1976).

All of these recommendations presented nursing and nurses as change agents. More specifically, professional nurses would have to be involved in planned change. This type of systematic involvement should

then bring about cohesiveness in the profession, improved status, and an improved health care system (Willman, 1983). In turn, planned change would give the nurse power and control over events, rather than the nurse having to react to change initiated by others. Ehrenreich (1979) expanded this view somewhat when she identified the nurse as a professional agent of change who should use political activism as the arena for change. She also regarded this activism as an obligation of the professional nurse to other nurses and consumers.

One strategy for change that Grissum (1976) identified as being particularly applicable to nursing was that of attitude change. This strategy involved developing a level of attraction and trust between the change agent and the involved groups, such as state legislators. The goal was to minimize perceived differences and to stress peace and cooperation. The promotion of empathy with respect to motives, expectations, and attitudes was seen as essential. In order to bring about any kind of change, a problem-solving model should be involved. The initial stage of planned change is the assessment phase, which involves identifying interest in and motivation for change and also the environment in which it would take place (Willman, 1983). The need for planned change led to the selection of a particular conceptual model to be used as the framework for this study.

In spite of all the opinions that have been written relating to the need for increased involvement by nurses in health care policy-making, very little research has been done either to verify the need for this involvement or to examine the outcomes of such involvement.

Summary

Various aspects of the current status and role of nursing were discussed in this literature review. These aspects included nursing's involvement in the political process, the relationship between nursing and governmental influences on health care, and also the practice of nursing. Nursing's own professional awareness was examined in relation to historical influences, present conflicts, and nursing's influence on consumer health and the health care delivery system. Planned change, as a means for accomplishing identified goals, was also discussed as a basis for a conceptual framework for this study. The object of examining all of these topics was to establish a basis for the use of a descriptive survey to evaluate the views of state legislators on those various issues.

Conceptual Framework

The conceptual framework for this study related to the general theory of planned change and specifically to Rappsilber's (1982) persuasion-change model for nurses. This researcher initially became acquainted with the model in relationship to a graduate study project on change theory and its application to the work setting. Rappsilber, who is the Dean of Nursing at West Texas State University, had written a chapter on persuasion as a mechanism for change in the book The Nurse as a Change Agent, edited by Lancaster and Lancaster. She included a persuasion-change model for nurses that was based on Kar's diagnosis model. The model (Figure 1, page 17) started with the identification of the target audience and intervention design variables and then concluded

with successful change. This study dealt with only a portion of that model, mainly the target audience variables. That section could be likened to the assessment phase of the problem-solving model (Willman, 1983).

In order to bring about successful change, planning of strategies would have to be specifically related to the needs, motivations, and biases of the target audience. The persuasion-change model identified such variables as: (1) political, (2) social structure, (3) cultural-psychological, (4) environmental-situational, (5) physiological-biological, and (6) educational-intellectual. In this study, which dealt with the Montana State Legislature as the target audience, all six of these variables were applicable in determining the legislators' views on nurses, nursing, and health care.

The first variable, the political determinant, had an obvious influence related to political party and philosophy. Political background is especially relevant when examining probability for approval of health care funding. The second variable, the social structure influence, could be evaluated by examining such aspects as legislators' backgrounds and occupations. Cultural-psychological aspects might also have an effect on legislators' views because of cultural biases related to health care and the role of women. Also, previous interactions with the health care system might influence psychological attitudes toward that system. The environmental-situational variables related to present problems and issues involving health care in the specific environment of the state of Montana. The physiological-biological variables would include such factors as age and sex. And lastly, the legislators'

educational-intellectual background could influence their views on professionalism, education, and the roles of nurses.

By assessing these six areas, the change agent could develop a better picture of the target audience, and then, with a knowledge of intervention-design variables as related to persuasion theories, could determine the appropriate intervention model to be used with that particular target audience. The goal would be to bring about a desired change in behavior. The five intervention models included in this persuasion-change framework consisted of: (1) the informational model, where, although motivation and accessibility were present, the target population might lack the necessary information or skill to accomplish the changes; (2) the instructional model, which was like the previous model but involved more depth in developing complex skills and competencies; (3) the environmental and situational model, in which there would be audience nonacceptance secondary to a lack of environmental support; (4) the motivational model, which involved a lack of positive motivation or a strong negative motive; and, finally (5) the consonance model, which would be used when resistance to change was a result of conflicting motives, values, attitudes or beliefs.

Rappsilber's conceptual framework was then the basis for the types of questions that were developed for use in the legislative questionnaire. The results would then ideally be organized within the persuasion-change model and utilized by the change-agent nurse. In the setting of this study, the desired change would be for the legislators to vote for legislation that would benefit the consumers'

utilization of the health care system. Another goal would be the promotion of nursing as a profession and as a viable part of the health care team.

