

COMPARISON OF THE IMPORTANCE ASSIGNED TO INDEPENDENT
AND DEPENDENT NURSING ACTIVITIES

A THESIS

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CHAPTER 1

INTRODUCTION

Over the years the activities of the nurse have changed to meet the demands of the job. The nurse has sorted laundry, mopped floors, filled out forms and reports, answered telephone, and given out medications (Kinlein, 1977). As long as the patient "benefitted" from the activity, it was identified as nursing. For over 100 years, there has been an attempt to define nursing. Perhaps one of the earliest was Florence Nightingale (1860) when she wrote that nursing "has been limited to signify little more than the administration of medicines and the application of poultices" (p. 8). Nightingale felt, however, that there was more to nursing. She saw nursing as having a component that was independent of the physician.

So it is with medicine; the function of an organ becomes obstructed, medicine as far as we know, assists nature to remove the obstruction, but does nothing more. And what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him. (p. 113)

Differentiation of the activities of the nurse can be seen in Henderson's (1964) statement that the unique function of the nurse is to assist the patient in performing activities that he would perform without help if he had

the strength, will, or knowledge. The nurse is both the initiator and controller of patient care. In addition, the nurse assists the patient in complying with the medical regime.

The statements by Nightingale and Henderson identify two components of nursing, an independent and a dependent component. Independent functioning requires the nurse to identify problems that can be solved without medical intervention. Dependent functioning is the performance of activities under the direction of the physician. Both components are important in giving total patient care and neither can be eliminated. The importance the nurse places on different activities, however, will influence the type of care the patient receives.

Statement of the Problem

This study compared the relative importance that nurses assign to independent nursing functions with functions dictated by medically prescribed treatment.

Justification of Problem

Medical and nursing care share a symbiotic relationship in that neither one performs as well without the other (Little & Carnevali, 1976). Although symbiotic, they are not complementary in that each has different goals and

interests. Historically physicians have been interested in the disease process and devoted less interest in the psychosocial conditions giving rise to disease (Ashley, 1976). Similarly they have demonstrated little interest in health prevention. Nurses, contrarily, implement the prescribed treatment, but are more concerned with an individual's health-seeking and coping behaviors as he strives to attain health. "The goal of nursing as a field of professional endeavor is to help people attain, retain, and regain health" (Schlotfeldt, 1972, p. 245). This conflict in goals has resulted in a struggle for nurses to establish an independent profession.

In order for a profession to be recognized, Wilensky (1964) stated that there are four conditions that must be fulfilled: (1) a technical base, (2) assert an exclusive jurisdiction, (3) link both skill and jurisdiction to a standard of training, and (4) convince the public that its services are uniquely trustworthy.

Nursing theorists have been striving to formulate a theoretical or conceptual framework for nursing practice. However, as Leininger (1969) pointed out, "such magical thinking is highly unrealistic, for any scientific discipline has multiple concepts, theories, constructs, models, and conceptual frameworks" (p. 388). Instead, Leininger

(1969) suggested an "ethnoscience" approach which is a "study of phenomena through the eyes, ears, and thoughts of the people in their situation" (p. 389). In this manner, the nurse researcher systematically collects empirical data about nursing situations from the subject's viewpoint. Such studies may then provide insight into human behavior.

Traditionally nursing has not been able to assert an exclusive jurisdiction over nursing care as will be further discussed in the review of literature. Nursing has been defined as a "supportive" profession because the physician not only controls the knowledge base for practice but also controls the work of others in the field (Ashley, 1976; Friedson, 1970).

Apprenticeship training programs, under which nursing was first begun, have been obstacles to overcome in the education of nurses. Since mid-century nursing has finally established standards and national accreditation for all schools of nursing that are under the control of the profession (Ashley, 1976). Further progress was made when the American Nurses' Association (1965) formulated its position that minimum preparation for beginning professional nursing practice should be a baccalaureate degree. Additional standards have been achieved through mandatory licensure and revision of the nurse practice acts within states (Bullough, 1976).

The public has been relatively silent in this evolution of nursing practice. With the recent rise in costs of medical care, individuals are beginning to become more "health" oriented. Increasing publicity has been given to the nurse as "patient advocate."

Nursing has made considerable progress towards professionalism, but it has a lot to accomplish in delineating an area of exclusive decision making. The goal to become independent has been made and reiterated throughout the nursing field. This determination is exemplified in Rogers' (1969) statement:

The Nursing Profession exists to serve society. It does not exist to serve the ends of any other group. Nursing as a learned profession, has no dependent functions. . . . Nor does one profession delegate anything to another profession. Each profession is responsible for determining its own boundaries within the context of social need. (p. 33)

These are the words of "authorities" in nursing, but how is this independent role viewed by those practicing nursing in the hospital setting? This study proposed that it is worthwhile to ascertain the importance that nurses assign to their activities in actual practice. It is this "ethnoscience" approach that enables description of where nursing is on the continuum from dependence to independence. Regardless of the success in establishing an independent profession in theory, it will not be independent if the nurses do not practice independently.

Conceptual Framework

At first it may seem very difficult to distinguish independent nursing care from care dictated by medically prescribed treatment. The frequency with which the nurse carries out medical treatments has led to the misconception that all nursing interventions are medical treatments. This is far from being true. Physicians traditionally have focused on the diagnosis of physical and psychological pathology. They prescribe appropriate therapeutic measures to prevent or alleviate complications that may develop (Orem, 1980). The nurse, however,

assists the patient on a continuous basis with his personal care, which he can no longer manage for himself, and sustains him during the periods of great suffering and mental stress resulting from his pain and fear. (Orem, 1980, p. 127)

If the nurse is able to determine which health problems nursing can resolve alone, then there must be a distinction between nursing treatments and those that are medical treatments carried out by the nurse (Campbell, 1978). "The nurse is the authority on basic nursing care" (Henderson, 1964, p. 64).

In our present health care system, giving independent nursing care is very difficult. The nurse reports through the physician to the patient. The nurse is "an extension of the physician, assisting him in the performance of

medical tasks" (Kinlein, 1977, p. 10). Kinlein did not support this role of the nurse and proposed a new system where the nurse is directly responsible to the patient. Orem (1980) supported the belief that there is a contract or agreement between the nurse and the patient. This service is not limited to a health care institution, but may also be given in the home or on an outpatient basis, depending upon the identified need.

This independent practice is based upon the self-care concept. "Self-care is the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well being" (Orem, 1980, p. 35). Nursing is required when the individual cannot maintain the "amount and quality of self-care which is therapeutic in sustaining life and health, in recovering from disease or injury, or in coping with their effects" (Orem, 1980, p. 7). This relationship should exist until the patient is able to perform his self-care or another individual takes over the responsibility.

Therapeutic self-care is applied to an individual's health state, as opposed to an individual's medical state. Medical care is generally sought when an individual becomes ill. Medicine views the medical effectiveness of the treatment on patient recovery. The goal of nursing, however, is

to maintain the health state of the individual (Kinlein, 1977). In this context, nursing is defined as "assisting the person in his self-care practices in regard to his state of health" (Kinlein, 1977, p. 23). Nursing intervention may occur at any time, whether a patient is well or ill. This allows for independent nursing action not only in the home, but also in the health care institution. Regardless of the environment, the functions of nursing are the same.

Therefore, it can be stated that nursing is comprised of dependent and independent activities. Each component is important and cannot be deleted for the nurse is the principle individual responsible for carrying out the physician's orders and is in a position to reassess the changing condition of the patient.

Assumptions

The study was based on the following assumptions:

1. Nursing activities can be differentiated into independent and dependent functions.
2. The categories of importance chosen by the nurse on the tool reflect her behavior in caring for patients.

Research Question

The following research question was investigated:
In performing nursing care, does a nurse place more

importance on independent nursing activities or on dependent nursing activities?