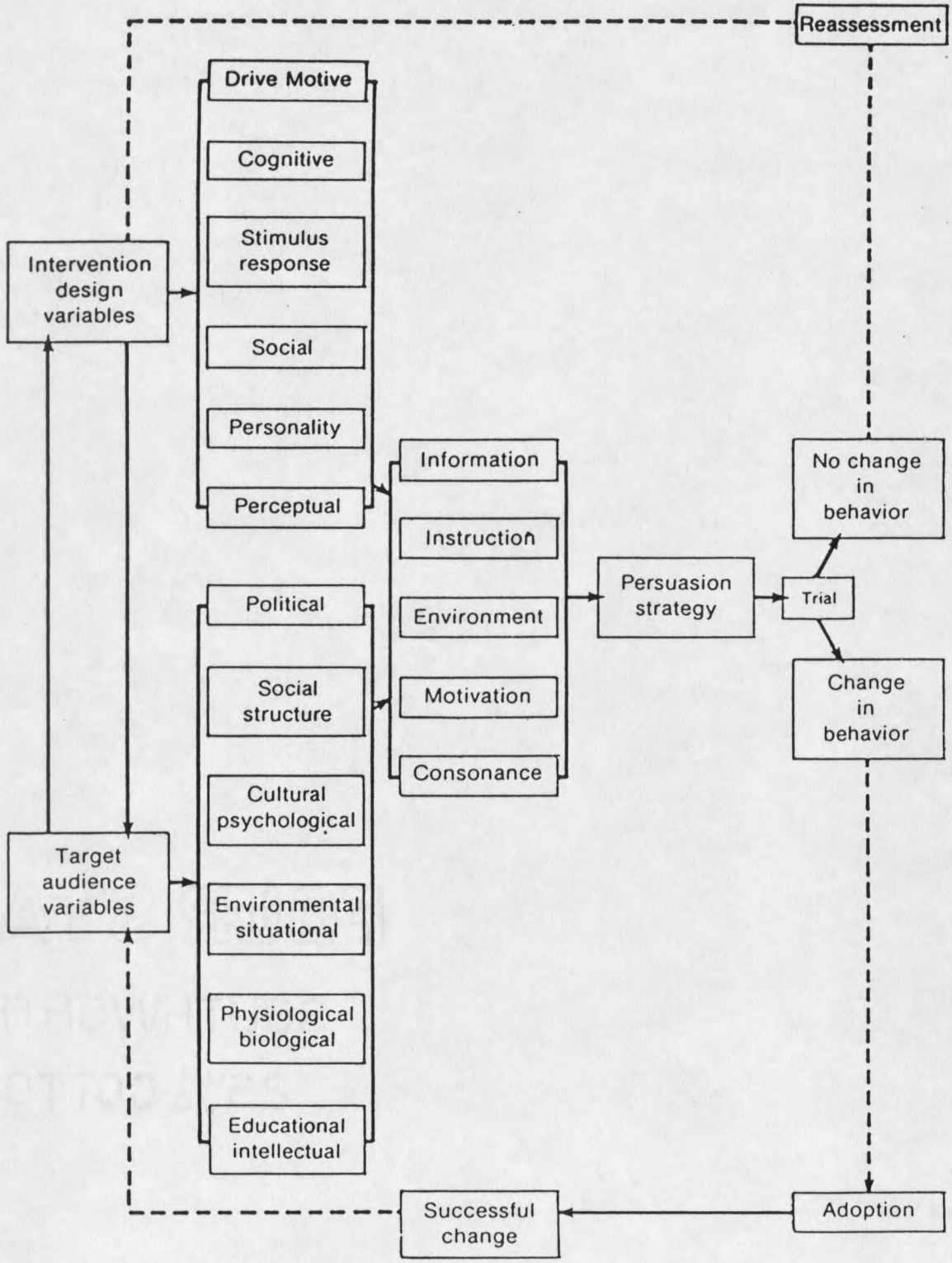

Figure 1

Rappsilber's persuasion-change model for nurses.

CHAPTER THREE

METHODOLOGY

Overview

The purpose of this study was to identify the current attitudes of Montana State Legislators on the topics of nurses, nursing, and health care in the framework of utilizing the accumulated information to bring about change. This chapter describes the method used to develop a tool by which to survey the Montana State Legislature on those topics. It further describes the methods utilized to administer the questionnaire and analyze the data.

Research Design

Although this study was designed as exploratory, a search of the literature was made to discover a previously developed tool which could have been used in data collection. No tool was found that would ask questions of a topical nature on the current problems of nursing and health care in Montana, or that was specifically directed toward legislators. Tool development was then undertaken based on the literature about current problems in nursing and health care nationally. Further development of these topics was accomplished through interviews of nursing leaders in Montana. Tool development is discussed later.

Protection of Human Rights

Montana State University's requirements on human rights were met in this study. Since the target population was the 150 state legislators in the 1983 session, the category fell under those exempt because of being elected officials. Therefore, the request form and questionnaire were submitted to and approved by the Human Rights Committee without exception. Anonymity was also assured in the cover letter with the questionnaire (Appendix).

Population and Setting

The study utilized an entire population - all 150 members of the 1983 Montana State Legislature - which consisted of 100 representatives and 50 senators, both male and female. The purpose of the study specifically targeted this legislative group. No larger sample could have been used. Also, since each legislator had one vote on any given legislation, any smaller sample would have made the results less representative. The setting for the study was the Montana State Capitol Building during the last week of the 1983 legislative session. The tool was administered with the help of a current representative whose original profession had been nursing and who had been helpful during that session to the lobbying unit of the professional nursing organization in this state.

Development of the Research Tool

Two methods of data collection would have been appropriate in this study. The first was the anonymous questionnaire and the second was the

direct interview. Because of the increased time involved and the lack of anonymity with a direct interview, the questionnaire method was chosen. This type of data-gathering was viewed as being more likely to result in honest, less biased responses than with the interview, since during an interview the legislators would more likely feel the need to tell the interviewer the answers they thought were expected.

In order to develop questions pertinent to current issues in nursing and health care in Montana, intensive preliminary interviews were carried out with ten of the leading nurses in the state to find out their views on nursing's problems. Such topics as the power of nursing, its role in health care policy, the consumer's views of the role of the nurse, nursing education, and economic status were explored. Those nurses were also asked what questions they would put to state legislators about nurses, nursing, and health care to find out about the current knowledge and opinions of legislators that might be useful in dealing with the group on upcoming legislation or funding issues. These initial interviews were part of an independent study on the power of nurses in Montana. The ten nurses were involved in a variety of nursing roles, such as education, community and home health, politics, consultation, administration, and clinical practice.

The questions presented to these nurses in the process of developing the survey tool were very broad and open-ended. The questions most applicable to the survey were (1) do nurses in this state have power, and if not, why not? (2) what are the problems of the nursing profession in Montana? (3) what are the major health problems in Montana? (4) is the relationship between nurses and the state

legislature good or bad? (5) are nurses equipped to cope with lobbying and contract negotiation? and (6) how can nurses increase their power?

On the topic of power, the responses were generally that the current power was within individual nurses and that as a collective group nursing was not as powerful as its numbers would suggest. Increased power was seen as being required through cohesiveness, increased professionalism, increased involvements and visibility, increased self-confidence, and increased credibility. There was a general consensus that the relationship between nursing, both individually and collectively through the Montana Nurses Association (MNA), and the state legislature was a positive one. They saw nurses as doing a good job with lobbying. The collective bargaining process was viewed as going well, but there was still a split philosophically about whether or not the MNA should be involved in that area.

The nursing profession in Montana was seen as having multiple problems. The conflict over the MNA being involved with collective bargaining and possibly alienating the management sector of the membership was dividing the nursing population. The issue of the baccalaureate degree as the level of entry into nursing practice still did not have statewide support and speciality practice was causing fragmentation of nurses' interests. Also, there seemed to be a lack of public knowledge about the variety of nursing roles. Other problem areas included (1) in-fighting and jealousy, (2) problems associated with being a predominately women's profession (minority group actions), (3) lack of leadership, (4) competition and conflict between nurses, physicians, and hospital administrators, (5) nurses' lack of a professional view of

themselves, (6) lack of third-party reimbursement, (7) lack of political power and status in the state in both nursing and non-nursing areas, (8) lack of financial power, and (9) poor communication among nurses. The major health problems were viewed as being related to health care in the rural setting (proximity to health facilities), quality of health facilities and staffing, funding of health care, wellness-promotion, and reimbursement.

In response to what they would want to know from legislators, the nurses' answers centered on the legislators' views on health care financing; their definition of nursing and health care; their views on independent practice, nurse practitioners, and third-party reimbursement; and from whom they sought information on health care legislation. The answers given were consistent from one nurse to the next.

After the previous data were analyzed, the answers were separated into eight major topics, which were:

1. The image of the nurse
2. The economics of nursing
3. Specialty areas in nursing
4. Nursing education
5. Professionalism in nursing
6. Nursing and politics
7. Consumer health care
8. The role of the nurse

The specific questions for the survey were developed in relationship to these categories.

In deciding what type of questions were most appropriate for this group of people, several aspects were examined. First, considering the timing of the survey, there was a need to make the questions as easy to answer as possible and the questionnaire short enough to not discourage the legislators from attempting to complete it.