Definition of Terms

For this study, the following terms were defined:

1. Dependent nursing activities--any nursing function that the nurse performs as a result of a written order by the physician on a patient's hospital record.
2. Importance--ranking of nursing activities into categories of extreme importance, very important, medium importance, slight importance, or no importance as measured by the Hershberger Professional Autonomy Schedule (HPAS).
3. Independent nursing activities--any nursing function initiated by the nurse that assists the individual in maintaining life, health, and well being.
4. Nurse--a female, regardless of age or education, licensed to practice nursing in the State of Texas, and presently employed in a medical-surgical area.

Limitations

For the purpose of this study, the following limitations were identified:

1. The results of this study may not be generalized beyond the subjects sampled due to the use of total population sampling.

2. Other variables may affect independent-dependent behaviors and have not been controlled for in this study.

Summary

Nursing theorists have been striving to define nursing. Theorists have developed concepts and theories on which to base nursing care. This theoretical base should describe, prescribe, and predict the practitioner's activities (Chow, 1969). Professionalization of nursing depends upon the nurse's ability to utilize this theoretical base in making nursing judgments. Emphasis on the independent role of the nurse will result in a holistic approach to nursing care. The patient will receive not only physical care to alleviate his symptoms, but care in helping him attain a high level of physical and psychological wellness. Furthermore, the individual may be assisted in assessing and altering daily living patterns that could influence his health state. In contrast, emphasis on dependent activities results in fragmented and superficial care with a concentration on the symptoms of illness. Thus, this study seeks to question whether the practicing nurse places more importance on independent or dependent activities in giving patient care.

CHAPTER 2

REVIEW OF LITERATURE

The nursing role has been in a constant state of flux since its conception by Florence Nightingale. What it is today has evolved from the influential factors of the past. What it is tomorrow will depend on how the role is perceived by the nurses of today. The nurse must view independent functions as being important if the profession is to gain its independence.

This chapter begins with a discussion of the concept of independence based on the theories of Erikson, Freud, and Horney. The relationship of these theories to gender identity is included. In the second section the traditional role of the nurse is reviewed from a historical perspective. The modern role of the nurse is presented in the third section. The chapter concludes with a review of studies analyzing nursing activities.

Concept of Independence

Human infants are helpless and dependent creatures. They must rely completely upon others to meet their basic needs of life. Maternal instincts of love and attachment sustain this dependent relationship for many years. As

development occurs, however, the child's curiosity of the world beyond mother will stimulate movement away from the security of this dependent position (Breger, 1974).

Erikson (1963) described this stage of separation from the maternal figure as "autonomy versus shame and doubt." Through development of the toddlers' musculature, they are now able to explore their environment but retreat into the security of the past when threatened. Gradually through this process of "letting go" and "holding on," children establish a separate sense of self. Their ability to resist and refuse help enables them to feel like separate entities with control. The parent figure assists in molding this sense of self through a balance of love and hate, cooperation and willfulness, freedom of self-expression and its suppression. If children complete this stage with a sense of self-control and without losing self-esteem, they will obtain a sense of good will and pride about themselves. Contrarily, if children have a resultant sense of loss of control, they will develop a lasting propensity for shame and doubt (Erikson, 1963). Thus, from this early conflict in development, personality patterns for independence (sense of self-control) or dependence (sense of shame and doubt) are formed.

Independence-dependence are at opposite ends of a continuum that extends throughout an individual's life.

"In all cases, dependence means a lack of independence" (Bardwick, 1971, p. 115). Dependence results from frustration at attempts to be independent or from reinforcement of dependent behaviors. Independence is related to self-confidence in that one has learned to accomplish tasks without assistance from others (Bardwick, 1971).

One cannot examine the concept of independence without relating it to gender identity, as this is an important determinant of personality characteristics (Lidz, 1968). Whether a child is male or female depends upon the presence of a "Y" chromosome in the fertilizing sperm. A Y chromosome stimulates the testes to secrete androgen which influences the genito-urinary tract to develop male internal organs and later external male genitalia. This hormone also acts upon the undifferentiated brain to organize certain circuits in male rather than female patterns (Diamond, 1965; Young, Goy, & Phoenix, 1965). After birth young male primates are more active and aggressive, while the female tends to have more interest in babies and grooming behavior. This tendency lasts for at least two years and starts the baby in the proper gender role (Lidz, 1968).

Hormonal effects, however, only predispose an infant to a specific gender. The major determinant of gender identity is the subsequent social responses the child

encounters (Breger, 1974). Studies by Hampson, Hampson, and Money (Money, 1965; Money, Hampson, & Hampson, 1957; Young, 1961) of 76 pseudohermaphrodites and hermaphrodites concluded that the influence of an assigned gender by which a child is reared can outweigh hormonal and chromosomal influences. By the age of two or two and a half years, the gender identity of a child is well developed and integrated into the child's behavior. This identification process is the result of subtle differences in parental attitudes toward the boy or girl from birth. The nurturant role of the mother is somewhat the same for either child, but there may be more aggressive play with the son and soft cuddling with the daughter (Lidz, 1968). Thus the child's sex role training of femininity and masculinity is begun.

Children may not be aware of the physical differences between boys and girls until around the age of five years. According to the psychoanalytic theory of Freud, at this time they enter the phallic stage and become extremely curious about their genitals and those of the opposite sex. The realization that a boy has a penis and the girl does not becomes a focal issue which is more apt to produce trauma in the female. She develops "penis envy," a feeling that she has been deprived or that her penis has been

removed. Penis envy is the female counterpart of castration anxiety in the male: she feels she has lost something valuable, he feels that he is going to lose it (Hall & Lindzey, 1978). Freud postulated that psychologically these unresolved feelings of inferiority and a predisposition to jealousy are retained through feminine development. In addition, Freud believed that a woman's greatest fulfillment is achieved with the birth of a male child (Bardwick, 1971).

Some psychoanalysts, such as Horney, oppose this phallic approach to understanding personality development in women. Horney (1967) theorized that males are envious of the creativity of the female uterus and as a result have achieved superiority through cultural power. Thus, the feminine subordinate role is derived from the social environment rather than from the feelings of castration.

Regardless of the approach taken in looking at independence the same result is attained: females are characteristically more dependent than males (Bardwick, 1971). A study by Kagan and Moss (1962) further substantiated this statement. Dependency was a personality trait studied over a 25 year period in 44 males and 45 females from 1929 to 1954. They found that dependence was stable for the girls from ages 3 to 14 years with a positive

correlation of $r = .64$. In contrast, there was a negative correlation of .33 for the boys during the same time period. The high positive correlation for the girls meant that the girls' behavior was consistent as they grew older. The boys, however, became more independent as they grew older. The authors concluded pressures on boys to become independent as they grow older is greater than that placed on girls.

Dowling (1981) has coined a phrase to express this dependency need of women as "The Cinderella Complex." She postulated that women have a deep-rooted personal and psychological need to be taken care of by others. This subconscious need keeps women from utilizing their minds and creativity. "Like Cinderella, women today are still waiting for something external to transform their lives" (Dowling, 1981, p. 31). They wait for their prince to rescue them so that they may live happily everafter.

This dependence characteristic has been an important determinant of professionalization, especially in the predominately female occupations, such as nursing. The relationship of dependence and nursing is examined in the next section.

Traditional Role of Nursing

Nursing was not a respected profession in its earliest stages. Nurses in the hospitals were often male prisoners serving out their time with no training. Only females who were prostitutes or of lower class would consider such a profession (Bullough & Bullough, 1969). Florence Nightingale, however, changed this image by making nursing a career for respectable women. During the Crimean War she was given the responsibility of directing 38 nurses at the British barracks in Scutari. Upon arrival, they found the hospital in a deplorable condition and the medical authorities uncooperative. The physicians resented the appointment of women to such a position as well as the nurses' demands for cleanliness. Nightingale realized that she could not accomplish her goals without the confidence of the physicians. After being rejected, she kept her nurses sorting linen and doing other busy work until there was so much havoc at the hospital that the physicians ordered the women to work. By insisting that the nurses do nothing unless authorized by the medical men, Nightingale won the approval that she needed to implement her plan (Bullough & Bullough, 1969).