Second, most of the topics lent themselves well to positive-negative answers, regardless of whether they were of the opinion type or the knowledge type. Therefore, a yes/no and agree/disagree format was chosen for the majority of the questions. Where it was anticipated that more choices were necessary for adequate data collection, either ranking or a choice of one or more options was given. The two open-ended questions that completed the questionnaire were used to allow a variety of responses, since the possible options were so diversified as to make forced choices too limited in scope. A copy of the questionnaire is included (Appendix).

In choosing the wording for each question, an attempt was made to use terminology that was considered to be generally understood, with the expectation that ambiguities would be eliminated after review by several experts and peers. The initial questionnaire consisted of 54 questions, including demographics.

The demographics that were selected were partially those common to most questionnaires of this type, such as age, sex, occupation, education, and political background. These demographics also related to the target audience variables in the conceptual model. An effort was made to obtain background details without actually identifying specific individuals. The other demographic questions were chosen to relate

specifically to Montana. Since this state can, in general, be classified as rural, with a significant population living in areas classified as rural in the questionnaire (population of 2,500 or lower), questions pertaining to rurality were appropriate. The curriculum study being done in the Montana State University School of Nursing master's program had, over the years, pointed out some consistent cultural differences between those people qualifying as rural and those more aligned with the larger population centers. Differences were particularly evident with relation to health care. Demographic questions 11 and 12 were included as determinants of whether previous contact with nurses affected knowledge and opinions. Question 13 addressed the legislators' perceived awareness of health care services in their home counties, mainly to determine whether they viewed themselves as knowledgeable on the topic.

The initial questionnaire was then submitted to the thesis committee, the members of the researcher's nursing class, and other involved instructors. Each question was examined individually for clarity and content validity. Recommendations were made regarding changes in wording or options given, and the possible deletion of some questions. The researcher was in agreement with most of the recommendations by the other nurses and those were implemented. The recommendations from a professor who was a former state legislator, relating to the habits and idiosyncrasies of legislators completing questionnaires, were also utilized. The initial revisions left 53 questions. The tool was again reviewed by the thesis committee for clarity and content validity.

When the questionnaire was revised the third time, more questions were deleted, and the arrangement of the questions was also altered. Those questions in the demographic section were rearranged slightly so as to be grouped according to topic. The body of the questionnaire was rearranged so that all the agree/disagree questions were together, as were all the yes/no questions and the ranking questions. The two open-ended questions were placed last. The reasoning behind this was to enhance the flow of the questionnaire and thereby increase the ease of completion by the legislators. Opinion questions were specifically not grouped as to topic, where possible, in order not to directly influence legislators' responses. Multiple questions related to a specific topic were included as a cross-check of opinions given. The final questionnaire consisted of 49 questions that covered just over four pages. The questionnaire was typed on both sides of the page so as to appear as short as possible to the respondents. In trials, the time taken to complete the questionnaire was between 10 and 15 minutes.

The specific questions relating to the previously mentioned eight topics, as they appeared on the final questionnaire, were as follows (with some overlap between categories):

The Image of the Nurse

14. In general, nurses today have a good public image.
Agree - Disagree

16a. Nursing is an appropriate career for men. Agree - Disagree

16b. Nursing is an appropriate career for women. Agree - Disagree

22. There is a shortage of nurses in the U.S. Agree - Disagree

23. There is a shortage of nurses in Montana. Agree - Disagree

42. If you believe there is a shortage of nurses in Montana, do you think it is due to (check one or more)
___ Lack of enough nurses
___ Rapid turnover of nursing personnel
___ Dissatisfaction with working conditions
___ Irregular distribution of nurses throughout the state
___ Low salaries

The Economics of Nursing

15. Most nurses who work in Montana hospitals are being paid what their services are worth. Agree - Disagree

27. Nurses should be eligible for third-party reimbursement. Agree - Disagree

29. The money that most nurses earn is a supplemental income for the family (the husband is the primary breadwinner). Agree - Disagree

Specialty Areas in Nursing

17. Physicians' assistants and nurse practitioners are the same in what they have to offer the consumer in the way of health care. Agree - Disagree

34. Do you know what a nurse practitioner does? Yes - No - Uncertain

36. Would you approve of a family member going to a nurse practitioner for health care? Yes - No - Uncertain what a nurse practitioner does

39. Would you go to see a nurse practitioner for a physical examination? Yes - No - Do not know what a nurse practitioner does

Nursing Education

18. Nursing is a profession rather than a technically skilled occupation. Agree - Disagree

35. Are you aware that there are three basic programs by which a person can study to be a registered nurse? Yes - No

44. I believe the basic education for level of entry into professional nursing should be (check one or more)
___ 2-year associate degree in nursing
___ 3-year diploma
___ 4-5 year bachelor's degree in nursing
___ not aware of the differences between the three