Although her approach won Nightingale fame that is still recognized today, she encouraged the development of

a system that made nurses subordinate to physicians.

Bullough (1975) argued that it is an oversimplification to blame the subordination of today's nurses on Nightingale for the fault is with those who have subsequently accepted the subordination throughout the years. Friedson (1970) described this process as "professional dominance"--nurses bask in the reflected glory of professionalism but pay the price of subservience to the physician.

The concept of subservience gained additional strength through Nightingale's approach to nursing education. During her day, apprenticeship was the accepted method for receiving instruction in a profession. Her plan provided for instruction in scientific principles and practical experience through a contractual agreement between school and hospital (Bullough, 1975). When the hospital schools were established in the United States, the schools did not have independent financial backing and made agreements with hospitals to provide nursing service in exchange for providing clinical experience. This type of apprenticeship arrangement became popular and was the least expensive means for providing patient care. Thus, the training a nursing student received was entirely dependent upon the administration of the hospital. In return, for 24 hours a day, nurses were expected to attend all the needs of the

institution (Ashley, 1976). "Like mothers in a household, nurses were responsible for meeting the needs of all members of the hospital family--from patients to physicians" (Ashley, 1976, p. 17).

Hospital schools provided an arrangement whereby the medical profession and male officials in the hospital could determine the direction of growth taken by a female profession (Ashley, 1976). When other professions were receiving their education through college institutions, the medical profession was a powerful advocate of the apprenticeship approach for nurses. In 1908 William Alexander Dorland, a physician and medical faculty member of the University of Pennsylvania, expressed this widely held opinion to the graduating class of the Philadelphia School of Nursing:

If . . . a course of instruction in nursing is engrafted upon a fair general education, and this is backed up by a heap of good common sense, then may we expect to find a capable nurse--provided she has the nursing instinct A good nurse is born, not made. (Dorland, cited by Ashley, 1976, p. 77)

Dorland went on to say that "a nurse may be over educated; she can never be over-trained" (Ashley, 1976, p. 77).

This "born nurse theory" still plagues the nursing profession to date. Nurses are expected to be maternal, caring, compassionate, and as emotionally involved with

patients as mothers are with their children (Schulman, 1958; Wilson, 1971). All of these qualities are associated with the female gender as opposed to education. Nursing has become an almost exclusive female occupation. Even today, with an increasing number of men entering the field, nursing is 97% female (Cohen, 1981). Female traits are so entrenched in the professional role of nurturing and serving that the masculinity of a male entering the field is immediately questioned (Segal, 1962). There must be something "wrong" with him or else he would become a physician, the traditional health care role for the male. Shoenmaker and Radosevich (1976) surveyed men enrolled in nursing schools and found that the majority of men chose nursing due to job availability, while the majority of women chose nursing for humanitarian concerns.

Studies supported that students entering nursing identify more with female personality characteristics than those entering other professions. Adams and Klein (1970) studied 16 personality traits in nursing students, high school girls, and college women using the Edwards Personal Preference Schedule. Nursing students scored significantly lower on deference, autonomy, and dominance scales, but higher on the abasement, nurturance, and heterosexuality scales than did college women. As compared to the sample

of high school girls, the nursing students scored significantly lower on exhibition, autonomy, change and aggression scales, while scoring higher on the introception and nurturance scales.

A similar study by Bailey and Claus (1969) using the Edwards Personal Preference Schedule resulted in similar findings. The more feminine need patterns of nurturance, succorance, deference, and affiliation predominated. Lower scores on autonomy, dominance, exhibition, and aggression indicated lower masculine needs and lent further support to a feminine social need pattern in nursing students as opposed to other college students.

Once the student enters nursing school, these passive qualities receive further reinforcement when the student is taught how to relate to physicians. They are told that the physician has more knowledge and should be treated with utmost respect (Stein, 1968). His omnipotence gains strength from the "doctor-nurse game." Stein (1968) described the game as a communication dialogue where the nurse makes recommendations for patient care and the physician accepts them in such a manner that it appears that they were his original ideas. Thus, the nurse has not questioned his medical superiority and the physician is able to function efficiently without a threat to his

identity. The result is that the nurse relinquishes her independence in support of the physician.

Modern Role of Nursing

Modern nursing has experienced increasing discontentment with this dependent role. As women's liberation has fought for more autonomy for all women, nurses have been encouraged to take on more responsibilities for decision making in the diagnostic and treatment process. This emerging independence can be seen in the enacted amendments to state nurse practice acts which facilitate nurses taking on diagnostic and treatment functions (Bullough, 1976). Various factors have contributed to this need for role expansion including the shortage of primary care physicians, consumer demand for adequate health care, and the increased technology within the medical field (Bullough, 1976).

The need for role expansion however has created turmoil within the profession. Nursing leadership has attempted to create an area of patient care independent of medical practice by developing a scientific base for nursing care. These theorists project the focus of nursing on social and psychological problems as opposed to a medical focus of managing symptoms of disease (American Nurses' Association, 1965; Johnson, 1959; Kreuter, 1957; Rogers,

1964). Their goal is an autonomous profession with control over its own practice and education (Merton, 1960).

In opposition to the expansion of independent functions is the extension of dependent functions. Nurses have assumed more responsibilities in medical-technical procedures to such an extent that they have become physician surrogates (Mussallem, 1969). Moxley (1968) stated that nursing will have to decide whether to accept this new role or whether to allow it to be filled by others. If nursing refuses the role, there will evolve another group of health care workers to fill the need.

Rogers (1972) was firm on her stance when she stated, "nurses who leave nursing to become physician's assistants or pediatric associates must realize that they are leaving nursing" (p. 31). She further asserted that those who choose this option will neither improve or enhance their practice of nursing, for this is a portion of medical practice. This new perspective is an attempt to "divide and conquer" the profession of nursing by draining off nurses into subgroups of other disciplines. Rogers believed that this movement should be boycotted. Driscoll (1972) and others joined Rogers in rejecting this alternative because it denies the very existence of an essential social service known as nursing care.

At this time the conflict has not been resolved. Efforts are being made on the state level to revise nurse practice acts. For example, the state of Idaho allows nurses to extend their activities to include acts of medical diagnosis or treatment if they receive special education. On the other hand, some states like New York are attempting to establish nursing as an independent profession (Bullough, 1976). On a national level, the United States Department of Health, Education, and Welfare (1971) has attempted to delineate elements of nursing practice in primary, acute, and long term care. Within these areas of care the report divides activities into areas delegated to nurses, physicians, or both health groups.

An additional voice in determining the modern role of the nurse is the consumer. Both change processes of extension and expansion are directed toward the same goal: meeting the health needs of our society (Murphy, 1970). Traditionally, the patient as consumer expects the nurse to relate to him in a "kind" or "personal" manner, answering his needs for support and bodily care (Simms, 1977). The patient is more willing to share an intimate personal relationship with the nurse as opposed to other professionals (Simmons & Henderson, 1964). The nurturing and caring image is still demanded of today's technically

advanced nurses by the consumer. Thus, the ideal role of the nurse for the future would require a blending of the old and warm Nightingale spirit with the new and cool professional skills of today (Simmons & Henderson, 1964). The actual role that the nurse has chosen can be ascertained through analyzing the activities that are performed.

Analysis of Nursing Activities

A nurse's judgement concerning the importance of a nursing action will determine what is actually performed. In a variety of studies patients, physicians, and nurses have been questioned to determine what a nurse does or should do (Ingles, 1960; Lesser & Keane, 1956; Skipper & Leonard, 1965). This research provided clues as to what was thought to be important, but many of these activities referred to general hospital care as opposed to specific nursing responsibilities. The intent of these studies was to improve patient satisfaction with hospitalization. By soliciting their views, the hospital could cater to the patients' preferences.