Professionalism in Nursing

18. Nursing is a profession rather than a technically skilled occupation. Agree - Disagree

19. Nurses should function only under the supervision of physicians. Agree - Disagree

21. Physicians and nurses should have equal roles in hospital policymaking. Agree - Disagree

24. The relationship between nurses and physicians should be a collegial one. Agree - Disagree

30. Nurses should be allowed to organize and bargain with employing agencies. Agree - Disagree

41. Nurses strike most often for (rank in order or importance with 1 being the most important)
___ more money
___ better working conditions
___ improved quality of patient care

Nursing in Politics

20. Nurses as a group are powerful in influencing health care policies. Agree - Disagree

28. Governmental monies should be used to finance maternal-child health programs (well-child clinics, nutritional programs, etc.) Agree - Disagree

31. Nurses should provide input to legislators on health care issues. Agree - Disagree

33. Public funds should be used to finance some health care. Agree - Disagree

45. Select the following statement with which you most agree, related to allocation of funds for health care.
___ Health promotion is more important than illness treatment.
___ Illness treatment is more important than health promotion.
___ The two are of equal importance.

49. As a legislator, from whom (category of persons) do you seek information on legislative health care issues?

Consumer Health Care

26. If Montana citizens are given information on good health habits and health promotion, the majority will follow the suggestions to improve their health. Agree - Disagree

32. The public needs to be better educated in health promotion and disease prevention, so they can be more proficient in self-care. Agree - Disagree

37. I would feel confident in receiving health teaching from a nurse. Yes - No

40. Rank the following nursing roles in order of importance to the consumer (with 1 being the most important).
___ Caring for the sick (bedside nursing)
___ Health promotion through education and research
___ Disease prevention through education and research

45. Select the following statement with which you most agree related to allocation of funds for health care.
___ Health promotion is more important than illness treatment.
___ Illness treatment is more important than health promotion.
___ The two are of equal importance.

46. Rank in order of importance these major issues in health care in Montana today (1 is most important, 9 is least).
___ Cost of health care
___ Lack of facilities in rural area (access to care)
___ Lack of qualified health professionals
___ Allocation of resources for treatment of interpersonal abuse (spouse, child)
___ Allocation of resources for dealing with accident victims
___ Duplication of services
___ Other

47. Wellness promotion should be taught by (check all applicable).
___ Parents
___ Health professionals
___ Teachers in preschools
___ Teachers in grade schools
___ Teachers in high schools

48. The major reason for the rapidly increasing cost of health care is _____.

The Role of the Nurse

25. Because of their experience in management, some nurses make good executives. Agree - Disagree

37. I would feel confident in receiving health teaching from a nurse. Yes - No

38. Do you think certain nurses are qualified to practice independently? Yes - No - Uncertain what independent practice entails

40. Rank the following nursing roles in order of importance to the consumer (with 1 being the most important).
___ Caring for the sick (bedside nursing)
___ Health promotion through education and research
___ Disease prevention through education and research

43. In the future, the roles of nurses should include the following (check one or more)
___ Health Promotion
___ Disease prevention
___ Independent practice
___ Bedside nursing
___ Nursing research
___ Nursing administration
___ Hospital administration

Validity and Reliability

The content was tested for validity throughout the tool development. The tool was self-designed to determine the attitudes and opinions of legislators on nurses, nursing, and health care, with the initial input from ten prominent nurses in Montana and the repeated evaluation of the questions by faculty, students, and legislators. The tool was reliable because it provided Montana legislators an opportunity to express their attitudes and opinions on nurses, nursing, and health care, and the same type of data could be obtained if the questions were administered to another similar group.

Data Collection Method

The assistance of a 1983 state representative was solicited. A cover letter which requested completion of the survey was drafted to

inform the legislators of the reason for the survey and that it was supported by one of them. A stipulation was added to identify that in this questionnaire, the term nurse referred to a registered nurse, as opposed to a licensed practical nurse (Appendix). The assisting legislator was given the forms and had one placed in each legislator's box. The completed questionnaires were then returned to that legislator's box. All questionnaires returned to the researcher prior to the statistical computation of frequencies were included.

Data Analysis Methods

Because of the type of survey and the data returned, computations were initially limited to raw frequencies and percentages. Cross tabulations between particular topical areas and related demographics were later compiled at the discretion of the researcher.

Summary

This chapter on methodology described the development of a survey tool that would obtain attitudes and opinions of the 150 Montana State Legislators in the 1983 session. Input was gathered from ten leading nurses in the state and the resulting questions were subjected to repeated analysis by other nurses and a past legislator. A 49-question tool, dealing with the topics of the image of the nurse, the economics of nursing, specialty areas in nursing, nursing education, professionalism in nursing, nursing and politics, consumer health care, and the role of the nurse, was the result. The questionnaire was then administered to the 1983 Legislature, and the data were compiled and analyzed with the use of a computer.

CHAPTER FOUR

RESULTS

Overview

The purpose of this study was to identify the current attitudes of Montana State Legislators on the topics of nurses, nursing, and health care. A research tool was designed to ascertain these attitudes in the areas of the image of the nurse, the economics of nursing, speciality areas in nursing, nursing education, professionalism in nursing, nursing and politics, consumer health care, and the role of the nurse. This chapter reports the statistical findings as to the frequency of responses, and gives some correlations between the demographics and the responses.

Population

All 150 of the 1983 state legislators received the questionnaire, and 98 questionnaires were returned in time for use in this study. The response rate was 65%. Of those 98, two did not complete the demographic data, but the rest of their responses were utilized in the total frequencies.

Demographic Data

Age and Sex

Knowledge of the respondents' ages was considered significant in that some of the results might be related to the changing image of the nurse over the past few generations. These generational differences accounted for the age choice groupings of 18-35, 36-50, 51-65, and over 65. Of the 96 responses, 15 were in the 18-35 group, 32 in the 36-50 group, 38 in the 51-65 group, and 11 in the over-65 group.

The respondent's sex was considered important in relation to knowing whether there was a significant attitude difference between males and females regarding a career field that has been predominantly female. Of the 96 respondents, 16 were female and 80 were male.

Political Background

Party affiliation and political philosophy were included so that trends in responses related to these influences could be identified. Data were also requested on the number of years the respondents had held political office to see if there was an attitude trend related to experience. Party choices were Republican, Democrat, and other. Forty-five responded as Republicans, 51 as Democrats and none as other. As to political philosophy, of 92 respondents, 20 were Liberal, 43 Conservative, 27 Moderate, one Populist, and one Progressive. In order to analyze the number of years in political office, the responses were grouped into three categories: those with less than two years, between two and up to 11 years, and 11 years and over. Of the 96 responses, 27 were in the first category, 51 in the second, and 18 in the third. The groupings were an arbitrary choice of the researcher.

Education

Respondents were asked to state the highest level of education completed, again to see if increased education correlated with increased knowledge or more positive attitudes about nursing or health care issues. Of the total of 96 responses, 2 persons had less than a 12th-grade education, 17 were high school graduates only, 27 had completed some college but had not obtained a degree, 28 had a bachelor's degree, 15 a master's degree, and seven possessed a doctoral degree. (Some lawyers listed themselves as having a doctoral level education and some listed themselves at the master's level. The rest at the doctoral level were educators.)

Geographical Background

Previous studies done as part of the Master's in Nursing program at Montana State University have pointed out attitude and philosophical differences about health and health care between people who have rural backgrounds and those who do not. Networking and the philosophies of life of Montana natives also seem to vary from those people who are transplants. These areas were explored through questions asking whether the respondents were born in Montana, how many years they had lived in the state, and whether most of their lives had been spent in a rural setting. Rural was defined as either a sparsely populated area or a town of 2500 people or less. Of the 96 who responded to these questions, 55 were Montana natives, 41 were not; 54 had lived in Montana their entire lives, 11 more than half, and 31 less than half; and 42 had spent most of their lives in rural areas, while 54 had not.

Primary Occupation

These data were elicited to see if there was a correlation between the legislators' occupations and their attitudes and knowledge about nurses, nursing, and health care. Table 1 shows the breakdown of occupations.

Health Related Background

In order to see if familiarity with nurses or hospitals had an influence on the respondents' attitudes, two specific questions were asked. One was whether the respondents had ever been hospitalized, and the other was whether they had a close friend or relative who was a registered nurse. Of the 96 legislators who responded to the question of whether they had ever been hospitalized, 84 had and 12 had not. As to having a close friend or relative who was a registered nurse, of 95 responses, 73 were affirmative, and 22 were negative.

Table 1. OCCUPATIONS (n=96)

Category	Absolute Frequency
Rancher or Farmer	28
Business	22
Education	11
Retired	9
Lawyer	6
Laborer	5
Management	4
Consultant	2
Firefighter	2
Clerical	2
Housewife	2
Architect *	1
Lobbyist *	1
Student *	1

*Thoughout the remainder of the thesis, these three occupations will be included together under the category of "other" in order to maintain anonymity.

Knowledge of Health Care Resources

The last demographic question asked about the respondents' perceived knowledge of health care services available in their home county. The object of this question was not to find out what was available in the state but to identify how many legislators thought they knew about the services available. They were asked to identify whether their home county had a community health nurse, well-child clinics, blood pressure screenings for senior citizens, independently practicing nurse practitioners, and independently practicing nurse midwives. They were given the option of answering yes, no, or uncertain. Table 2 describes the results.