In an attempt to identify specific nursing activities, White (1972) selected 50 actions and asked 300 hospitalized adults to respond to the activities on a 6-point scale from "extreme importance" to "does not apply" in regards to their personal care. These scores were compared with those

of the nurse caring for that particular patient. One hundred nurses responded to the care of three different patients. For purposes of analysis, the nursing activities were divided into four areas: (1) physical care in response to physiological needs; (2) psychosocial aspects of care; (3) observing, reporting, and implementing medical care; and (4) preparing for discharge. Both nurses and patients placed greatest importance on activities that implement the physician's plan of care. Patients come to the hospital in order to receive medical treatment for cure; therefore they expect the staff to assist in this goal. In regards to the other areas, patients responded that activities involving physical care were important but those regarding psychosocial care and discharge planning were not important.

Ambrose (1977) utilized White's list of nursing activities in studying whether physicians ($N=75$) and nurses ($N=150$) agreed on the importance of specific nursing functions. The physicians ranked carrying out their orders as the most important activity whereas the nurses ranked it fifth. Noting changes in a patient's condition and reporting them was ranked highest by the nurses.

The studies of White and Ambrose were the only ones found in the review of literature that questioned the

importance nurses place on specific nursing activities. Others dealt with quality of care (Safford & Schlolfeldt, 1960), activity patterns (Moore & Moulton, 1979), or general divisions of the hospital such as housekeeping and dietary (Wright, 1954). Thus, from this discussion it becomes apparent that research in this area of nursing is undeveloped.

Summary

In order to gain an understanding of the factors that are influential in determining the independence of a nurse, the means by which a person attains independence was explored. It was found that there is a relationship between the concept of independence and gender identity. Since nursing has primarily been a feminine profession and medicine has been a masculine profession, this factor could be influential in establishing areas of independence.

The traditional role of the nurse has been dependent as compared to that of the physician. This dependence began when Nightingale required her nurses to sort laundry until given orders to care for the wounded by a physician. Nursing education also contributed to this dependent role by establishing an apprenticeship program. Nurses were under the supervision of the medical profession and male

officials in the hospital. They provided inexpensive labor while supposedly gaining an education.

The modern role of nursing is now caught up in a dilemma over whether to expand independent functions or extend dependent functions. The conflict has not been resolved but the consumer advocates combining the "caring" of the old role with the "technology" of the new role.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This study utilized a nonexperimental, cross-sectional approach. A survey design was used to describe the importance placed on independent and dependent nursing activities by the sample of registered nurses. This design was appropriate for the study because the independent variable was not manipulated; total population sampling was utilized. Surveys are concerned with attaining information about the characteristics, attitudes, values, or behaviors of people in order to describe the attribute in the population (Polit & Hungler, 1978).

Setting

A private hospital with 374 beds, located near the medical center of a large metropolitan area, was selected for use in the study. Permission was obtained from the hospital to use its facilities in surveying the nurses. It is a general hospital equipped to care for patients in the areas of general medicine, surgery, obstetrics, medical intensive care, and surgical intensive care. Emergency room care is provided for patients of staff physicians only.

For the purposes of this study, subjects were selected from all areas except obstetrical-gynecology.

Population and Sample

Registered female nurses employed by the hospital and working in medical-surgical areas comprised the sample. Male nurses were excluded to eliminate the influence of the extraneous variable of sex. Nurses working all three shift rotations were included since they are involved in direct patient care regardless of the time of day.

Total population sampling was used since all the nurses fulfilling the above criteria were included in the study. A sample size of 104 subjects was used for this study.

Protection of Human Subjects

The proposal for this study was submitted to the Human Research Review Committee at Texas Woman's University and the hospital for approval before the data were collected (Appendix A).

Participation in the study was on a voluntary basis and subjects were assured that participation would not affect their employment status. To assure anonymity of the participants, the questionnaires and data sheets were distributed and referred to by code numbers. Names did

not appear on any part of the forms. The agency's name was not released. Background information of age, education and experience in nursing were requested for use in the data analysis. Each subject signed a written consent form which described the study and stated the risks and benefits from the investigation.

Instrument

For the purpose of this study, the Hershberger Professional Autonomy Schedule (HPAS) was developed (Appendix B). The HPAS consists of three case studies involving a stable patient (#1), a critical-unstable patient (#2), and a comatose patient (#3). Each case study was devised from current medical-surgical textbooks (Beland, 1975; Brunner & Suddarth, 1980; Henderson & Nite, 1978; Luckmann & Sorenson, 1980; Phipps, Long, & Woods, 1980). The physician's orders were also taken from the same literature and substantiated by two physicians. Following each case study a list of 12 nursing activities, derived from the study, were listed. These included six independent and six dependent nursing activities. The order of these nursing actions was randomly assigned to HPAS by drawing them from a hat. The subject was requested to rate each activity by placing a check in the column corresponding to the headings of extreme importance,

very important, medium importance, slight importance, and no importance. Each response was given a score of five to one, from extreme importance to no importance.

During the administration of the instrument, the subjects were unaware that the nursing activities would be divided into independent and dependent categories for the purpose of analysis (Appendix C). Thus, HPAS measured two variables per subject, the importance placed on independent nursing activities and the importance placed on dependent nursing activities.

In order to test the validity of the case studies, a panel of four judges was selected. The panel members were selected on the basis of their individual expertise and professional competence. All four, registered nurses with master's degrees in nursing, were teaching in an undergraduate baccalaureate program. Three of the nurse educators were in the medical-surgical area and one was in the maternal-child health area.

Each judge was given HPAS and asked to rate each nursing activity after reading the case studies. At the time of their response, none of the judges was aware of the research question under study. Scores were assigned to each response and nursing activities were modified so that equal importance would be placed upon the independent and dependent classifications as a whole.

For each of the three case studies they responded to the following questions (Appendix D):

1. Is the case study clear and concise?
2. Are the signs and symptoms appropriate for the medical diagnosis?
3. Are the directions clearly understandable?
4. Are the nursing interventions clearly stated?
5. Are the nursing interventions appropriate for each case study?

From the panel's comments, changes were made in the case studies for the purpose of clarification.

In addition, the judges were also asked the following questions to assist the investigator in determining the samples to study.

1. What is the minimum level of nursing education required to respond to this instrument?
 - a. Junior Nursing Student--Baccalaureate Program
 - b. Senior Nursing Student--Baccalaureate Program
 - c. Associate Degree RN
 - d. Diploma RN
 - e. Baccalaureate Degree RN
2. Response to this instrument could be made by Registered Nurses in:
 - a. differing areas: medical, surgical, OR, recovery room, emergency room, gynecology, intensive care

b. medical or surgical areas only

Three of the four panel members agreed that the minimum nursing education required for response was senior nursing students in a baccalaureate program and that any registered nurse in different areas could be included in the sample.

After the first questionnaire was collected, a second form was given each judge (Appendix E) in which the research question and a definition of independent and dependent nursing activities were stated. They were requested to rate each nursing activity as being independent or dependent according to the definitions stated for the study. Agreement of three of the four judges was attained for each nursing activity.

Pilot Study

A pilot study was conducted to determine the reliability of the HPAS and the clarity of the instructions. Twenty-five baccalaureate senior nursing students, attending a senior management course, volunteered to participate. In addition to completing the questionnaire, they were asked for their comments regarding any areas that were unclear to them. Afterwards, no one expressed any difficulty and the administration time was approximately 15 minutes. Reliability was examined using coefficient alpha

which was .842 for the independent activities and .913 for the dependent activities.

Data Collection

Each participant was given a cover letter and consent form accompanying the instrument which gave introductory comments and general information regarding the study. This questionnaire was given to the subject by the researcher or head nurse during working hours after a consent form was signed. The subject answered the questionnaire and returned it to her head nurse in a sealed envelope. No names appeared on the questionnaire or envelope. The envelopes were collected from nursing administration by the investigator at the conclusion of the study.

The information on the data sheet determined if the subject fulfilled the criteria for inclusion in the study. Only those questionnaires meeting the requirements and answered completely were scored; others were discarded.

The nursing activities for each case study were divided into groups of independent and dependent functions. A composite score was attained for each subject by totaling the scores from the three case studies. Therefore, each subject had two scores, one for the importance placed on independent functions and one for the importance placed on dependent functions.

Treatment of Data

The data were analyzed using various statistics. First, the sample was described using frequency distributions for the demographic data regarding age, area of employment, years of experience, and academic preparation. The mean was utilized to describe the average age and years of experience of the sample.

The Wilcoxon matched-pairs signed-ranks test was utilized to analyze the difference in the total independent and dependent scores. Wilcoxon was also computed on independent and dependent scores for each of the three case studies. This test "gives more weight to a pair which shows a larger difference between the two conditions than to a pair which shows a small difference" (Siegel, 1956, p. 75).

An analysis of variance was applied to determine if there was a significant difference in independent scores among the case studies, or if there was a significant difference among the dependent scores. Tukey's post hoc test was then computed to determine between which case studies the difference was noted. An analysis of variance was determined on the variable of educational level compared with total independent and dependent scores.

Summary

A nonexperimental, descriptive survey approach was utilized in this research. The procedure for the development of an instrument to measure the importance placed on activities derived from three case studies was discussed. The setting and sample criteria were outlined. The method of data collection was explained along with the methods for analysis of data.

CHAPTER 4

ANALYSIS OF DATA

This study was conducted to determine if nurses placed more importance on independent or dependent nursing activities. Since all activities are not equally important for all patients or at all times, three hypothetical cases were presented with a list of 12 nursing activities specific to each case. The nurse was requested to rate the activity on a 5-point Likert scale ranging from "extreme importance" to "no importance." For purposes of analysis, each activity was then scored from five to one and divided into two groups: independent and dependent activities. Collection of the data was carried out over a four-week period of time. Each nurse was approached by the unit head nurse and asked to participate in the study. One hundred four questionnaires were returned out of 150, representing a 67% return rate. A description of the sample and the findings of the study are presented in this chapter.

Description of Sample

The sample consisted of 104 nurses registered to practice nursing in the state of Texas. All were female and presently employed in a private general hospital.

Distinction according to shift rotation was not considered in the study.

Demographic data of age, area of employment, years of experience in nursing, and education identified the characteristics of the sample. The nurses ranged in age from 23 to 51 years with a mean age of 29 years. The majority (54 or 51.9%) of the nurses were employed in medical-surgical units. Those in other areas of employment included nursing administration and recovery room. Nursing experience ranged from 1 to 31 years with a mean of 2.47 years. Fifty-nine (56.7%) of the subjects had four years or less of experience. This result could be anticipated since 62 of the subjects were under 28 years of age. The majority of the nurses (74 or 71.2%) graduated from a baccalaureate program in nursing. The distribution of those graduating from diploma programs (12 or 11.5%) and associate degree programs (15 or 14.3%) was approximately the same. One of the nurses had completed the requirements of both an associate degree and diploma program while another nurse had completed both an associate degree and baccalaureate program. These results have been summarized in Table 1.

Findings

The purpose of this study was to determine if the nurse places more importance on independent nursing

Table 1

Frequencies and Percentages for Age, Employment,
Years of Experience, and Type of Program for
104 Registered Nurses Who Participated in an
Importance of Nursing Activities Study

Variables	Frequency	Percentages
Age (years)		
20-24	17	16.3
25-29	54	52.0
30-34	14	13.3
35-39	8	7.7
40-44	4	3.9
45-49	1	1.0
50 & Over	3	2.9
No Response	3	2.9
Total	104	100.0
Area of Employment		
Medical-Surgical Unit	54	51.9
Intensive Care Unit	19	18.3
Emergency Room	7	6.7
Surgery	16	15.4
Other	5	4.8
No Response	3	2.9
Total	104	100.0
Years of Experience		
1-4	59	56.7
5-8	24	23.0
9-12	9	8.7
13-16	3	2.9
17-20	3	2.9
21 Years & Over	3	2.9
No Response	3	2.9
Total	104	100.0
Program Attended		
Associate Degree	15	14.3
Diploma	12	11.5
Baccalaureate Degree or Higher	74	71.2
More Than One Program	2	2.0
No Response	1	1.0
Total	104	100.0

activities or on dependent activities. Each subject "served as his own control," in that both scores were from the same individual (Siegel, 1956, p. 61). Thus, extraneous differences between groups were eliminated by having a one group sample.

The investigator divided the activities into two groups for analysis: 18 items represented independent functions and 18 represented dependent functions of the nurse. The data were then analyzed using the Wilcoxon matched-pairs signed-ranks test. This statistic was computed on each of the case studies for independent and dependent items, and on the total score (see Table 2).

In caring for the diabetic patient in Case Study #1, the nurses placed more importance on independent activities. However, when caring for a patient who was hemorrhaging from an ulcer in Case Study #2, the nurses placed more importance on dependent activities. The care of a comatose patient, Case Study #3, resulted in equal importance placed on both types of activities. When examining the results from the total of the three cases, equal importance was placed on the independent and dependent items.

Since the Wilcoxon analysis indicated significant differences among the three case studies rather than the

Table 2
Mean Ranks and Z Scores for Independent and
Dependent Activities by Case Study

Case	Mean Rank	<u>Z</u> Score	Level of Significance
Case Study #1			
Independent	48.04	-5.391	.001
Dependent	29.45		
Case Study #2			
Independent	27.52	-5.189	.001
Dependent	50.65		
Case Study #3			
Independent	38.44	-0.402	.688
Dependent	44.71		
Total			
Independent	48.04	-0.639	.523
Dependent	46.89		

total scores, an analysis of variance for repeated measures was computed comparing the total independent activities from each of the case studies (Table 3).

Table 3
Analysis of Variance Summary Table
for Total Independent Activities

	Sum of Squares	<u>df</u>	Mean Square	<u>F</u>	Significance
Between Blocks	1376.30449	103	13.36218	14314.13	.001
Between Treatments	181.86538	2	90.95269	24.49	.001
Residual	764.80128	206	3.71263		

A statistical significance ($p = .001$) was indicated between the case studies. To determine where the difference occurred between the three cases, the Tukey Post Hoc Test was applied. This analysis resulted in a significant difference between Case Study #1 and Case Study #2, Case Study #1 and Case Study #3, and Case Study #2 and Case Study #3 (Table 4). The first case study was concerned with the care of a stable patient, the second with a critical-unstable patient, and the third with a comatose patient.

Table 4

Tukey Post Hoc Comparison of Independent Activities
Between Cases

	Case Study #1 Mean 25.79	Case Study #2 Mean 24.53	Case Study #3 Mean 23.96
Case Study #1 Mean 25.79	0	1.26*	1.83*
Case Study #2 Mean 24.53	1.26*	0	.57*
Case Study #3 Mean 23.96	1.83*	.57*	0

* $p \leq .05$

The same analysis was used to compare the total dependent activities from each of the case studies (Table 5). Again, there was a statistical significance ($p = .001$) and the Tukey Post Hoc Test was utilized to determine where the differences between cases were located (Table 6). There was a significant difference between Case Study #1 (stable patient) and Case Study #2 (critical-unstable patient), and between Case Study #2 (critical-unstable patient) and Case Study #3 (comatose patient). No significant difference was found between the first and third case studies.

An analysis of variance was also computed on the total independent and dependent scores from the three case studies in relation to education. The total sample contained 74 baccalaureate graduates (71.2%) and the analysis was to determine if their responses differed when compared to the other groups. No difference could be attributed to educational programs.

A coefficient alpha on the study was .816 for the independent activities and .865 for the dependent activities. This can be compared with the levels from the pilot study ($N=25$) of .842 for the independent and .913 for the dependent activities.