Table 2. Home County Health Care Resources

Category	Yes	No	Uncertain	(n=)
Community Health Nurse?	89	2	4	(95)
Well-Child Clinics?	46	22	23	(91)
Blood Pressure Checks?	85	1	9	(95)
Nurse Practitioners?	43	13	36	(92)
Nurse Midwives?	22	26	43	(91)

Attitudes and Opinions/Data Results

The rest of the questionnaire consisted of 34 questions eliciting attitudes and opinions on nurses, nursing, and health care. The following tables show the results of questions 14 through 47. Questions 48 and 49 were open-ended questions, the answers to which will be discussed later. In questions 14 through 33, any uncertain answers were added by the respondents. See the Appendix for the exact phrasings of the questions.

Table 3. Attitudes and Opinions, Part I

	Question	Agree	Disagree	Uncertain	(n=)
14.	Nurses have a good public image?	96	2	0	(98)
15.	Nurses are paid what they are worth?	44	42	9	(95)
16a.	Nursing is appropriate for men?	79	15	3	(97)
16b.	Nursing is appropriate for women?	97	1	0	(98)
17.	PA's and Nurse Practitioners offer the same health care?	24	55	11	(90)
18.	Nursing is a profession rather than a skilled occupation?	76	17	4	(97)
19.	Nurses always need MD supervision?	36	56	3	(95)
20.	Nurses are powerful in influencing health care policies?	77	20	0	(97)
21.	MD's and nurses should affect hospital policies equally?	57	34	6	(97)
22.	Shortage of nurses in the U.S?	69	15	11	(95)
23.	Shortage of nurses in Montana?	61	23	12	(96)
24.	Nurses and MD's should have a collegial relationship?	74	16	5	(95)
25.	Some nurses make good executives?	91	3	4	(98)
26.	Montanans are interested in pursuing good health habits?	59	31	7	(97)
27.	Nurses should be eligible for third-party reimbursement?	55	20	14	(89)

Table 3. Attitudes and Opinions, Part I - (Continued)

	Question	Agree	Disagree	Uncertain	(n=)
28.	Government monies should be used for maternal-child programs?	61	28	6	(95)
29.	Nurse's income is only important as supplemental income in a family?	28	62	8	(98)
30.	Nurses should be able to organize and bargain?	68	25	3	(96)
31.	Nurses should provide input to legislators on health care issues?	96	1	0	(97)
32.	The public needs better health promotion and disease prevention education?	94	4	0	(98)
33.	Use public funds for health care?	82	12	2	(96)

Part II

	Question	Yes	No	Uncertain	(n=)
34.	Do you know what a nurse practitioner does?	45	9	41	(95)
35.	Aware that there are 3 basic education programs in nursing?	23	74	0	(97)
36.	Would you approve of a family member going to a nurse practitioner?	60	7	27	(94)
37.	Nurses are good at health care teaching?	92	3	1	(96)
38.	Nurses are qualified to practice independently?	56	10	30	(96)
39.	Would you go to a nurse practitioner for a physical?	40	39	14/3*	(96)

* In Question 39, three respondents were uncertain if they would go to a nurse practitioner, which was an added answer, while 14 were uncertain what a nurse practitioner does, which was the third option.

In Questions 40 and 41, the respondents were asked to rank their answers. Question 40 asked for a ranking of the importance to the consumer of three aspects of health care in which nurses were involved. The options were bedside nursing, health promotion, and disease-prevention. Question 41 concerned why nurses strike. More money, better working conditions, and improved quality of patient care were the three choices. Tables 4 & 5 show the breakdown of the responses.

Table 4. Ranking of Nursing Roles

40. Rank the following nursing roles in order of importance to the consumer (n=97).	1st	2nd	3rd
Caring for the sick (bedside nursing)	87	3	7
Health promotion through education and research	7	54	32
Disease prevention through education and research	3	36	54

(Some respondents omitted 2nd or 3rd rankings.)

Table 5. Ranking of Strike Causes

41. Nurses strike most often for (n=89):	1st	2nd	3rd
More money	50	20	17
Better working conditions	28	52	5
Improved quality of patient care	11	12	62

(Some respondents omitted 2nd or 3rd rankings.)

In Questions 42, 43, 44 and 47, the legislators were given the opportunity to select a multiple number of answers to certain questions. Question 42 asked for possible reasons for a shortage of nurses, and the results are shown in Table 6.

Table 6. Causes of a Nursing Shortage

42. If you believe there is a shortage of nurses in Montana, do you think it is due to (check one or more) (n=80)

29	Lack of enough nurses
19	Rapid turnover of nursing personnel
36	Dissatisfaction with working conditions
41	Irregular distribution of nurses throughout the state
48	Low salaries

Question 43 asked what legislators thought should make up the roles of nurses in the future. The breakdown is shown in Table 7.