Table 5

Analysis of Variance Summary Table
for Total Dependent Activities

	Sum of Squares	df	Mean Square	F	Signifi- cance
Between Blocks	1833.17628	103	17.79783	10613.87	.001
Treatment Between	327.51923	2	163.75962	36.60	.001
Residual	921.81410	206	4.47483		

Table 6

Tukey Post Hoc Comparison of Dependent Activities
Between Cases

	Case Study #1 Mean 23.70	Case Study #2 Mean 26.04	Case Study #3 Mean 24.08
Case Study #1 Mean 23.70	0	2.34*	.38
Case Study #2 Mean 26.04	2.34*	0	1.96*
Case Study #3 Mean 24.08	.38	1.96*	0

* $p \leq .01$

Summary

In conclusion, a descriptive analysis of the sample was presented. The majority of the nurses were employed in general medical-surgical units, were 23-28 years old with one to four years of experience, and had graduated from a baccalaureate program. The nurses did not place more importance on independent or dependent nursing activities when compared across the three case studies. However, when comparing the activities on a case study basis, they placed more importance on independent functions when the patient's condition was stable. They placed more importance on dependent activities when the patient was critical and unstable. When the patient was critical but stable, there was no statistically significant difference between the two.

When examining the independent and dependent functions alone, there were significant differences among and between the case studies. The extraneous variable of education did not significantly contribute to the total scores for independent or dependent activities.

CHAPTER 5

SUMMARY OF THE STUDY

Nursing theorists are striving to develop a scientific base upon which the practice of nursing may be independent of the authority of the physician. Independent functioning places emphasis on the nursing model of assessing a patient's response to illness and assisting him in adaptation. Conversely, dependent functioning places emphasis on the medical model of relieving the symptoms of illness. Both are important in managing patient care. However, if nursing is to become an independent profession, a transition must occur from a medically oriented model to a nursing model. Therefore, it was the purpose of this study to ascertain whether the nurse placed more importance on independent or dependent activities.

Summary

In order to implement this study, the investigator developed three case studies from which 18 independent and 18 dependent nursing activities were identified. Each participant rated the activities on a 5-point Likert scale ranging from no importance to extreme importance.

One hundred four female nurses employed in medical-surgical areas of a private general hospital comprised the sample. Participants were asked to respond to the questionnaire and return it to their head nurse.

Analysis of the demographic data using frequency distributions and means revealed that the majority of the nurses graduated from a baccalaureate program, were between the ages of 23 and 28 years, and had one to four years of experience.

A Wilcoxon matched-pairs signed-rank test and an analysis of variance were used to determine if the nurses placed significantly more importance on independent or dependent activities. A significant difference was not indicated when the activities were compared in total. However, there was a significant difference when the case studies were compared on an individual basis.

Discussion of Findings

Since the review of literature indicated a relationship between sex and independence, this extraneous variable was controlled by allowing only females to participate in the study. Previous studies on personality (Adams & Klein, 1970; Bailey & Claus, 1969) resulted in a correlation between feminine characteristics and those entering nursing

school as opposed to other professional students. It was beyond the scope of this study to compare personality variables and activity scores.

A study by White (1972) which compared the importance placed on activities by nurses and patients found that both groups placed most importance on activities that implement the physician's orders (dependent). The findings of the present study contradicted White's study in that the nurses did not consistently place more importance on dependent functions. The Hershberger Professional Autonomy Schedule (HPAS) does not divide activities into subcategories as found in White's instrument.

Conclusions and Implications

Based on the findings of the study, the following conclusions are presented:

1. Nurses do not place more importance on independent or dependent activities as a whole.
2. Nurses place more importance on independent activities when the patient is in a stable condition.
3. Nurses place less importance on independent activities when the patient is in a critical-unstable condition.
4. The level of importance assigned to independent activities fluctuates with the patient situation.

5. The level of importance assigned to dependent activities fluctuates with the patient situation.
6. No significant difference between educational level and the importance assigned to independent or dependent activities was found.

Based on the conclusions derived from the data in this study, it would seem appropriate to imply that nurses do not view their role as being independent from the physician. Rather they assess the patient's situation and perform accordingly. When the patient's condition is not a life or death situation, they tend to view their role as more independent. Conversely, when the patient's life is at risk more importance is placed on dependent functions. Equal importance is given when maintaining life in a stable comatose state.

The fact that the nurses did not demonstrate a preference for either group of activities is indicative of the change that is taking place in the profession. Nurses are not autonomous but they are not totally dependent either. Progress has been made in moving toward independence. If progress is to continue, nurses must continue to build the technical base of their practice through research. Nurses must evaluate their actions so that they expand their independent role rather than extend their dependent

role. Independence may be further fostered by nurses continuing their education through attainment of higher degrees and continuing education courses.

In conclusion, the greatest factor affecting change will be the demands of the patients. "Quality" care can be valued only if it is received. If nurses demonstrate what the profession has to offer, support from the public will help nursing to stand independently.

Recommendations

As a result of the findings obtained in this study, the following recommendations are presented:

1. A similar study should be conducted to further assess the reliability of the Hershberger Professional Autonomy Schedule (HPAS).
2. A study should be undertaken to compare the scores of nurses and scores of physicians using the HPAS.
3. A study should be performed to determine the relationship between scores of male nurses and scores of female nurses on the HPAS.
4. A study should be done in different types of hospitals to compare the effects on the HPAS scores of differing philosophies of nursing administration.

THE UNIVERSITY OF
ALABAMA
HUMAN SUBJECTS REVIEW COMMITTEE

APPENDIX A

HUMAN SUBJECTS REVIEW COMMITTEE

TEXAS WOMAN'S UNIVERSITY
HOUSTON CAMPUS
HUMAN RESEARCH REVIEW COMMITTEE
REPORT

STUDENT'S NAME Cherrylene Hershberger

PROPOSAL TITLE Comparison of the Importance Assigned
to Dependent and Independent
Nursing Activities

COMMENTS: _____

DATE: _____

[Signature]
Disapprove

[Signature]
Approve

[Signature]
Disapprove

[Signature]
Approve

William Hart
Disapprove

William Hart
Approve

Geneva R. Jernon
Disapprove

Geneva R. Jernon
Approve

R. P. Lennett

APPLICATION TO HUMAN SUBJECTS REVIEW COMMITTEE

54

Subject: Research and Investigation Involving Humans

Statement by Program Director and Approved by Department Chairman

This abbreviated form is designed for describing proposed programs in which the investigators consider there will be justifiable minimal risk to human participants. If any member of the Human Subjects Review Committee should require additional information, the investigator will be so notified.

Five copies of this Statement and a specimen Statement of Informed Consent should be submitted at least two weeks before the planned starting date to the chairman or vice chairman on the appropriate campus.

Title of Study: Comparison of the Importance Assigned
to Dependent and Independent
Nursing Activities

Program Director (s): Rae W. Langford, RN, Ed.D

Graduate Student: Cherrylene Hershberger

Estimated beginning date of study: July, 1981

Estimated duration: 1 week

Address where approval letter is to be sent:

Cherry Hershberger
10614 Olympia
Houston, Texas 77042

Is this research being conducted for the thesis or professional paper?
Y X N ; for the dissertation? Y N X.

1. Brief description of the study (use additional pages or attachments, if desired, and include the approximate number and ages of participants, and where they will be obtained).

This study will investigate the relative importance that nurses assign to independent nursing functions and to functions dictated by medically prescribed treatment. The participants will respond to a questionnaire composed of three case studies. Each case study is followed by twelve nursing activities- six independent and six dependent functions, that the subject will respond to by placing a check in a column ranging from extreme importance to no importance. One-hundred registered female nurses employed in a medical-surgical area will compose the sample. There is no age requirement. The study will be conducted at the Park Plaza Hospital, Houston, Texas.

2. What are the potential risks to the human subjects involved in this research or investigation? "Risk" includes the possibility of public embarrassment and improper release of data. Even seemingly nonsignificant risks should be stated and the protective procedures described in #3 below.

A feeling of discomfort or dissatisfaction with the general knowledge base of medical-surgical patients may be felt by the subject. There is also the possibility of public embarrassment from the improper release of data.

3. Outline the steps to be taken to protect the rights and welfare of the individuals involved.

Participation in the study will be on a voluntary basis and will not affect the subject's employment status. To assure anonymity of the participants, the questionnaires and data sheets will be distributed and referred to by code numbers. Names will not appear on any part of the forms. The agency name will not be released. Each subject will be informed of the risks and benefits of the study.

4. Outline the method for obtaining informed consent from the subjects or from the person legally responsible for the subjects. Attach documents, i.e., a specimen informed consent form. These may be properly executed through completion of either (a) the written description form, or (b) the oral description form. Specimen copies are available from departmental chairmen. Other forms which provide the same information may be acceptable. A written description of what is orally told to the subject must accompany the oral form in the application.

The nurses participating in the study will be given a written consent form by the researcher or head nurse before receiving the instrument. A copy is attached to this form.

5. If the proposed study includes the administration of personality tests, inventories, or questionnaires, indicate how the subjects are given the opportunity to express their willingness to participate. If the subjects are less than the age of legal consent, or mentally incapacitated, indicate how consent of parents, guardians, other qualified representatives will be obtained.

The subjects are given the opportunity to express their willingness to participate by volunteering for inclusion in the study and by signing the consent form. It will be stressed that participation or the lack of participation will not affect their employment status.

Signature of
Approval

Program Director

Date _____

Signature of
Approval

Graduate Student

Date _____

Signature of
Approval

Dean, Department Head or Director

Date _____

Date received by Committee Chairman: _____

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M. D. ANDERSON BLVD.
HOUSTON, TEXAS 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Cherry Hershberger

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

In performing nursing care, does a nurse place more importance on independent nursing activities or on dependent nursing activities?

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: Sept 8, 1981

Cherry Hershberger
Signature of Student

Signature of Agency Personnel

Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

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3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 7-16-81

Cherry Hershberger
Signature of Student

Ray Langford
Signature of Agency Personnel
Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

TEXAS WOMAN'S UNIVERSITY

CONSENT TO ACT AS A SUBJECT FOR RESEARCH
AND INVESTIGATION

I hereby authorize Cherry Hershberger to perform the following investigation which consists of:

1. Providing background information about myself.
2. Reading three case studies and rating 36 nursing activities on a five point scale ranging from extreme importance to no importance.

I understand that there are no right or wrong answers and that my individual results will not be identified. The procedure above has been explained to me by Cherry Hershberger, the research investigator.

I understand that possible risks from this investigation may include a feeling of discomfort or dissatisfaction with my general knowledge base of medical-surgical nursing. There is also the possibility of public embarrassment from the improper release of data.

I understand that this investigation may not provide any personal benefits. It will, however, provide better understanding of nursing behaviors.

I understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

An offer to answer all of the questions regarding the study has been made. I understand that I may terminate my participation in the study at any time.

Subject's Signature

Date

APPENDIX B

HERSHBERGER PROFESSIONAL AUTONOMY SCHEDULE ©

Dear Participant:

Studies in the behavioral sciences have been difficult due to the variability in human subjects. The purpose of this study is to investigate the relative importance that registered nurses assign to different types of nursing activities. Please read each case study and rate the importance of each activity in caring for that particular patient. Directions for the instrument follow each case study.

Please do not sign your name on any of the forms. Your identity will not be revealed in the study.

If you agree to participate in this study by completing the three case study forms, please read and sign the attached consent form.

Thank you for your assistance and cooperation.

Cherry Hershberger

PERSONAL DATA SHEET

1. AGE _____
2. SEX _____
3. AREA OF EMPLOYMENT:
 - _____ Medical-Surgical Unit
 - _____ Obstetrics-Gynecology Unit
 - _____ Intensive Care Unit
 - _____ Emergency Room
 - _____ Surgery
 - _____ Other (please signify) _____
4. NUMBER OF YEARS EXPERIENCE IN NURSING _____
5. ACADEMIC PREPARATION:
 - _____ Associate Degree
 - _____ Diploma
 - _____ Baccalaureate Degree or Higher

CASE STUDY #1 ©

Mrs. R. J., 34 years old, leads a very busy life. She is the mother of two children, ages four and six, and a secretary for a bank executive. Her husband's job with an oil company, requires a great deal of entertaining as he moves up the corporate ladder. Recently, she has been experiencing weakness, fatigue, increased thirst, polyuria, and a weight loss of 15 pounds in two months. Mrs. J. attributes her symptoms to exhaustion but she reluctantly entered the hospital for complete physical and diagnostic testing. Her first FBS was 520.

Subsequently, she was diagnosed as having diabetes mellitus. The physician's orders included: Daily FBS at 7am, Blood Sugar at 4pm; C & A qid; Call physician if moderate spilling of ketones in urine; NPH U100 - 15 units subq. at 7am; Vital Signs q4h; Start Diabetic Flow Chart; I & O; Daily weight.

You are caring for this patient immediately after admission and five to seven days post admission. The statements below describe possible nursing activities in caring for Mrs. J. Please rate each activity according to its importance in caring for the patient ranging from "extreme importance" to "no importance." Rate each of the nursing activities by placing a check in one column only. There are no "right" or "wrong" answers.

Nursing Activity	Extreme Importance	Very Important	Medium Importance	Slight Importance	No Importance
1. Instruct the patient in foot care.					
2. Explain the symptoms of hypoglycemia to the patient.					
3. Report to the physician that the patient is spilling a moderate amount of ketones in her urine.					
4. Teach the patient self-testing of urine.					
5. Collect C & A at 7:30-11:30-4:30-HS.					
6. Administer NPH U100 - 15 units subq. at 7am.					
7. Record the patient's intake and output.					
8. Weigh the patient daily before breakfast.					
9. Evaluate the patient's acceptance of diabetes mellitus.					
10. Take the patient's vital signs q4h.					
11. Teach the patient's self-administration of Insulin.					
12. Incorporate the patient's food preferences into her diet to avoid disruption of the family eating pattern.					

CASE STUDY #2

Mr. R. S., 55 years old, is a top executive for a large corporation. He is married and has two grown children. Five years ago, he began experiencing right epigastric pain and nausea about 1½-2 hours after eating. Diagnostic testing and a GI series revealed a duodenal ulcer. No other medical problems were identified at that time.

Recently, he was received in the emergency room by ambulance complaining of severe abdominal pain and nausea. Mr. S. admitted to being aware of several black, tarry stools for two days and of an increased feeling of fatigue. He had fainted on the way to the hospital which made him extremely anxious. On admission his blood pressure was 100/60, pulse 130.

He was diagnosed as hemorrhaging due to a duodenal ulcer. The physician's orders were: Insert Foley #16; KUB, flat and upright; Stat lab work and call to unit--Amylase, PT, PTT, Routine lab, T&C vi units of whole blood and hang; Insert Ewald tube and lavage with Iced Normal Saline; IV D-5 Ringers Lactate and infuse 250 cc as fast as possible; IV Normal Saline keep open for blood; Stat EKG; Monitor for cardiac arrhythmia; Tagamet 300 mg IV piggy back q6h; Vital signs q15 min; Surgical consult; I&O qh; Notify MD if systolic below 100 and urine output below 50 cc total for two consecutive hours; Admit to ICU.

You are caring for this patient immediately after admission. The statements below describe possible nursing activities in caring for Mr. S. Please rate each activity according to its importance in caring for the patient ranging from "extreme importance" to "no importance." Rate each of the nursing activities by placing a check in one column only. There are no "right" or "wrong" answers.