Table 7. Roles of Nurses

43. In the future, the roles of nurses should include the following (check one or more) (n=98)

72	Health promotion
57	Disease prevention
38	Independent practice
76	Bedside nursing
45	Nursing research
67	Nursing administration
52	Hospital administration

In Question 44, the legislators were asked to give their opinions on the level of entry into practice for nurses. Table 8 shows the answers.

Table 8. Entry into Practice

44.	I believe the basic education for level of entry into professional nursing should be (check one or more) (n=98)	
22		2-year associate degree in nursing
22		3-year diploma
47		4-5-year bachelor's degree in nursing
12		not aware of the differences between the three

There were other interesting data from this question. More than one choice was allowed, but of those who selected only one of the four possible choices, 14 persons picked the associate degree only, 15 picked the diploma program only, and 39 selected the bachelor's degree only. Only four persons picked all three choices as options.

Question 45 dealt with prioritizing health promotion and illness treatment in regard to allocation of health care funds. Table 9 delineates the results.

Table 9. Funding

45.	Select the following statement with which you most agree, related to allocations of funds for health care. (n=93)	
17		Health promotion is more important than illness treatment.
22		Illness treatment is more important than health promotion.
54		The two are of equal importance.

In question 46, the legislators' opinions on some major health care issues in Montana were elicited. The results are listed in Table 10.

Table 10. Issues in Health Care

46. Rank in order of importance these major issues in health care in Montana today (first through third place rating only) (n=89)

1st	2nd	3rd	
72	10	3	Cost of health care
4	23	28	Lack of facilities in rural areas (access to care)
4	13	11	Lack of qualified health professionals
3	15	15	Lack of home health care settings
2	8	11	Allocation of resources for treatment of alcohol and drug abuse
0	6	4	Allocation of resources for treatment of interpersonal abuse (spouse, child)
1	2	3	Allocation of resources for dealing with accident victims
0	5	5	Duplication of services
3	0	0	Other - Lack of preventive philosophy in health care - Quality of services - Uncertain

The legislators' opinions on who should teach wellness promotion were addressed in Question 47. The results are shown in Table 11.

Table 11. Teaching Wellness Promotion

47. Wellness promotion should be taught by (check all applicable) (n=98)

88	Parents
80	Health professionals
66	Teachers in preschools
76	Teachers in grade schools
69	Teachers in high schools

In an open-ended question, number 48, the legislators were asked for their opinions on the major reason for the rapidly increasing cost of health care. Of those who answered, the majority identified a negative reason for the increasing cost. The main causes were excessive labor costs and greed. These seemed to overlap some, because the labor costs were frequently described as doctors wanting too much money, especially early in practice. One respondent said he did not know any doctors in the middle income bracket. A few persons specifically stated that nurses' incomes were obviously not one of the causes.

Increased technology, with its accompanying increase in costs, was the next most popular answer. It was usually listed as a negative cause (excessive cost and use of equipment), but a few legislators mentioned this as an inevitable outcome of improved health care. Another major cause given was excessive governmental regulation, with medicaid and medicare included under this topic. Many answers mentioned that hospitals and doctors had taken advantage of these payment systems to increase their profits. Similarly, insurance rates were seen as being excessive and allowing hospitals to raise their rates, because the costs would be paid for by the insurance companies and not directly by the patients. Cost containment was not seen as being practiced at the time.

A few people mentioned unpaid bills as being a problem. Hospitals would therefore raise their rates to cover the unpaid bills. Inflation was also listed as a problem, or at least an excuse when this questionnaire was completed in 1983.

Other causes mentioned were duplication of services, excessive lawsuits and malpractice insurance, and poor management of hospitals. Also, a few legislators were of the opinion that consumers were indiscriminate in their use of health care facilities and that they could save money by more judicious shopping for health care.

The legislators were asked, in question 49, where they usually went for information on legislative health care issues. The majority answered that persons in the health care professions were their main sources. Nurses and doctors ranked about the same as resources, with administrators next. Other answers were fellow legislators, the Department of Social and Rehabilitation Services, the Department of Health, teachers, patients, consumers and themselves. The other major category was lobbyists, which included some of the above groups. All of the comments specifically on nurses and the nursing lobby were very favorable.

Correlations

Overview

Demographical data were included in the questionnaire to enable the researcher to identify specific correlations between responses and demographics. The particular relationships that were thought to hold the most significance were delineated in the previous discussion on demographics. Therefore, cross tabulations were obtained from the computer relating to those demographics and selected questions. The relationships that the researcher found most revealing will be discussed in this section.