Nursing Activity	Extreme Importance	Very Important	Medium Importance	Slight Importance	No Importance
1. Observe for signs of hypovolemic shock.					
2. Insert Ewald tube and lavage with iced Normal Saline.					
3. Start IV with D-5 Ringers Lactate and infuse 250 cc as fast as possible.					
4. Place patient in low Fowler's position.					
5. Reassure patient by explaining procedures in order to relieve anxiety.					
6. Take blood pressure and pulse rates every 15 min.					
7. Monitor patient for cardiac arrhythmia.					
8. Evaluate the patient's response to blood transfusion.					
9. Observe for proper functioning of the suction equipment.					
10. Observe the color, consistency, and volume of stools.					
11. Insert Foley catheter to closed drainage.					
12. Record intake and output every hour.					

CASE STUDY #3

D.B., 19 years old, lost control of his motorcycle and ran into an embankment. He was not wearing a helmet and was thrown ten feet on impact. He was taken to the hospital in a coma. No intracerebral hemorrhage was noted from the cat scans. He was not responsive to stimuli. Forty-eight hours after admission he had a seizure. His diagnosis was cerebral edema and he was admitted to ICU. Two weeks later, D.B. was still in a coma and had never regained consciousness. A foley catheter had been inserted and a tracheotomy performed.

The physician's orders after two weeks were: NG tube with tube feedings of Ensure 250 cc q3h followed by 50 cc of water; Elevate head of bed 30°; Suction trach. PRN; Glyc-erine supp. i qod; Irrigate eyes with Methyl Cellulose q4h; I&O; FIO₂ at 20%, Tidal Vol. 700 cc and Rate 14; Physical therapy for range of motion exercises bid; Neurovital signs q4h and PRN; Dilantin Elixir 300 mg daily; IV D5W 50 cc qh to keep open; EEG.

You are caring for this patient in ICU two weeks after admission. The statements below describe possible nursing activities in caring for D.B. Please rate each activity according to its importance in caring for the patient ranging from "extreme importance" to "no importance." Rate each of the nursing activities by placing a check in one column only. There are no "right" or "wrong" answers.

Nursing Activity	Extreme Importance	Very Important	Medium Importance	Slight Importance	No Importance
1. Give mouth care to the patient at 9-1-5-9.					
2. Tube feedings of Ensure 250 cc followed by 50 cc of water q3h.					
3. Suction the patient's tracheotomy as needed.					
4. Insert a Glycerine supp. qod at 8am.					
5. Give emotional support to family members.					
6. Neurovital signs q4h and PRN.					
7. Irrigate the patient's eyes with Methyl Cellulose drops 9-1-5-9.					
8. Place the patient on seizure precautions.					
9. Keep an accurate record of the patient's intake and output.					
10. Schedule turning of the patient every hour on the hour.					
11. Give daily care to the indwelling urinary catheter at 8am.					
12. Keep the side rails up when the patient is unattended.					

APPENDIX C

INDEPENDENT AND DEPENDENT CATEGORIES

INDEPENDENT NURSING ACTIVITIES

Case Study #1

1. Instruct the patient in foot care
2. Explain the symptoms of hypoglycemia to the patient
3. Teach the patient self-testing of urine
4. Evaluate the patient's acceptance of diabetes mellitus
5. Teach the patient self-administration of Insulin
6. Incorporate the patient's food preferences into her diet to avoid disruption of the family eating pattern

Case Study #2

1. Observe for signs of hypovolemic shock
2. Place patient in low Fowler's position
3. Reassure patient by explaining procedures in order to relieve anxiety
4. Evaluate the patient's response to blood transfusion
5. Observe for proper functioning of the suction equipment
6. Observe the color, consistency, and volume of stools

Case Study #3

1. Give mouth care to the patient at 9-1-5-9
2. Give emotional support to family members
3. Place the patient on seizure precautions
4. Schedule turning of the patient every hour on the hour
5. Give daily care to the indwelling urinary catheter at 8 am
6. Keep the side rails up when the patient is unattended

DEPENDENT NURSING ACTIVITIES

Case Study #1

1. Report to the physician that the patient is spilling a moderate amount of ketones in her urine
2. Collect C&A at 7:30-11:30-4:30-HS
3. Administer NPH U100 - 15 units subq. at 7 am
4. Record the patient's intake and output
5. Weigh the patient daily before breakfast
6. Take the patient's vital signs q4h

Case Study #2

1. Insert Ewald tube and lavage with Iced Normal Saline
2. Start IV with D-5 Ringers Lactate and infuse 250cc as fast as possible
3. Take blood pressure and pulse rates every 15 min.
4. Monitor patient for cardiac arrhythmia
5. Insert Foley catheter to closed drainage
6. Record intake and output every hour

Cast Study #3

1. Tube feedings of Ensure 250cc followed by 50cc of water q3h
2. Suction the patient's tracheotomy as needed
3. Insert a Glycerine supp. qod at 8 am
4. Neurovital signs q4h and PRN
5. Irrigate the patient's eyes with Methyl Cellulose drops 9-1-5-9
6. Keep an accurate record of the patient's intake and output

APPENDIX D

FIRST LETTER TO JUDGES

April 20, 1981

Dear

Thank you for participating on the panel of judges needed for the development of a tool to determine the importance placed on selected nursing interventions. Included are the instructions and three case studies for your evaluation.

I would appreciate it if you could complete the questionnaire as soon as possible. I will pick it up on Monday, April 27, 1981.

Sincerely yours,

A handwritten signature in cursive script that reads "Cherry Hershberger".

Cherry Hershberger
Graduate Student
Texas Woman's University

QUESTIONNAIRE

1. Please read each of the three case studies and mark the nursing interventions as instructed.
2. Is the case study clear and concise? Circle one answer for each case study.

Case Study #1	yes	no
Case Study #2	yes	no
Case Study #3	yes	no

Additional comments:

3. Are the signs and symptoms appropriate for the medical diagnosis? Circle one answer for each case study.

Case Study #1	yes	no
Case Study #2	yes	no
Case Study #3	yes	no

Additional comments:

4. Are the directions clearly understandable?

yes	no
-----	----

5. Are the nursing interventions clearly stated? Circle one answer for each case study.

Case Study #1	yes	no
Case Study #2	yes	no
Case Study #3	yes	no

Additional comments:

6. Are the nursing interventions appropriate for each case study? Circle one answer for each case study.

Case Study #1	yes	no
Case Study #2	yes	no
Case Study #3	yes	no

Additional comments:

7. What is the minimum level of nursing education required to respond to this instrument? Circle one.

- a. Junior Nursing Student--Baccalaureate Program
- b. Senior Nursing Student--Baccalaureate Program
- c. Associate Degree RN
- d. Diploma RN
- e. Baccalaureate Degree RN

8. Response to this instrument could be made by Registered Nurses in: (circle one answer)

- a. differing areas: medical, surgical, OR, recovery room, gynecology, intensive care
- b. medical or surgical areas only

Additional comments:

Your participation in this study is greatly appreciated.

APPENDIX E

SECOND LETTER TO JUDGES

May 4, 1981

Dear

Thank you for your comments regarding the case studies. I am in the process of incorporating your suggestions into my tool.

The research question for my investigation is: In performing nursing care, does a nurse place greater importance on independent therapeutic self-care or on care dictated by medically prescribed treatment?

Independent therapeutic self-care is defined as activities that help individuals to maintain life, health, and well being that are not prescribed by the physician's orders. Medically prescribed treatment is defined as orders written by a physician on a patient's hospital record.

Included with this letter are the same case studies and nursing activities that you were given before. According to the above definitions, will you please place a check in the column as to whether the nursing activity is independent or dependent.

I would appreciate it if you could complete the form by May 11, 1981. You may leave it in Rae Langford's box at your convenience. Again, thank you for your help and support in developing this tool.

Sincerely yours,

A handwritten signature in cursive script that reads "Cherry Hershberger".

Cherry Hershberger
Graduate Student
Texas Woman's University

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